



OFFICE OF THE ATTORNEY GENERAL  
CONNECTICUT

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July 20, 2023

**By Electronic Submittal**

Dr. Deidre Gifford  
Executive Director  
Office of Health Strategy  
Health Systems Planning Unit  
450 Capitol Avenue  
MS#51OHS P.O. Box 340308  
Hartford, Connecticut 06134-0308

Re: *Comments concerning Certificate of Need Application: Docket Number: 21-32486  
CON Termination of Labor and Delivery Services at Johnson Memorial  
Hospital*

Dear Dr. Gifford:

I appreciate the opportunity to comment on the proposed termination of the inpatient labor and delivery at Johnson Memorial Hospital.

It is understood that the applicant has listed several reasons for the closure of its labor and delivery department. These include the “decline of delivery volumes” over the last couple of years, a lack of adequate staffing, and the financial burden of balancing delivery services with resource allocation needs in other areas of the hospital. While these are valid concerns, it cannot be overlooked that the closure of this department may result in unforeseen consequences for birthing mothers, many of which will be left stranded if there are no alternative solutions.

One of the primary concerns and possible consequences of this proposal is the exacerbation of health care barriers and disruption of the continuum of care to patients. JMH’s 2022 [Community Health Needs Assessment](#) identified that some residents in the community “cannot afford a car ... and [that] public transportation is not always dependable.” In the context of pregnant mothers, the closure of JMH Labor & Delivery department will undoubtedly create more strain on transportation for the community’s low-income residents. Even for those who have a reliable method of transportation, the other options are an average of 35 minutes away, which can be a significant barrier for mothers who are seeking consistent prenatal care services. Though JMH states that routine care will still be available within community, [emerging evidence](#) suggests that a secondary outcome of the closure of rural L&D departments is lower utilization of prenatal care services overall.

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A common justification for rural hospital department closures throughout the nation is there are other hospitals within driving range that can provide the same services. JMH itself argues that “an average of about 80% of patients have delivered at Saint Francis Hospital and Medical Center, Hartford Hospital, and Manchester Memorial Hospital” since 2017, and they will continue to have those centers available to them if the unit is closed. However, there are two caveats to this claim that must be challenged and stated plainly. First, this finding is less of a preference and more of an obligation for those who live in rural areas. It is well known that rural areas are more under-resourced than densely populated areas, and oftentimes, for patients to receive care they need, they often must make the sacrifice of a longer commute to another hospital. As stated by JMH’s 2022 CHNS, longer commutes often come with the cost of sacrificing time off from work or making the tough decision of whether to delay care entirely to prioritize another need. Secondly, *time* is an essential component in the birthing process. The average 30 to 40-minute drive to either of the above-mentioned locations could significantly impact the health of the mother and/or baby, especially in the event of an emergency.

JMH’s CON attempts to distinguish between its emergent and non-emergent cases by stating that “in emergent situations, the Johnson Emergency Department will remain prepared to care for all maternity patients appropriately” and that many patients see their obstetrician in offices or clinics for the duration of their pregnancy for routine services. However, the line between “non-emergent” and “emergent” can dissolve very quickly when it comes to maternal health and infant survival. The ability for birthing people to receive care in a timely manner is a top priority.

To conclude, emerging research suggests that simply living in a rural area already puts mothers at risk for adverse health outcomes such as maternal morbidity, preterm births, and low infant birth weight. The closure of L&D departments in rural areas only exacerbates the risk of birthing complications, as well as creates additional barriers to time-sensitive care. The combination of these factors, along with a lack of a suitable alternative for these issues (whether it be standing birth units, transportation mitigation for bad weather and winter nights, access to a health care provider throughout transport, etc.) have not been fully developed. Therefore, I strongly advise that the OHS weigh the risk to Connecticut mothers before closing an essential resource to the local community.

In short, before requiring parents without transportation to travel 25+ miles to another labor and delivery unit, asking a mother in active labor to travel to travel 40 minutes or more for maternity services, perhaps paying thousands of dollars for emergency transport, or asking a family living paycheck to paycheck to pay thousands of dollars for out-of-network care, the applicant should demonstrate that there is a clear public need for the proposal.

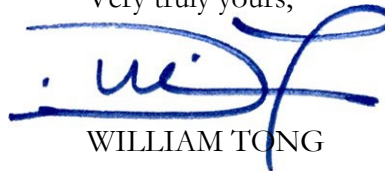
To that end, I strongly urge your office to closely examine this application and balance the benefits of ending obstetric services at Johnson Memorial Hospital with the consequences of this proposal on

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accessibility and cost effectiveness of health care delivery in the region, and its impact on low-income patients. JMH's nonprofit status reflects a covenant between the institution and the community and carries with it the obligation to serve the whole community regardless of financial considerations. Given the growing trend of maternity unit closures, I would also urge policymakers to consider what steps might be taken to bolster access to labor and delivery care in the far reaches of our state.

Thank you for the opportunity to comment on this important matter.

Very truly yours,



WILLIAM TONG