

OUR CONCERN FOR A VOICE IN HOSPITAL DECISIONS

This whole process of transferring ownership of ECHN has raised questions in the minds of some of us who until now assumed that the top priority in our local hospitals and related service outposts was being given to meeting our health needs. Now we find out that apparently those providing direct services to us may, in some cases, been laid off so that a few very generous salaries could be paid. That doesn't feel like concern for our health care is receiving top priority in the decisions being made. And now, with the transition to a for-profit operation, there is yet another priority which threatens to rise above any concern for our health care, that of a profit for the new owners.

We would like to propose that an independent ombudsman be designed into this new organizational structure who might be empowered to inform and represent those being served, individually and collectively. That could help to lessen our fears.

There are many examples of such positions. Universities like Texas and Arizona have such positions for their students. States like California, North Carolina, Wyoming, and Mississippi (and we assume others) have instituted such positions in support of their senior citizens in long term health care. New Jersey just created such a position for families dealing with special-ed issues. Oregon has a program for foster children and their foster families. There are ample models to draw from.

Eventually, one would assume that the State of Connecticut would institute such a position for its health care providers, but until it does, we would strongly suggest that such an independent office (and independent is a very important part of this) be put in place now for us even as this transfer is taking place.

The Social Concerns Group at
South United Methodist Church



A Union of Professionals
AFT Healthcare ♥

Testimony of
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Executive Vice President, AFT Connecticut, AFL-CIO
Certificate of Need Determination Letter Public Hearing
Manchester Country Club
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Good afternoon. My name is John Brady. I am a Registered Nurse and Executive Vice President of AFT Connecticut, a diverse union of nearly 30,000 public and private sector members. We are proud to represent approximately 700 members in four bargaining units at Manchester and Rockville Hospitals. Thank you for the opportunity to speak to you about ECHN's proposal to convert to a for-profit healthcare system by transferring assets to Prospect Medical Holdings, Inc.

AFT Connecticut recognizes that the healthcare landscape is quickly changing and that ECHN has decided that the only path to long term financial stability is to abandon its non-profit status and partner with for-profit healthcare corporations. We recognize that we cannot stop this from happening, but as healthcare professionals with a responsibility to advocate for our patients, their families and our communities, we are concerned about preserving patient access to high quality care and protecting the commitment to community service programs that we have come to expect at ECHN. We want our ECHN hospitals to continue to be responsive to these concerns and provide access to all, not just to those who can afford to pay for profitable services. For these reasons, we strongly urge all actors in this proposed transaction to act openly, honestly and transparently by engaging stakeholders, not shareholders.

When ECHN executives decided to pursue a for-profit partnership with Tenet Healthcare, Inc. in 2014, they initiated substantive discussions with union representatives about their intentions. This process allowed for a frank labor-management dialogue which allowed the fundamental needs and interests of each party to be clarified and communicated at the earliest stages of the process. Ultimately that process resulted in a number of significant changes in collective bargaining agreements and provided an important line of communication between ECHN and its employees throughout the intended transition. Those changes to the collective bargaining agreements will continue, but we have concerns because Prospect has, at best, a checked history in terms of a working relationship with its union partners in Rhode Island.

It is AFT Connecticut's hope that ECHN and its for-profit partners will back away from simply threatening closure and move instead toward responsiveness and accountability to community needs and concerns. We urge the Office of Healthcare Access to place conditions on this acquisition that protect access and quality of care. There are a number of collaborative ways in which this important work can be done.

Community Oversight Board

Similar to the arrangement created for Sharon Hospital, we urge the Attorney General and the Office of Health Care Access to establish a community oversight board with members appointed by elected policy leaders who represent all stakeholders, including direct patient caregivers. If ECHN and its partners will not establish such a board voluntarily, we urge the Attorney General and the Office of Healthcare Access to require it as a condition of the conversion.

Post-Transfer Compliance Reporter

Public Act 15-146 requires the Office of Health Care Access to hire an independent post-transfer compliance reporter for approved conversion applications filed after December 1, 2015. Though law does not require them to do so in this case, we strongly urge the Office of Health Care Access to require a post-transfer compliance reporter be appointed to ensure that ECHN and its partners live up to the terms of the approved conversion and keep the promises they have made to the community. A compliance reporter would produce a baseline report on services, staffing levels, uncompensated care, community programs, employee benefits and other measures at the time of conversion. That way, when performance audits are conducted, cuts made after the conversion could be easily identified and their impacts monitored. Establishing an independent reporter would ultimately facilitate dialogue between the hospital, patients, communities, the Attorney General and the Department of Public Health, creating a mechanism for success. If ECHN and its partners will not create a post-transfer compliance reporter voluntarily, we urge the Attorney General and the Office of Healthcare Access to require it as a condition of the conversion.

Charitable Care/Community Benefits

Public Act 15-146 requires the post-transfer compliance reporter to report to the Office of Health Care Access the level of community benefit and uncompensated care provided by hospitals who have applied for conversion after December 1 2015. Though the law does not require it because their application was filed before December 1, 2015, we call on ECHN and its partners to follow the spirit of Public Act 15-146 and establish a detailed, definitive written community benefits agreement. If they fail to do so, we urge the Attorney General and the Office of Healthcare Access to require it as a condition of the conversion.

In conclusion, there is much ECHN and its corporate partners can do to protect the communities they serve as they attempt to convert from non-profit to for-profit status. We ask that they proactively address the issues outlined in this testimony and seize the opportunity to establish true partnerships with all stakeholders. It is only by working collaboratively that they will succeed. Thank you.