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STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
HEALTH SYSTEMS PLANNING UNIT

IN RE: APPLICATION FOR DOCKET NO.: 22-32513-CON
TERMINATION OF AN INPATIENT
SERVICE OFFERED BY A HOSPITAL

NORWALK HOSPITAL ORAL ARGUMENT

Public Hearing Held Via Videoconference
On Wednesday, September 18, 2023 at 10:00 a.m.

H E L D B E F O R E:
DEIDRE GIFFORD, MD, MHS, Executive Director
Office of Health Strategy

1 A P P E A R A N C E S (Via Remote Videoconference):

2

3 On Behalf of the Applicant, Norwalk Hospital:

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17 Hearing Officer:

18 DEIDRE GIFFORD, MD, MHS

19 Executive Director, Office of Health Strategy

20 Deirdre.Gifford@ct.gov

21

22 Also Present:

23 Dr. John Murphy, President/CEO, Nuvance Health

24 Peter Cordeau, President, Norwalk Hospital

25 Other interested parties/members of the public

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P R O C E E D I N G S .

DR. GIFFORD: All right. Good morning, everyone. Is everyone from the Applicant present who needs to be there?

MR. JENSEN: Yes.

DR. GIFFORD: Okay. Very good. I'm just going to read an introductory statement before we get started. I'm Deidre Gifford from the Office of Health Strategy. Good morning, everyone. Thank you for being here.

This hearing is being convened for the limited purpose of hearing oral argument in docket number 22-32513-CON. The Applicant in this matter, Norwalk Hospital, seeks to terminate inpatient psychiatric services while expanding services in the emergency department and outpatient psychiatry programs.

On August 16, 2023, the Hearing Officer in this matter issued a Proposed Final Decision denying the application.

On September 6, 2023, the Applicant filed a brief and exceptions and requested an opportunity to present oral argument.

On September 29, 2023, the Office of Health Strategy issued a Notice of Oral Argument for today.

This hearing before the Office of Health

1 Strategy is being held on October 18, 2023. My name is
2 Deidre Spelliscy Gifford, and I am the executive director
3 of OHS. And I will be issuing the final decision in this
4 matter. Also present on behalf of the agency is OHS
5 General Counsel, Antony Casagrande.

6 NUVANCE HEALTH: Miss --

7 DR. GIFFORD: Yes?

8 MR. JENSEN: I don't think that was from us.

9 Thank you.

10 DR. GIFFORD: All right. Thank you. If
11 everyone could mute their devices, please. Thank you.

12 Public Act number 21-2 Section 149, as amended
13 by Public Act number 22-3, authorizes an agency to hold a
14 public hearing by means of electronic equipment. In
15 accordance with these acts, any person who participates
16 orally in an electronic meeting shall make a good faith
17 effort to state his or her name and title at the outset of
18 each occasion that such person participates orally during
19 an uninterrupted dialogue or series of questions and
20 answers.

21 We ask that all members of the public mute the
22 device that they are using to access the hearing, and
23 silence any additional devices that are around them.

24 This hearing concerns only the Applicant's oral
25 argument regarding its brief and exceptions to the

1 Proposed Final Decision, and it will be conducted under
2 the provisions of Chapter 54 of the Connecticut General
3 Statutes.

4 The Certificate of Need process is a regulatory
5 process; and as such, the highest level of respect will be
6 accorded to the Applicant and to our staff. Our priority
7 is the integrity and transparency of this process;
8 accordingly, decorum must be maintained by all present
9 during these proceedings.

10 This hearing is being transcribed and recorded,
11 and the video will also be made available on the OHS
12 website and its YouTube account.

13 All documents related to this hearing that have
14 been or will be submitted to OHS are available for review
15 through our Electronic CON Portal, which is access --
16 accessible on the OHS CON web page.

17 Although this hearing is open to the public,
18 only the Applicant and its representatives, and OHS and
19 its representatives, will be allowed to make comments.
20 Accordingly, the chat feature of the Zoom has been
21 disabled.

22 As this hearing is being held virtually, we ask
23 that anyone speaking to the extent possible enable to use
24 the video cameras when speaking during the proceedings.

25 In addition, anyone who is not speaking shall

1 mute their electronic devices, including telephones,
2 televisions, and other devices not being used to access
3 the hearing.

4 Lastly, as Zoom hopefully -- as Zoom did notify
5 you while you were entering this meeting, I wish to point
6 out that by appearing on camera in this virtual hearing,
7 you are consenting to being filmed. If you wish to revoke
8 your consent, please do so at this time; however, please
9 be advised that in such event, the hearing will be
10 continued to a later date.

11 So we will now proceed. Counsel for the
12 Applicant, could you please identify yourself for record.

13 MR. JENSEN: Sure. Benjamin Jensen from
14 Robinson & Cole. I'm joined by my colleagues, Lisa Boyle
15 and Conor Duffy.

16 DR. GIFFORD: Thank you. Are there any
17 housekeeping matters or procedural issues that we need to
18 address before we start?

19 MR. JENSEN: No, Executive Director Gifford; I
20 would just add that there are also various representatives
21 from Norwalk Hospital and Nuvance Health that are present
22 as well virtually, including Dr. John Murphy, president
23 and CEO of Nuvance Health; Peter Cordeau, president of
24 Norwalk Hospital; and then other representatives from
25 Nuvance Health and Norwalk Hospital.

1 The only other item I would mention is that I
2 will be -- I have a PowerPoint presentation that I will
3 share on the screen. And I should be able to open that up
4 now.

5 MR. CASAGRANDE: Counsel, if I could, would you
6 please represent for the record or verify for the record
7 that the slide show is only based upon matters already in
8 the record, please.

9 MR. JENSEN: Thank you, Attorney Casagrande,
10 that was my next point. Yes. Everything that's in the
11 slide show is part of the administrative record. And I do
12 represent that. And we'll provide a copy to yourselves --
13 after the argument is concluded, we can also, if you
14 prefer, upload it directly to the portal.

15 MR. CASAGRANDE: Very good. Thank you.

16 DR. GIFFORD: Thank you. If there are no other
17 housekeeping matters, welcome to our colleagues from
18 Nuvance and Norwalk Hospital.

19 And please proceed whenever you're ready.

20 MR. JENSEN: Thank you, Executive Director
21 Gifford and Attorney Casagrande. And thank you for this
22 opportunity to address with you directly the issues raised
23 in Norwalk Hospital's brief, in written exceptions to the
24 Proposed Final Decision in these CON proceedings.

25 This process began over 20 months ago when

1 Norwalk Hospital submitted its application seeking CON
2 approval for its Proposal to modernize its approach to
3 delivering behavioral health care. Because one aspect of
4 that Proposal includes closing the inpatient psychiatric
5 unit at Norwalk Hospital, it was necessary to apply for
6 Certificate of Need approval from OHS.

7 Now as shown in the timeline up on the screen,
8 Norwalk Hospital has fully complied with every step of the
9 Agency's CON process, including submitting completeness
10 responses, offering testimony from its leadership and
11 subject matter experts at a public hearing, and
12 negotiating an agreed settlement with OHS for approval of
13 the Application -- which brings us to our current
14 position.

15 Where that agreed settlement was rejected,
16 Hearing Officer Novi then issued a decision recommending
17 denial of the Application, and Norwalk Hospital filed its
18 brief and written exceptions to the findings on September
19 6th.

20 Norwalk Hospital's brief raised a number of
21 issues with the Proposed Final Decision, including
22 procedural objections to the manner in which the public
23 hearing was scheduled; OHS's granting to itself of
24 repeated extensions of time, which resulted in significant
25 delays in this process; and OHS's negotiation and

1 subsequent rejection of an agreed settlement allowing
2 Norwalk to move forward with its Proposal -- all of which
3 we contend prejudice Norwalk's rights and constitutes
4 reversible error.

5 In addition, the brief asserted written
6 exceptions to findings of facts that were either not
7 adequately supported by evidence in the record, or were
8 misleading or immaterial.

9 Norwalk Hospital further proposed additional
10 findings of fact in its brief, based on unrebutted
11 evidence in the record, that the Hearing Officer did not
12 consider. And if Hearing Officer Novi did properly
13 consider that evidence, we contend the Application must be
14 granted.

15 Now in our limited time today, however, we
16 intend to focus on Norwalk's substantive objections to the
17 proposed decision's conclusions. And demonstrating to
18 you, Executive Director Gifford, that when the evidence is
19 properly considered, and the preponderance of the evidence
20 standard is fairly applied, Norwalk Hospital has met its
21 burden of proving this Application should be granted.

22 To be direct, denying this Application is the
23 wrong decision. Requiring Norwalk Hospital to continue
24 operating in an underutilized and understaffed inpatient
25 behavioral health unit in a saturated service area is the

1 wrong decision.

2 Mandating that Norwalk incur a massive capital
3 expenditure of \$18,000,000 to modernize that underutilized
4 facility just to maintain that status quo -- it is already
5 determined to be inadequate -- is the wrong decision.

6 And forcing Norwalk to maintain this facility at
7 the expense of improvements to its emergency department
8 that would respond to an ongoing public health crisis is
9 the wrong decision.

10 So why is it the wrong decision? Well, because
11 it's directly counter to OHS's mission, and the entire
12 purpose of these CON proceedings. On your screen, you'll
13 see a direct excerpt from the CON guidebook made available
14 by OHS. This Proposal -- or excuse me, this process is
15 "meant to elicit information regarding three primary
16 areas: public need, access to care, and cost-
17 effectiveness" of health care delivery in the region. And
18 the program strives to minimize unnecessary duplication of
19 services, facilitate health care market stability, and
20 contain costs.

21 So why is that important? Because duplication
22 and excess capacity "increase health care costs for
23 consumers -- and, in turn, the state."

24 Norwalk Hospital's evidence in support of this
25 Application was laser-focused on these crucially important

1 considerations. But the Proposed Final Decision, if
2 accepted by you, Executive Director, Gifford, will not
3 respond to public need, it will undermine it. It will not
4 improve access to care; even the Hearing Officer
5 recognized in the Proposed Final Decision that access to
6 care already exists. It will not limit duplication of
7 services; the Proposed Final Decision mandates
8 duplication. And finally, it would threaten the financial
9 sustainability of the health care market, not stabilize
10 it.

11 Taking a step back, prior to initiating these
12 proceedings, Norwalk Hospital completed a comprehensive
13 evaluation of its delivery of behavioral health care
14 services. What it determined is that its historical
15 approach of managing crises in its emergency department,
16 offering inpatient level of care for its highest acuity
17 psychiatric patients, and relying on community providers
18 to furnish outpatient services, was insufficient to meet
19 the evolving standard of care.

20 Now at the public hearing, the Hospital's
21 leadership and subject matter experts explained why.
22 Emergency departments are overwhelmed with behavioral
23 health patients in crisis. Patients end up in inpatient
24 -- excuse me, patients end up in inpatient units, due to a
25 lack of safe discharge options to return to their

1 communities. And there is a lack of outpatient providers
2 that will see patients that are unable to pay out of
3 pocket.

4 Now the conclusions that were drawn from Norwalk
5 Hospital's analysis is that the status quo is inefficient,
6 clinically suboptimal, high cost -- but it places an undue
7 strain on patients and their families, and fails to
8 provide adequate access to care in the community.

9 Norwalk Hospital seeks to address these problems
10 head-on by expanding outpatient programs in the community,
11 including through establishment of intensive outpatient
12 programs. These programs allow Norwalk to target
13 particular community needs, including treating adults with
14 dual diagnoses and adolescents needing mental health
15 treatment.

16 Additionally, Norwalk intends to enhance its
17 emergency department to better allow it to stabilize and
18 treat behavioral health patients in crisis. This includes
19 having dedicated space for behavioral health patients in
20 the emergency departments, and additional treatment days
21 for children and adolescents in crisis.

22 Last, Norwalk proposes to consolidate its
23 inpatient services with Danbury Hospital, at a to-be-
24 renovated, modernized, and expanded inpatient psychiatric
25 facility.

1 Returning to the three pillars identified by OHS
2 in its CON guidebook of public need, access to care, and
3 cost effectiveness, Norwalk's Application addresses each,
4 and fully aligns with OHS's mission.

5 First, public need. The statewide plan, federal
6 guidelines, and the testimony from Norwalk's subject
7 matter experts all made clear, there is a critical need
8 for outpatient treatment options in the community. The
9 Hearing Officer recognized this need in the proposed
10 decision.

11 And relatedly, better equipping emergency
12 departments to be able to stabilize, diagnose, and safely
13 discharge patients back into the community is also an area
14 of compelling public need.

15 Conversely, there is less public need for
16 inpatient psychiatric treatment, particularly given the
17 fact that there are seven other providers within 25 miles
18 of Norwalk Hospital already offering inpatient psychiatric
19 units.

20 Next, access to care. There is no question that
21 the Proposal by Norwalk Hospital increases access to
22 outpatient care, and that patients continue to have
23 remarkable access to inpatient care based on the sheer
24 number of providers in the immediate area.

25 Last, cost effectiveness. Outpatient treatment

1 of behavioral health conditions is more cost effective
2 than inpatients, particularly when you consider the value
3 of early intervention, which can prevent the need for
4 costly inpatient care.

5 The evidence that the hearing made clear that if
6 this Application is denied, Norwalk Hospital is facing a
7 massive capital expenditure of \$18,000,000 to modernize
8 its inpatient facility, just to maintain the status quo of
9 operating an underutilized and understaffed unit. And as
10 we will discuss, the Hearing Officer agreed with Norwalk
11 Hospital that the Proposal is cost effective and
12 effectively utilizes existing facilities that have excess
13 capacity in the area.

14 So if the statutory criteria are so clearly met
15 by Norwalk Hospital's Application, how did the Hearing
16 Officer reach the conclusion to deny the Application?

17 Several ways.

18 First, the Hearing Officer declined to consider
19 the full scope of Norwalk's Application. Despite much of
20 the CON proceeding and public hearing being focused on the
21 expansion of outpatient services and improvements to the
22 emergency department that I've already described, in the
23 proposed decision, the Hearing Officer selectively decided
24 that only inpatient behavioral health treatment was
25 relevant. Omitting aspects of the Proposal from the

1 proposed decision's analysis is clear error.

2 Next, breaking with prior OHS decisions, the
3 Hearing Officer in the proposed decision decided that
4 several of the statutory criteria were simply inapplicable
5 to termination proceedings. There is no support in the
6 statutory language for that approach. Had the Hearing
7 Officer properly considered issues like clear public need,
8 proposed payer mix, and the need for services among the
9 identified population, each criterion would have supported
10 granting the Application.

11 The Hearing Officer also interpreted the
12 statutory criteria to impose standards that no termination
13 Application could possibly meet.

14 Most glaringly, the proposed decision found that
15 a reduction in inpatient providers with a 20-mile radius
16 from seven to six necessarily meant that there was a
17 reduction in patient choice and diversity of providers,
18 and that the statutory criterion was not met. Under that
19 standard, to be clear, no termination Application can ever
20 meet the criteria that's been established by the Hearing
21 Officer in the proposed decision.

22 Last, in applying the statutory criteria, the
23 Hearing Officer made no effort to weigh the evidence. If
24 there was even a finding of a hypothetical reduction in
25 access, however minimal, The analysis by the Hearing

1 Officer stopped there, with no comparison of that
2 reduction against the benefits of the Proposal in terms of
3 expanded outpatient offerings, improvements to the
4 emergency department, and the massive cost efficiencies
5 that would be gained by going forward with the Proposal.

6 Now turning to specifics, in reading the
7 proposed decision, you will find that the significant
8 weight of the findings actually support granting the
9 Application.

10 For example, the Hearing Officer agreed with
11 Norwalk Hospital and concluded that there is in fact a
12 compelling public "need for outpatient behavioral health
13 care services" in the area.

14 The proposed decision agreed that the project
15 "is financially feasible."

16 The Hearing Officer agreed that the Proposal is
17 cost effective and "will improve the cost effectiveness of
18 health care delivery in the region, particularly for
19 Medicaid recipients and indigent persons."

20 The Hearing Officer also agreed that the
21 Proposal effectively utilizes existing facilities in the
22 area and avoids unnecessary duplication of services.

23 These findings by the Hearing Officer in the
24 Proposed Final Decision are all 100 percent consistent
25 with the purpose of the CON process and OHS's mission; and

1 all support granting Norwalk's Application.

2 But we're here challenging a a denial. So there
3 are obviously findings by the Hearing Officer that do not
4 support granting the Application. What are those?

5 Reviewing the Proposed Final Decision in detail
6 reveals a total of four adverse findings by the Hearing
7 Officer that were used to justify denying the Application.

8 First, the proposed decision finds that patients
9 would need to "leave the community" of Norwalk in order
10 "to obtain inpatient care."

11 Second, if approved, instead of seven providers
12 of inpatient psychiatric services "within a 20-mile
13 radius," there would be six, "which is less than 7."

14 Third, patients electing not to treat at Danbury
15 hospital would have to travel to alternate providers, and
16 therefore could be responsible for the cost of their own
17 transportation.

18 Fourth, the Hearing Officer concluded that the
19 Proposal is not driven by "a wish" on Norwalk Hospital's
20 part or Nuvance Health's part to "provide quality
21 inpatient care in the community."

22 Now I'll address each adverse finding in turn.

23 Starting with the concern that patients in
24 Norwalk will need to leave Norwalk in order to obtain
25 inpatient psychiatric care, this is a wholly novel

1 standard, as access to care has never been determined
2 based on municipal boundaries.

3 Now before addressing why this is the wrong
4 standard, it's important to recognize just how significant
5 this finding is to the overall Proposed Final Decision.

6 Now in total, the Hearing Officer found that
7 seven of the statutory criteria in Section 19a-639a were
8 applicable to this termination proceeding.

9 Of those seven criteria, she found that Norwalk
10 failed to satisfy four.

11 Of those four criteria the Hearing Officer found
12 Norwalk failed to satisfy, three were based on this
13 finding that people in Norwalk would have to leave Norwalk
14 to obtain inpatient psychiatric care.

15 Subsection (2) of the statute looks at the
16 relationship of the statewide plan. Here, the Hearing
17 Officer found that "closure of the inpatient unit will
18 force community members in need of inpatient services to
19 leave the community." This is limited only to individuals
20 living in Norwalk would have to leave the city lines of
21 Norwalk to obtain in patient care.

22 Next, Subsection (5), which assesses the impact
23 of accessibility of health care delivery in the region.
24 Here, the Hearing Officer found that "The Applicant's
25 Proposal will make inpatient care more difficult to access

1 in the Norwalk community, since it was the only unit of
2 its kind in Norwalk."

3 Next, Subsection (10), which looks to whether
4 there has been a reduction in access to services by
5 Medicaid recipients or indigent persons -- and if so, if a
6 good cause exists for such reduced access. Here, the
7 Hearing Officer found that "If Norwalk is allowed to
8 terminate inpatient services, patients would need to leave
9 Norwalk and go to one of the surrounding towns for these
10 services."

11 Now this standard, which seems to suggest that
12 every municipality has to offer a full suite of health
13 care services to its residents to ensure access to
14 services, is flatly inconsistent with the State of
15 Connecticut's approach, which has been to emphasize the
16 importance of a regional approach to delivery of health
17 care in order to limit duplication and reduce costs.

18 This approach is demonstrated through the very
19 language that appears in the statute. This is 19a --
20 excuse me, 19a-639a up on the screen. Now throughout the
21 statutory criteria, the Guidelines and Principles which
22 are identified in this statute, there is references to the
23 state, to the region, and to the service area. Nowhere in
24 this statement of Guidelines and Principles the
25 legislature directed OHS to consider -- and make written

1 findings concerning -- is there a reference to a town, a
2 municipality, or a city line or boundary.

3 Now as this statutory language demonstrates,
4 municipal boundaries have never been used as the baseline
5 for determining access to care. And the Hearing Officer's
6 decision to create this standard should not be endorsed by
7 OHS.

8 The second finding in the Proposed Decision was
9 that the Proposal would negatively impact patient choice
10 and diversity of providers in the geographic region. And
11 that's Subsection (11) under the statute. Here, the
12 Hearing Officer concluded that there would be a negative
13 impact, since there are currently seven providers within a
14 20-mile radius as shown on the table to the left, which
15 was taken directly from the proposed decision -- and if
16 the Application was granted and Norwalk Hospital was
17 permitted to close its inpatient unit, there would then be
18 six providers.

19 It is impossible to square the Hearing Officer's
20 conclusions that the Application effectively utilizes
21 existing available resources, and avoids duplication of
22 services, with her corollary conclusion that the Proposal
23 improperly reduces patient choice and diversity of
24 providers.

25 The fact is, patients in the Norwalk area

1 requiring inpatient care have a remarkable range of
2 options in the immediate area. This is not a proposed
3 reduction in providers from one to zero in the region, or
4 even two to one. This is a reduction from seven providers
5 within 20 miles to six. And that doesn't even include
6 Danbury Hospital, located just over 20 miles from Norwalk.

7 Now if that modest of a reduction in a saturated
8 market can fail this statutory criterion, it's clear that
9 no termination application can ever meet the standard.

10 Because interpreting the standard in a manner
11 that no Applicant can meet would be contrary to the
12 legislature's intent, OHS must make findings that the
13 reduction in available providers from seven to six has a
14 material negative impact on patient choice and diversity
15 of providers. It is manifestly insufficient to simply say
16 "six is less than seven" and end the analysis there.

17 Now because there is no evidence in the record
18 that closing Norwalk Hospital's inpatient unit would have
19 that material negative impact on patient choice or
20 diversity of providers in the geographic region, this
21 statutory criterion should be deemed met by the
22 Application.

23 The third adverse finding from the Hearing
24 Officer placed significant weight on hypothetical costs
25 that patients might incur for transportation if they

1 decided to treat at a different facility instead of
2 Danbury Hospital. Now this finding was used to support
3 the Hearing Officer's conclusions that two statutory
4 criteria were not met.

5 Now as an initial matter, there is no evidence
6 supporting this finding in the record. The citation to
7 the record by the proposed decision, which was Finding of
8 Fact number 16, says nothing about patients paying for
9 their own transportation. The proposed decision also
10 makes no effort to assess the materiality of the
11 likelihood of such transportation issues arising.

12 Now the un rebutted testimony at the hearing made
13 clear that Norwalk Hospital is not putting patients
14 requiring inpatient psychiatric admission onto public
15 transportation or back into their cars; they would be
16 transferred by ambulance.

17 Even if this were a valid finding, even if there
18 was evidence in the record to support it and that it was a
19 material issue, this is an issue that was already
20 considered and addressed by Norwalk Hospital. As OHS is
21 aware, Norwalk agreed in its settlement with OHS that it
22 would not charge patients any amounts for transportation
23 to Danbury or any other hospital within 25 miles for three
24 years. Norwalk Hospital is prepared to stand by that
25 commitment; and this is simply not a valid basis to find

1 that two of the statutory criteria were not met by the
2 Application.

3 Last, Norwalk Hospital takes significant issue
4 with the proposed decision's determination that quality of
5 care would be diminished as a result of the granting of
6 the Application. This statutory criterion, which is
7 Subsection (5), requires OHS to consider and make written
8 findings concerning the impact of the Proposal on the
9 quality of health care delivery in the region.

10 The sole factual finding supporting this
11 conclusion in the proposed decision was testimony from Dr.
12 John Murphy, President and CEO of Nuvance Health, about
13 why the Proposal was cost effective. And the Hearing
14 Officer took these statements out of context and ignored
15 all of Dr. Murphy's and other witnesses' testimony about
16 quality of care in order to reach the determination that
17 "Applicant's proposal is driven more by staffing issues
18 and a wish to only renovate a single unit than a wish to
19 provide quality inpatient care in the community."

20 Respectfully, speculating about the Applicant's
21 true motivations is not a finding about the impact on
22 quality. The proposed decision cites no evidence about a
23 negative impact on quality for inpatient psychiatric
24 services from the proposed consolidation with Danbury
25 Hospital.

1 The Applicant presented significant evidence
2 demonstrating that the Proposal is designed to meet the
3 evolving needs of the community, which prioritizes
4 outpatient care for discrete patient populations such as
5 adolescents, and the ability to effectively and safely
6 treat patients presenting to the emergency departments in
7 crisis.

8 All of that evidence was ignored in favor of
9 impugning the Applicant's intentions. That is an abject
10 failure to fairly apply the statutory criteria, and it's
11 reversible error.

12 Now it's important to take a step back and think
13 about what the effect is of denying this Application.
14 What is gained? Who has benefited?

15 Denying this Application benefits nobody. The
16 community backs this Proposal, and it is supported by
17 political leaders in the community and the federal
18 government. No individuals or entities intervened in
19 these CON proceedings, and only two members of the public
20 even appeared to offer public comments at the hearing.

21 Against this lack of any discernible benefits,
22 consider the costs. OHS's proposed denial would force
23 Norwalk Hospital to incur an \$18,000,000 capital
24 expenditure to modernize its inpatient unit, just so that
25 it can maintain a status quo that it is already determined

1 to be inadequate.

2 Now once all those funds are committed, the unit
3 will face the same challenges as today, with
4 underutilization of the service and difficulty staffing.

5 Beyond the harm to Norwalk Hospital itself,
6 consider the harm to the community, as this proposed
7 decision will make it so much more difficult Norwalk
8 Hospital to evolve to meet the behavioral health care
9 needs of that community.

10 Now I've gone through today all the reasons why
11 the findings and conclusions in the proposed decision are
12 flawed, and incorrect factually and legally, and will be
13 subject to reversal by the Superior Court, if necessary.

14 What I hope to leave you with today is that
15 there is no way to write a final decision in this matter
16 that fairly applies the statutory criteria consistent with
17 OHS's mission and that results in a denial of the
18 Application. That is simply because the overwhelming
19 weight of the evidence demonstrates that granting this
20 Application is the right decision.

21 Last, if there are ways that this Proposal can
22 be modified so as to better serve the community and align
23 with OHS goals, Norwalk Hospital remains ready and willing
24 to work with OHS to achieve those ends.

25 On behalf of Norwalk Hospital, I want to thank

1 you again, Executive Director Gifford, and the entire OHS
2 staff, for your consideration of this Application, and I
3 welcome any questions about this argument or our brief
4 generally. Thank you.

5 DR. GIFFORD: Thank you very much, Attorney --
6 is it Jensen? Do I have your name correct?

7 MR. JENSEN: Yes, it is Jensen.

8 DR. GIFFORD: Yeah. Thank you very much for
9 that very complete presentation and for the brief. I
10 don't have any follow-up questions. Your presentation was
11 very clear. And I understand and acknowledge the
12 information that you've presented.

13 I will go ahead and issue a final decision in
14 accordance with Chapter 54. I want to assure the parties
15 that I and OHS will carefully consider the material that
16 you have presented this morning and -- the material in
17 your brief. We appreciate it. We appreciate the
18 engagement.

19 And I think that concludes our proceedings for
20 the morning unless there are any other issues

21 MR. CASAGRANDE: No. Nothing further for me.

22 THE REPORTER: I would like to ask if anyone
23 would like to order the transcript? Mr. Jensen?

24 MR. JENSEN: Yes, please.

25 THE REPORTER: Okay. And Mr. Casagrande?

1 DR. GIFFORD: Not at this point. Thank you.

2 THE REPORTER: Okay. You're welcome. Thank
3 you, everyone. That's all I have.

4 DR. GIFFORD: Thank you, Ms. Blakeslee.

5 So that concludes our proceedings for the
6 morning. Thank you very much, everyone, for your
7 participation.

8 (WHEREUPON, the hearing was adjourned at 10:37
9 a.m.)

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23 I N D E X

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25 WITNESS:

1 CHARLES DELLAROCCO

2

3 EXAMINER:

PAGE

4 MS. TAMAR BAKHBAVA

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5

6 EXHIBITS:

7 Exhibit 28

8 15

9 Exhibit 29

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11 Exhibit 30

12 27

13 Exhibit 25

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15 Exhibit 24

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17 Exhibit 4

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18 Exhibit 2

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19 Exhibit 3

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23 CERTIFICATE OF NOTARY PUBLIC

24 I, , A Remote Online Notary of the State of

25 <REPORTER STATE>, duly authorized to administer oaths, do

1 hereby certify:

2 That I am a disinterested person herein; that
3 the witness, LAURA ADAMS, named in the foregoing
4 deposition, was by me duly sworn to testify the truth, the
5 whole truth, and nothing but the truth; that the
6 deposition was reported by me, , and is a true and correct
7 record of the testimony so given.

8 IN WITNESS WHEREOF, I hereby certify this
9 transcript at my office in the County of<REPORTER COUNTY>,
10 State of<REPORTER STATE>, this 5th day of October2023.

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14 Remote Online Notary Public in and for the
15 State of <REPORTER STATE>

16

17

18 CERTIFICATE OF TRANSCRIBER

19 I, <TRANSCRIBER NAME>, do hereby certify that
20 this transcript was prepared from the digital audio
21 recording of the foregoing proceeding, that said
22 transcript is a true and accurate record of the
23 proceedings to the best of my knowledge, skills, and
24 ability; that I am neither counsel for, related to, nor
25 employed by any of the parties to the action in which this

1 was taken; and, further, that I am not a relative or
2 employee of any counsel or attorney employed by the
3 parties hereto, nor financially or otherwise interested in
4 the outcome of this action.

5

Carolyn Blakslee

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