

TO:
Connecticut Governor's Certificate Of Need Taskforce
300 Capitol Avenue, Hartford CT

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REF: Certificate of Need (CON) Taskforce – Public Comment

My name is Supriyo B. Chatterjee and I live in West Hartford Connecticut. I would like to submit my comments for your consideration.

There are new mandates in the ACA (sec 9007) & IRS provisions for nonprofit hospitals. This includes Community Health Needs Assessment (CHNA), planning and implementation for Community Benefit programs. But, these new requirements are unclear about value of community benefits to be compliant.

In 2014, Connecticut hospitals provided about \$320m (non-Medicare & non-Medicaid related) in community benefits. Various states are addressing the changes in the Community Benefit mandates. The State of Maryland legislation (HB 1189) called for the itemization of tax-exemption items. This expressed the need to know the true cost of the community benefit expenditures.

Other states are applying community benefit programs to address social determinants of health – an “upstream” approach that may provide greater dividends “downstream”, as demonstrated by the initiatives of some Ohio nonprofit hospitals. California, Maryland, and New Hampshire have defined Community Benefit requirements to include social determinants of health undertakings. There is ample evidence that addressing social determinants of health can help bring positive achievement in health equity. But, these new requirements places an undue focus on input expenditures. A suggested approach of including the impact and outcomes of the community benefit programs may provide valuable insights. With the advent of value-based payments and population health programs – outcomes-based community benefit programs will play a crucial role. Should there be changes in a hospital's ownership, governance or services – outcomes from its community benefit programs may provide clarity within a CON assessment. An outcomes-based approach will also lay the foundation for future “Accountable Health Communities” planned for in Medicaid & Medicare programs.

I hope you consider the new Community Benefit requirements in your CON Taskforce proceedings.

Thank you,

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