

Comments to the Governor's CON Task Force, October 17, 2016:

Susan L Yolen, representing the Merger Watch Connecticut Coalition and
Planned Parenthood of Southern New England

Good afternoon, members of the Task Force and Lt Governor Wyman. I am happy to be here today to bring comments from a coalition of organizations that has advocated for nearly two decades, commenting, collaborating and, whenever appropriate, intervening, on behalf of women's reproductive health care interests, when hospitals in our state have merged or affiliated.

The Merger Watch Connecticut coalition includes membership from a range of health and advocacy organizations including Planned Parenthood, CWEALF, ACLU of CT, Universal Health Care Foundation, NARAL Pro-Choice Connecticut, and others. Working closely over the years with the Permanent Commission on the Status of Women, our coalition intervened in the Avon Surgi-Center case in 1997, the Sharon Hospital purchase and conversion in 2001; the 2005 Lawrence & Memorial Hospital CON proposal to close its OB clinic for low income women and the Waterbury Hospital-LHP proposed conversion in 2012.

In some of these cases, our coalition members' concern has focused on the imposition of Catholic religious directives on previously non-religious healthcare institutions, when services like contraceptive access and counseling, medically necessary abortion and post-Caesarean tubal ligation would have been eliminated. Working with colleagues at Merger Watch, a national watchdog organization, we have (in most of these cases) successfully made the simple case that access to full women's reproductive care should never be diminished by the consolidation of hospitals.

Our coalition is committed to the examination of the current series of largely non-religiously based hospital consolidations and purchases, where the elimination of women's health services may be driven by the financial interests of the buyer rather than religiously-based restrictions from one of the partners.

We deplore the closure or reduction of services that individuals of reproductive age require. These include safe labor and delivery facilities for women and urgent care. These and other services can be difficult or impossible to access in rural parts of our state, by low income women and their families, those without insurance coverage, and any who experience barriers based on cultural and language barriers.

Reproductive health care is hard enough for women and for lesbian, gay, bisexual and transgender individuals to obtain: stigma persists for many basic and hospital-based medically necessary reproductive health services, made all the more difficult to access when located in a city an hour or more away. Is it too much to expect to deliver a child in your own community hospital, or to receive a simple tubal ligation after a surgical delivery?

Merger Watch recently published a nationwide study of Certificate of Need, a concept developed during a very different phase in our state's health care history, and (as this group knows better than any) in need of redefinition that fits the current era of consolidation. Merger Watch reports that Connecticut is

one of 35 states with a CON program; but one of only 10 that require CON when services are discontinued. We strongly support requiring a CON prior to discontinuing a service, although it is also important that vital services not die the death of 1000 cuts, by being reduced little by little over time. Our coalition supports CON for the reduction of services as well as discontinuation.

Unfortunately, we are not a state that requires a public hearing for CON---it is convened only upon request. It should be required.

Twenty five states require the state to monitor the CON holder's progress. We are not one of them, although we are one of 23 states that will revoke a CON for not following the terms of the certificate. How we do this without requiring a CON monitoring function is unclear, but revocation for not following CON terms should be required.

Overall, however, Merger Watch ranked Connecticut as an A, with these caveats:

- Connecticut rates only a C for organizational structure and transparency of the review process and
- C for accountability and public engagement.

Surely, we can improve on these scores as hospitals and systems compete to affiliate.

We were pleased to see the results of your September internal survey. Many of you believe that preservation of the CON process is not only important but you also favor a process that makes approval contingent on a hospital system serving high need populations, Medicaid recipients and otherwise underserved populations including LGBT individuals who find it very hard to locate a place of comfort and support in the health care system as it is configured. We could not agree more with this approach, and the community assessment necessary to truly identify needs and the best way to meet them.

To conclude, Merger Watch Connecticut is eager to preserve the full and growing range of reproductive health services as hospitals consolidate *–not limited to services for women---*, and we welcome the opportunity to serve as a resource in the steps you take as a Task Force, and beyond.