



**Public Comment to CON Task Force
from Lynne Ide, Director of Program & Policy
Universal Health Care Foundation of Connecticut
October – November 2016**

I submit these public comments to the CON Task Force as a follow up to my brief, verbal comments made at the October 17, 2016 meeting. My comments touch on general concerns that Universal Health Care Foundation of Connecticut has in regards to the work to-date of the CON Task Force. I hope that my comments will be taken into consideration as the Task Force moves forward to develop a set of recommendations as required by Executive Order 51.

First, it is important to remember that health care is a basic necessity for all residents. Every resident of the state needs access to quality, affordable health care in their communities. The existence of the CON process and the Office of Health Care Access affirms the need to ensure that access to quality care is there when people need it.

In general, the Foundation is concerned that the focus of the Task Force's work has been primarily working within the box of the current CON process and requirements. This is a problem from our vantage point, in that we believe the primary weakness of the current CON process is that it is operating in a health care delivery landscape that is barely recognizable from the landscape in which the CON process, and OHCA itself, were originally created. It seems inadequate to approach the work of the Task Force from the box of "What should we keep and what should we get rid of?"

Rather, we challenge the Task Force to address the following:

- What does the overall Connecticut health care delivery landscape look like right now – and what do we project it to look like in three, five or ten years?
- What is the current and anticipated unmet need in this landscape?
- What are the state's residents experiencing in this landscape vis-a-vis cost, access and quality measures?
- What are the state's front line health care providers experiencing in this landscape?
- How can we re-design the state's oversight role to address the needs of our residents first and foremost – *and* support successful, responsive health care delivery systems into the foreseeable future?

In short, the Task Force may well be missing the forest for the trees with its current focus. We implore you to hit the pause button and recalibrate your approach before completing your work in early 2017.

In addition to our overall concern about the Task Force's focus, we would like to raise up a few issues for your consideration. We have developed this list based upon our experiences with several recent CON application processes, including: the Tenet application for Waterbury, Manchester, Rockville and Bristol Hospitals; the Prospect Medical Holdings application for Waterbury, Manchester and Rockville Hospitals; and, the Yale New Haven Health Systems application for Lawrence & Memorial Hospital; as well as our deep disappointment with the fact that no CON process has been triggered for the discontinuation or diminishment of services at Windham Hospital by Hartford HealthCare.

We submit that the Task Force should seriously consider taking action to correct current gaps in the CON process, either via changes in the CON and OHCA roles, requirements and responsibilities, and/or via recommended legislative action.

- The appeals mechanism should not only be afforded to the applicant. At the very least, intervenors should be able to appeal a CON decision.
- Intervenor status seems to be too often narrowly defined, or attached to parties that have a direct financial stake in the proposed deal (e.g. hospital employees). We argue that more latitude should be given to consideration and approval of intervenors, particularly interests that represent the community at-large.
- There should be ample, well publicized opportunity for the public to comment on draft OHCA recommendations in the CON process.
- The CON process should be triggered in the case of discontinuation, as well as the gradual and precipitous diminishment of services at a hospital. In addition, serious consideration should be given to establishing a petition process to trigger OHCA hearings.
- The requirements to solicit public input should be much more robust. Outreach via community-based organizations should be required, accompanied by consumer-friendly materials that outline the proposed terms of the CON application in plain language, as well as the calendar of the CON approval process, and explains the ways in which a resident may weigh in. Consideration should be given to require consumer-friendly input: via written testimony, via a community listening tour, and via a public hearing at a time and location that allows everyday people to participate.

There are also important issues at play in the hospital and provider landscape outside of the CON process. While this Task Force has not been specifically asked to include recommendations outside of the CON process, we believe that the Task Force discussion and recommendations for action should include how the state can ensure that all residents have access to quality, affordable health care in their communities – particularly in underserved geographic areas and among underserved populations.

Finally, we ask that the CON Task Force schedule a public hearing to solicit input on its draft recommendations before finalizing any report to the Governor and the legislature.