

STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY

CERTIFICATE OF NEED APPLICATION
DOCKET NO. 24-32717-CON

TRANSFER OF OWNERSHIP OF A HEALTH CARE FACILITY
(HOSPITALS) AND A GROUP PRACTICE BY
NUVANCE HEALTH/NORTHWELL HS, INC.

Public Hearing held at 450 Capitol Avenue,
Hartford, Connecticut, and via Zoom, on Wednesday,
November 6, 2024, beginning at 9:04 a.m.

H e l d B e f o r e :

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and Regulation

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1 (Commenced at 9:04 a.m.)

2 MR. CSUKA: Good morning everybody. We
3 are here today on Docket Number 24-32717-CON.
4 Northwell HS, Inc. and Nuvance Health, the
5 applicants in this matter, seek a Certificate of
6 Need for the transfer of ownership of a health
7 care facility pursuant to Connecticut General
8 Statutes, Section 19a-638(a)(2); and transfer of a
9 group practice pursuant to Connecticut General
10 Statute, Section, 19a-638(a)(3). Specifically to
11 seek to transfer Nuvance's New York and
12 Connecticut Hospitals to Northwell through an
13 affiliation. Of specific interest to OHS are the
14 three hospitals in Connecticut. Those are Norwalk
15 Hospital, Danbury Hospital and its New Milford
16 campus, as well as Sharon Hospital, as well as
17 Nuvance Connecticut, their medical foundation,
18 Nuvance Health Medical Practice CT, which is
19 frequently known as Western Connecticut Medical
20 Group, Inc. The applicants have indicated that
21 there is no capital expenditure associated with
22 these transactions.

23 Today is November 6, 2024. My name is
24 Daniel Csuka. I am a staff attorney with the
25 Office of Health Strategy. To my side is the

1 Commissioner. Although I am here to assist and
2 provide legal counsel, the Commissioner will be
3 presiding over this matter. She will rule on all
4 motions, and she will issue a decision that
5 includes findings of fact and conclusions of law
6 upon completion of the hearing.

7 At this time, I will invite her to
8 introduce herself. She also has prepared some
9 opening remarks that she would like to share.

10 COMMISSIONER GIFFORD: Thank you, Dan,
11 and good morning everyone. We're also joined by
12 Boyd Jackson, our director of legislation and
13 regulation at the Office of Health Strategy.
14 Welcome everyone. As you heard, I'm Deidre
15 Gifford.

16 I wanted to say a few words before we
17 begin the hearing about the purpose of our
18 questions today and the requirements that are
19 imposed on the Office of Health Strategy when we
20 are evaluating a transfer of ownership of a
21 hospital. Connecticut law directs the office to
22 evaluate a number of criteria when deciding
23 whether to approve any Certificate of Need. These
24 criteria include whether there is a clear public
25 need for the proposal, whether the applicant has

1 demonstrated that the proposal will improve
2 quality, accessibility and cost effectiveness of
3 health care delivery in the region, the impact on
4 existing health care facilities, the impact on
5 provider choice, and the impact of any
6 consolidation of ownership on cost and quality.
7 It's the responsibility of the applicants to
8 provide the data to OHS to adequately evaluate
9 these criteria, and today's hearing is part of the
10 process for the applicants to present such
11 evidence.

12 When the Certificate of Need involves a
13 transfer of ownership of a hospital, as this one
14 does, there are additional statutory criteria that
15 apply. These include whether the applicant fairly
16 considered alternative proposals or offers,
17 whether the applicant demonstrates how health care
18 services will be provided by the new hospital in
19 the first three years following the transfer of
20 ownership of the hospital, including any
21 consolidation, reduction, elimination or expansion
22 of existing services or introduction of new
23 services.

24 The law also describes the standards
25 that OHS is to use when approving a transfer of

1 ownership. And I'm quoting here from the statute.
2 The unit shall deny any Certificate of Need
3 application involving a transfer of ownership of a
4 hospital unless the executive director, now
5 commissioner, finds that the affected community
6 will be assured of continued access to high
7 quality and affordable health care after
8 accounting for any proposed change impacting
9 hospital staffing.

10 The unit may also deny any Certificate
11 of Need application involving a transfer of
12 ownership of a hospital subject to a cost and
13 market impact review if the executive director, or
14 commissioner, finds that the affected community
15 will not be assured of continued access to high
16 quality and affordable health care or finds any
17 likely increases in the prices for health care
18 services or total health care spending in the
19 state that may negatively impact the affordability
20 of care.

21 Under certain circumstances, OHS must
22 also produce a cost and market impact review to
23 study the likely impacts of the transaction on
24 market consolidation and price. This transaction
25 is subject to such a review, which is being

1 performed by an independent third-party, and which
2 will be evaluated by the office for potential
3 referral to the Office of the Attorney General per
4 statute.

5 So during today's hearing, OHS will
6 continue to supplement the written record provided
7 in order to evaluate these criteria. I want to
8 thank the applicants for their engagement in the
9 process so far, and we look forward to hearing the
10 evidence to be presented. Thank you.

11 MR. CSUKA: Thank you, Dr. Gifford.

12 This is a hybrid hearing. By that I
13 mean, it is being held both in person and
14 electronically via Zoom. In accordance with
15 Section 1-225(a) of the Connecticut General
16 Statutes, any person who is participating orally
17 via the electronic component of the meeting shall
18 make a good faith effort to state his, her or
19 their name and title at the outset of each
20 occasion that such person participates orally
21 during an uninterrupted dialogue or series of
22 questions and answers. If you're present in the
23 room, you don't need to do that, although it would
24 be helpful to the court reporter.

25 Sign-up for public comment will be from

1 now until 1 p.m. There have been a number of
2 people who have signed up prior to the hearing as
3 well. If you would like to supply commentary,
4 please sign up either in person or in the Zoom
5 chat box at the designated time, which is now.
6 You can also submit written comments to
7 CONcomment@ct.gov for up to seven days from the
8 final date of the hearing, whether it be today or
9 November 13, 2024. Please note that, unlike with
10 many other hearings, our agency has conducted the
11 time set for the commencement of public comment, 1
12 p.m., is not advisory in this case. In order to
13 ensure as uncomplicated and efficient hearing as
14 possible, we will begin public comment at that
15 time even if the technical portion has not been
16 completed.

17 For anyone attending remotely, unless
18 you are actively participating in the hearing
19 either as one of the applicants or intervenor's
20 witnesses or as a member of the public providing
21 comment at the designated time, please mute the
22 device that you are using to access the hearing
23 and silence any additional devices that are around
24 you.

25 This public hearing is held pursuant to

1 Connecticut General Statute, Section
2 19a-639a(f)(1). As such, this matter constitutes
3 a contested case under the Uniform Administrative
4 Procedure Act and will be conducted in accordance
5 therewith, along with the regulations of
6 Connecticut State Agencies beginning at Section
7 19a-9-24.

8 As Dr. Gifford just mentioned, also to
9 our side is Boyd Jackson, who is the director of
10 legislation and regulation. Mr. Jackson and I
11 will likely be asking the bulk of OHS's questions
12 with additional questioning to be supplied by the
13 Commissioner and perhaps the assigned CON analysts
14 as well. The CON analysts are in an overflow room
15 because we weren't sure how many people we were
16 going to have here, but they may make an
17 appearance later on.

18 The assigned analysts are Annaliese
19 Faiella and Nicole Tomczuk. CON Manager Steven
20 Lazarus is attending remotely. Also present is
21 Faye Fentis, who is another OHS staff member that
22 is assisting with hearing logistics, the gathering
23 of names for public comment and providing other
24 support.

25 The Certificate of Need process is a

1 regulatory process, and as such, the highest level
2 of respect will be accorded to the applicant, the
3 intervenors, members of the public and our staff.
4 Our priority is the integrity and transparency of
5 this process. Accordingly, decorum must be
6 maintained by all present during these
7 proceedings.

8 I'm going to make some comments now
9 that I don't typically include in the preliminary
10 statements that I make at these hearings. This is
11 going to deal with the topic of confidentiality.
12 This hearing is being transcribed and recorded,
13 and the video will also be made available on the
14 OHS website and its YouTube account. However, for
15 anyone familiar with the docket, you have likely
16 noticed that there have been a series of
17 confidential filings. There's a good chance that
18 we will need to go into executive session to
19 discuss some of these filing or topics of any
20 concern, and anything that takes place in
21 executive session, although recorded and
22 transcribed, will not be made publicly available.

23 For the benefit of the public, I wanted
24 to talk a little bit more about what the agency
25 has determined will be afforded as confidential

1 treatment. OHS has developed processes and
2 procedures related to the handling of certain
3 private information. Broadly speaking, the
4 documents set aside in this matter meet one or
5 more of the FOIA exemption criteria set forth in
6 Connecticut General Statute, Section 1-210(b).
7 This means that although the documents are
8 considered public records, they cannot be accessed
9 through the usual FOIA process. Some of the
10 documents were jointly filed while others were
11 filed separately by each of the applicants since
12 antitrust laws prevent the other from seeing
13 certain information prior to the transaction being
14 consummated.

15 The most common FOIA exemptions are the
16 following: (2), which deals with personnel files
17 where there would be an invasion of personal
18 privacy; (5)(A), which deals with trade secrets,
19 (5)(B), which deals with commercial and financial
20 information given in confidence which is not
21 required by statute. These together are
22 considered sort of the anticompetitive FOIA
23 exemptions. (9) deals with documents regarding
24 collective bargaining. And (10) has two parts,
25 records and tax returns exempted by federal law or

1 the general statutes, as well as attorney-client
2 privilege documents and attorney work product.

3 Some of our questions may rely on these
4 documents, other questions may not rely on a
5 specific confidential document but will still deal
6 with information that is confidential in nature,
7 and still other questions may seem completely
8 public but the parties or their attorneys have
9 determined that the responses may elicit sensitive
10 information. In all of these cases, the questions
11 will be asked and answered in executive session.
12 Prior today, we sent each of the applicants two
13 different links, one for joint confidential
14 information and the other for party-specific
15 confidential information.

16 Although we will do our very best to
17 handle all executive session matters at once,
18 there may be a need for some bouncing around and
19 some flexibility. We appreciate the public
20 sensitivity to this and apologize in advance if it
21 causes any confusion or annoyance.

22 As Dr. Gifford mentioned earlier, she
23 will consider and make written findings in
24 accordance with Section 19a-639 of the Connecticut
25 General Statutes.

1 And lastly, I wish to point out that by
2 appearing on camera in this hybrid hearing you are
3 consenting to being filmed. If you wish to revoke
4 your consent, please do so at this time by either
5 exiting the Zoom meeting or this hearing room.

6 Okay. I'm to start by going over the
7 exhibits, the exhibits and the items of which we
8 are taking administrative notice, and then I will
9 ask if there are any objections. All
10 nonconfidential documents related to this hearing
11 that have been or will be submitted to OHS are
12 available for review through the Certificates of
13 Need portal which is accessible on the OHS CON
14 webpage. The CON portal contains the prehearing
15 table of record in this case. At the time of its
16 filing two days ago, exhibits were identified in
17 the table from A to WW.

18 Afterwards, we had some additional
19 filings. One is a support letter from
20 Representative Maria Horn which has been
21 identified in the docket as Exhibit XX. We also
22 received the PowerPoint presentation that
23 Northwell intends to show this morning which we
24 are identifying as Exhibit YY. And last night we
25 received a bench brief from the applicants which

1 we are identifying as Exhibit ZZ.

2 Counsel for the applicants, can you
3 please identify yourself for the record, beginning
4 first with Northwell, and then turning to Nuvance.

5 MS. VOLPE: Yes. Good morning. This
6 is Michele Volpe, Michele with one "L," "V," as in
7 "Victor," O-L-P-E. I'm here on behalf of the
8 applicants in this proceeding joined by Ben
9 Jensen. Thank you for allowing us to be here
10 today, Dr. Gifford, Attorney Jackson, Attorney
11 Csuka.

12 MR. CSUKA: Thank you. Attorney
13 Jensen, did you -- I thought I saw Conor here too.
14 Yeah, also present is Conor Duffy and Lisa Boyle
15 for Nuvance.

16 Today we also have the intervenors who
17 have been granted limited status in the
18 proceeding. The intervenors are Save Sharon
19 Hospital, Dr. Howard Mortman and Dr. David Kurish.

20 Counsel for the intervenors, can you
21 please identify yourself for the record.

22 MR. KNAG: Good morning. My name is
23 Paul Knag. I'm with Murtha Cullina. And I
24 represent the intervenors.

25 MR. CSUKA: Thank you. So attorneys

1 for the applicants, do you have any objections to
2 the exhibits that I listed earlier? That would be
3 A through ZZ.

4 MS. VOLPE: No objection.

5 MR. JENSEN: No objection.

6 MR. CSUKA: Thank you.

7 MR. KNAG: Excuse me, I have one
8 question. You referenced that you just received
9 something called a bench brief?

10 MR. CSUKA: Correct. That has been
11 uploaded to the portal.

12 MS. VOLPE: It's this application to
13 the statutory criteria for everything in the
14 record.

15 MR. KNAG: Okay. You're going to get
16 me a copy?

17 MS. VOLPE: Yes.

18 MR. KNAG: Thank you.

19 MR. CSUKA: So all identified and
20 marked exhibits are entered as full exhibits.

21 (Applicant's Exhibits A through ZZ:
22 Received in evidence: Identified in the Table of
23 Record.)

24 MR. CSUKA: Attorney Volpe, do you have
25 any additional exhibits you wish to enter at this

1 time?

2 MS. VOLPE: Not at this time.

3 MR. CSUKA: And Attorney Jensen, how
4 about you?

5 MR. JENSEN: No additional exhibits.
6 Thank you.

7 MR. CSUKA: Thanks. Just a reminder,
8 you need to hit the button in order to be heard.

9 MR. JENSEN: No additional exhibits.

10 MR. CSUKA: Okay. Thank you. The
11 parties are hereby advised that we are taking
12 administrative notice of the following: The
13 Statewide Health Care Facilities and Services Plan
14 and its supplements, including the 2024 version;
15 the Facilities and Services Inventory; the OHS
16 Acute Care Hospital Discharge Database; the
17 All-payer claims database claims data; Hospital
18 Reporting System, that is HRS, financial and
19 utilization data; community health needs
20 assessments for the hospitals at issue; and the
21 RAND Hospital Price Transparency Study. We are
22 also seeking administrative notice of Docket
23 Number 18-32238-CON, which the applicants have
24 referenced at various times in their submissions.
25 That's the CON docket pursuant to which Nuvance

1 Health was established through the affiliation of
2 Western Connecticut Health Network and Health
3 Quest systems.

4 Attorneys Volpe and Jensen, are there
5 any objections to the administratively noticed
6 documents and dockets?

7 MS. VOLPE: Yes. The applicants do
8 have an objection that we'd like noted for the
9 record on the All-payer claims data. We'd like an
10 opportunity, a corresponding opportunity, to be
11 privy to specifically what within that filing and
12 database that OHS will be relying on to issue its
13 opinion. While Connecticut General Statutes
14 4-178(6) permits you to take administrative notice
15 of the All-payer claims data, this same statute
16 affords applicants under Subsection (7) of the
17 statute to be notified in a timely manner that
18 affords us an opportunity to know specifically
19 what information, facts and data you're going to
20 be relying on as part of your decision. And
21 during this administrative proceeding, just
22 providing administrative notice doesn't afford us
23 with the time and specific information that you
24 may be relying on which may be prejudicial to the
25 applicants.

1 So the applicant's preference is to
2 work collaboratively with OHS on the data under
3 the APCD that you'll be relying on for purposes of
4 issuing your decision. And perhaps to dispense
5 with our objection this morning, you'll indulge us
6 and allow us to submit a motion to help understand
7 our respective rights with that administrative
8 notice. That will allow us to take some closure
9 of our objection today and allow us to preserve
10 our procedural rights consistent with the statute.
11 So we would ask that you respectfully allow us to
12 submit a motion in furtherance of our objection.

13 COMMISSIONER GIFFORD: One moment.

14 MS. VOLPE: Sure, of course.

15 (Pause.)

16 MR. CSUKA: We're going to give you the
17 opportunity to do that. And to the extent that we
18 do rely on the APCD data, we will provide any
19 excerpt so that you have an opportunity to respond
20 as well.

21 MS. VOLPE: Thank you. Appreciate
22 that. Thank you.

23 MR. CSUKA: To date we haven't done
24 that. So, you know, we can't give you an
25 opportunity to respond right now because we

1 haven't, you know, provided the excerpt at this
2 point, and I don't know if an excerpt will be
3 produced. It depends on what the Commissioner
4 determines is necessary for the evaluation of the
5 criteria.

6 MS. VOLPE: We understand. We just
7 wanted to be on record objecting. Appreciate your
8 indulgence in allowing us to file a motion to
9 address.

10 MR. CSUKA: No problem.

11 Attorney Jensen, can I assume you echo
12 the same objection?

13 MR. JENSEN: Correct. Nuvance Health
14 joins the objection. There's no other objections
15 to the administrative notice items.

16 MR. CSUKA: Thank you. As the hearing
17 progresses, we may also take administrative notice
18 of other information, including prior OHS
19 decisions, agreed settlements and determinations
20 that may be relevant but which have not yet been
21 identified. Again, we will provide you with
22 notice and an opportunity to respond to any of
23 those as well.

24 So with all that, we're going to
25 proceed in the order established in the agenda for

1 today's hearing after I log back into my computer.

2 I would like to advise the parties that
3 we may ask questions related to your prehearing
4 submissions that you feel you have already
5 addressed. We will do this for the purpose of
6 ensuring that the public has knowledge about your
7 proposal and for the purpose of clarification. I
8 want to reassure you that we have reviewed the
9 docket and will do so again before issuing the
10 decision.

11 As this hearing is being held in hybrid
12 fashion, we ask that all participants attending
13 via Zoom enable the use of video cameras when
14 testifying or commenting remotely during the
15 proceedings. All participants and the public
16 shall mute their devices and should disable their
17 cameras when we go off the record or take a break.
18 Please be advised that although we will try to
19 shut off the hearing recording during breaks, it
20 may continue. If the technology continues to run
21 within this room, any video and audio that has not
22 been disabled will be accessible to all
23 participants. There are special considerations
24 there with respect to executive session that we'll
25 be mindful of as well.

1 Public comment taken during the hearing
2 will likely go into the order established by OHS
3 during the registration process. However, we will
4 allow public officials and clinical professionals
5 to testify out of order. Registration for public
6 comment, as I mentioned, has already begun. As I
7 stated earlier, public comment will begin at 1
8 p.m. even if the technical portion of the hearing
9 has not concluded. The applicant's, any
10 intervenor's witnesses must be available after
11 public comment as OHS may have additional
12 follow-up questions based on the public comment.

13 Attorney Volpe and Attorney Jensen, are
14 there any other housekeeping matters or procedural
15 issues you would like to address before we start?

16 MR. JENSEN: Just briefly, Attorney
17 Csuka. For when the witnesses here -- I believe I
18 may have just gotten my answer. My question was
19 if we needed to pivot to be in front of the camera
20 at all, but I take it Attorney Jackson is on the
21 camera. Thank you very much.

22 MR. CSUKA: Attorney Knag, did you have
23 any housekeeping matters you wanted to address?

24 MR. KNAG: No, not at this time. We're
25 still waiting for Dr. Kurish, so we may have to

1 address that later. I don't what's happened to
2 delay him.

3 MR. CSUKA: Okay. Thank you. So there
4 are two applicants in the matter, so we will leave
5 it up to them to guide us on how they would like
6 to open the technical portion of the hearing. I
7 do think it would make sense to have all the
8 witnesses who plan to make remarks identified and
9 then I can swear them in. But beyond that, we're
10 flexible.

11 So Attorney Volpe and Attorney Jensen,
12 you can proceed with whoever you prefer.

13 MS. VOLPE: Okay. Yes, we do have a
14 specific order for the technical portion of
15 today's proceeding on behalf of the applicants.
16 And do you want to swear in witnesses now or would
17 you like us to proceed? What's your pleasure?

18 MR. CSUKA: I think it would make sense
19 to swear everybody in for both applicants and then
20 we won't have to do it again until we get to the
21 intervenor.

22 MS. VOLPE: Those who offered prefile
23 testimony are here to be sworn in. We also have
24 some other subject matter experts in the room, to
25 the extent we need them, perhaps they can get

1 sworn in at that time, but we don't anticipate
2 requiring that.

3 MR. CSUKA: Okay. So I will just have
4 each of them identify themselves by their name,
5 spelling of their last name and title then?

6 MS. VOLPE: Yes. We'll start with Dr.
7 Silver.

8 PETER SILVER: Good morning. Peter
9 Silver, S-i-l-v-e-r, chief quality officer for
10 Northwell.

11 MICHAEL DOWLING: Michael Dowling,
12 president and CEO of Northwell. That's
13 D-o-w-l-i-n-g.

14 MARK SOLAZZO: Good morning. Mark
15 Solazzo, S-o-l-a-z-z-o, president, strategic
16 initiatives, and chief operating officer at
17 Northwell.

18 JOHN MURPHY: John Murphy, M-u-r-p-h-y,
19 president and CEO of Nuvance Health.

20 DANIEL DEBARBA: My name is Dan
21 DeBarba, D-e-b-a-r-b-a, and I'm the chief
22 financial officer of Nuvance Health.

23 MR. CSUKA: Thank you. Can you please
24 all raise your right hand.

25

1 P E T E R S I L V E R,
2 M I C H A E L J. D O W L I N G,
3 M A R K J. S O L A Z Z O,
4 J O H N M. M U R P H Y,
5 D A N I E L J. D E B A R B A, J R.,

6 having been first duly sworn by Attorney
7 Csuka, testified on their oaths as follows:

8 MR. CSUKA: Let the record reflect that
9 each witness answered in the affirmative.

10 So the applicants and their witnesses
11 can now proceed. When giving your testimony, make
12 sure that you adopt your written testimony.

13 MS. VOLPE: Thank you, Attorney Csuka.

14 Again, for the record, my name is
15 Michele Volpe. And I'm here today with Attorney
16 Ben Jensen, and we're serving as legal counsel for
17 the applicants in this proceeding. We appreciate
18 the opportunity to appear before you today.

19 We want to start by formally
20 recognizing on the record the efficient and
21 collaborative process that has been conducted by
22 the Office of Health Strategy. While I've been
23 before this agency for 30 years, this is
24 Northwell's introduction to the Connecticut
25 regulatory process. And we want to note on record

1 how appreciative and how collaborative this
2 process and this specific application has been,
3 the expeditious manner in which the application
4 has gone through your office, and we want to
5 publicly note all of the time and attention that
6 Dr. Gifford has provided and how collaborative
7 Attorney Csuka and Attorney Jackson have been to
8 both applicants in this matter. You've provided
9 unlimited access, and it's very appreciated, and I
10 think it's allowed this proceeding and our
11 application through your agency with a lot of
12 transparency, and we're very grateful for that.
13 And it's been from the inception of when we
14 announced the affiliation till today. So thank
15 you.

16 We also thank you for the new OHS
17 confidentiality policy that was issued at the
18 start of this year and allowing us to submit and
19 afford treatment of confidentiality to some of our
20 submissions. As you've recognized, the
21 applicants, Northwell and Nuvance, are entitled to
22 protection under where appropriate under FOIA and
23 in terms of confidentiality as well as with your
24 new policies and procedures that were put in place
25 on January 19th.

1 Pursuant to the OHS order on
2 confidentiality issued on September 17th, as well
3 as corresponding supplemental orders you issued
4 regarding our confidentiality, we welcome
5 questions on any of the submissions, but again,
6 thank you, Attorney Csuka, for reminding everyone
7 that those would come in the context of an
8 executive session to preserve our protections on
9 confidentiality that are afforded under the order.

10 The applicants acknowledge that we have
11 the burden of proof in this proceeding, and you're
12 going to hear that the facts supporting this legal
13 standard required pursuant to Connecticut General
14 Statutes 19a-639a through 12 have been met,
15 specifically the criteria that Dr. Gifford
16 mentioned at the start of this proceeding. All of
17 the specific criteria under that statute, as well
18 as Section 19a-639(d)(2) which is specific to
19 hospital affiliations, have been met. All the
20 data and factual information provided in this
21 docket, as well as the testimony of the witnesses
22 you will hear from today, clearly support CON
23 approval.

24 Although not every statutory criteria
25 is required to be met for this agency to allow a

1 CON approval, the applicants have met that burden
2 of proof and methodically demonstrated that each
3 and every criteria has been met to allow the
4 affiliation to proceed between Northwell and
5 Nuvance.

6 Applicants submitted a large amount of
7 materials for OHS's consideration. To date, the
8 record is in excess of 10,000 pages of material.
9 So in light of the voluminous record, applicants
10 submitted a legal brief, a bench brief, and that's
11 noted in the record as Table ZZ. And the purpose
12 of that legal submission is really to assist OHS
13 with its review of the application and to
14 highlight aspects of the filing and the materials
15 submitted to demonstrate that in fact each and
16 every statutory criteria that you're required to
17 review has been met. OHS will hear more on how
18 the applicants have satisfied this burden and the
19 statutory criteria from Attorney Jensen later on
20 today in this proceeding during our closing
21 remarks.

22 One of the major directives, as you
23 noted, Dr. Gifford, at the start of this
24 proceeding and is in furtherance of OHS's mission
25 is to approve the access, affordability and

1 quality of health care for Connecticut residents.
2 As demonstrated in the filings to date in the
3 docket, as well as the testimony you'll hear from
4 today from our witnesses, approving the CON for
5 the affiliation ensures continued access to high
6 quality affordable health care in the Danbury,
7 Norwalk, New Milford and Sharon communities.
8 These service areas will be ensured of receiving
9 essential critical services offered by these
10 hospitals in order to be sustained and kept vital
11 to keep health care local.

12 Approval of the affiliation promotes
13 equitable access in the communities served by the
14 Nuvance Hospitals. And today to further elaborate
15 on how we've met our burden of proof and talk
16 about how we're going to keep care local in these
17 communities, offering testimony today in this
18 specific order will be, Mr. Michael Dowling. He's
19 present and CEO of Northwell. Mr. Dowling will
20 provide a brief overview of Northwell Health, its
21 strong commitment to the community and the
22 patient-centered health care, as well as the
23 unique aspects of Northwell that has led to its
24 continued and numerous recognitions of excellence.

25 You'll also hear from Dr. John Murphy,

1 chief executive officer of Nuvance. He will
2 provide an overview of Nuvance Health and the
3 extensive efforts of its staff to respond to the
4 COVID-19 pandemic. He will also address the
5 financial and operational challenges that Nuvance
6 has faced emerging from the pandemic, the range of
7 options their organization has considered in order
8 to limit operating losses, and the process that
9 led to this affiliation that's before you today.

10 We will also hear from Mr. Daniel
11 DeBarba, executive vice president and chief
12 financial officer for Nuvance Health. Mr. DeBarba
13 will provide additional detail concerning Nuvance
14 Health's financial challenges, and he'll address
15 how the affiliation with Northwell will allow
16 Nuvance to stem financial losses and invest in its
17 hospitals and patient care initiatives.

18 Providing testimony for Northwell's
19 extensive track record and process and past
20 affiliations is Mr. Mark Solazzo, who's president
21 of strategic initiatives and chief operating
22 officer of Northwell Health. Mr. Solazzo will
23 discuss Northwell Health's financial stability,
24 its resources and the numerous anticipated
25 benefits of this affiliation. Mr. Solazzo will

1 provide a detailed explanation of the significant
2 and substantial system-wide capital commitment
3 that Northwell is engaging in as part of this
4 affiliation with Nuvance.

5 Discussing aspects of the high quality
6 that is exhibited at both systems will be Dr.
7 Peter Silver. He's Northwell Health's senior vice
8 president and chief quality officer. Dr. Silver's
9 testimony will focus on Northwell's system-wide
10 approach to quality and safety and how that will
11 benefit the community served by the Nuvance
12 Connecticut hospitals.

13 Each witness is here today to adopt
14 their prefile testimony, provide further testimony
15 in support of the CON before you today in the
16 technical portion of our proceeding. We're here
17 to answer any questions OHS has to further
18 substantiate the applicants have satisfied the
19 requisite statutory criteria for approving the
20 Certificate of Need application and for the
21 affiliation of Nuvance Health with Northwell.

22 At this time, I'd like to introduce
23 Mr. Michael Dowling. He's going to, again,
24 provide introductory remarks on Northwell.
25 Mr. Dowling is the president and chief executive

1 officer of Northwell Health. He's one of health
2 care's most influential voices, taking a stand on
3 societal issues to better the communities we all
4 call home. Michael has been working tirelessly
5 since 1995 to further the charitable mission of
6 Northwell Health and his leadership has been
7 invaluable to Northwell's tremendous success as an
8 innovative health system. Michael has been
9 honored with countless national and international
10 distinguished awards for his substantial and
11 significant contributions. A comprehensive
12 biography of Mr. Dowling was included in the
13 docket for your review.

14 Mr. Dowling, if you would proceed,
15 state your name again for the record, and adopt
16 your prefile testimony.

17 THE WITNESS (Dowling): Thank you, and
18 good morning. Good morning, Commissioner Gifford
19 and the Office of Health Strategy staff. We
20 appreciate the opportunity to be here. My name,
21 to repeat again, is Michael Dowling,
22 D-o-w-l-i-n-g, and I am president and CEO of
23 Northwell Health. I am offering remarks on behalf
24 of Northwell Health, an applicant in the above
25 referenced Certificate of Need application.

1 I am honored to be here to demonstrate
2 Northwell Health's commitment to Connecticut and,
3 more importantly, to the patients, employees and
4 communities served by Nuvance Health Connecticut
5 hospitals. I'm also here, as has been mentioned,
6 to adopt my prefiled testimony.

7 I joined Northwell in 1975 -- sorry, in
8 1995, and have been privileged to serve in the
9 role of CEO since the beginning of 2002. Prior to
10 joining Northwell Health, I was a senior executive
11 at Blue Cross Blue Shield, the largest insurance
12 company in New York State, as you know. Prior to
13 that, I worked for the New York State government
14 for 12 years. I was the deputy secretary of
15 health and human services for Governor Mario
16 Cuomo. And I was state director of education,
17 health and human services for the State of New
18 York, and also was commissioner of the New York
19 State Department of Social Services.

20 I'm delighted and proud to be here
21 today with Dr. John Murphy and Daniel DeBarba, CEO
22 of Nuvance Health. Dr. Murphy will detail Nuvance
23 Health's reasons for entering into this
24 partnership with Northwell Health and why it is
25 the best plan for the future of Nuvance, its

1 facilities and the communities they serve in
2 Connecticut.

3 I would also like to recognize Dr.
4 Murphy and Mr. DeBarba and the entire executive
5 team for their hard work and dedication throughout
6 this affiliation planning process. It has been a
7 pleasure to work with them and all the nurses,
8 clinicians and staff whom we've had the pleasure
9 to meet during our many local forums and town hall
10 meetings at the various hospitals over the past
11 many months. We look forward to all that is to
12 come in the joint work that we can do together in
13 the future.

14 It's also my pleasure to introduce
15 several representatives of Northwell's senior
16 leadership team who are here today to testify to
17 the affiliation's many benefits for Nuvance and
18 the residents of Danbury, New Milford, Norwalk and
19 Sharon communities. As has been mentioned
20 already, Mr. Mark Solazzo to my right, who is
21 Northwell's president of strategic initiatives and
22 chief operating officer, Mark will testify about
23 the resources and support Northwell can provide to
24 Nuvance as well as comment on the culture and
25 capabilities of Northwell.

1 You will also hear from Dr. Peter
2 Silver, senior vice president and the chief
3 quality officer and associate medical director of
4 Northwell Health, who will describe the
5 system-wide innovative approach to quality at
6 Northwell and some of the benefits that can be
7 realized from the partnership between the two
8 systems, both of whom are dedicated to the
9 provision of the highest quality of care and the
10 achievements that can result from more investment
11 in a common electronic medical record system.
12 Both, of course, are available to answer
13 questions.

14 At this point, I'd like to provide just
15 a very brief overview of Northwell Health. We are
16 a comprehensive integrated system of care. It's a
17 system that has grown through multiple
18 affiliations over many, many, many years. We are
19 a system that is integrated but all components of
20 the organization work together in complete
21 synergy. And we serve over 2 million individuals
22 annually.

23 We offer at Northwell the complete
24 continuum of care. We offer all services from
25 birth to end of life.

1 We are also more than hospitals. Only
2 47 percent of our total business is hospital-based
3 business. We operate the largest primary care,
4 the largest ambulatory and post-acute care list of
5 services at over 900 locations, and the most
6 comprehensive post-acute network of services in
7 New York State.

8 We have a major priority commitment to
9 investing in top-tier talent through advanced
10 education, strategic talent management, and
11 targeted recruitment. We provide, and this is
12 important to our culture, we provide a continuing
13 culture of continuous learning for all of our
14 employees.

15 We're also the fourth largest academic
16 teaching institution in the United States with an
17 innovative medical school and innovative nursing
18 schools.

19 We also have a major research entity
20 called the Feinstein Institute for Medical
21 Research, and with multiple discoveries coming out
22 of that institute on a continuing basis, and it is
23 also the home of a new field of bioelectronic
24 medicine.

25 Also, in our view, very very important,

1 we are, and always have been, unbelievably mission
2 driven and community health focused, completely
3 dedicated to caring for all in the community
4 regardless of circumstance and investing in
5 communities to improve health outcomes. We are in
6 New York State. We are the second largest
7 provider of Medicaid in New York State. We are
8 the second largest provider of mental health
9 services in New York State. We have the most
10 comprehensive financial assistance policy in New
11 York State and one of the most comprehensive in
12 the United States.

13 We are very, very engaged in all local
14 communities as part of our catchment area and even
15 beyond. And we tackle social issues that overall
16 affect health. A couple examples here. We're
17 very, very involved and have taken national
18 leadership roles in the area of gun violence, gun
19 violence prevention and safety, the issues of
20 climate change and sustainability, issues of food
21 insecurity, issues of education, including high
22 school education where we are involved with over
23 80 high schools and actually will be involved in
24 the creation of our own Northwell High School of
25 Health Sciences in New York beginning in September

1 of next year.

2 And at our core is the commitment to a
3 positive, collaborative, entrepreneurial and
4 results driven culture. Culture is very important
5 to us. And we want to be the best place to
6 provide care and the best place to work providing
7 care.

8 We manage for the present, but we lead
9 for the future. We think long term. We have a
10 track record of investing and strengthening our
11 hospital partners. This is a record that goes
12 back well over 25 years. We have a record of
13 expanding care as needed in each local community.
14 We believe in providing care as close to where
15 people live as possible as long as it can be done
16 safely and with the highest quality. We are not a
17 hub and a spoke system or a hub and a spoke model
18 so common in many other health systems.

19 So in closing, we at Northwell Health
20 are extremely proud of what we have been able to
21 achieve. We have a consistent vision we have been
22 adaptable in our tactical strategies. We
23 constantly strive to learn and improve. And we
24 look forward to the affiliation with Nuvance and
25 are excited about what we can achieve together as

1 an integrated system.

2 I want to thank you for your time. And
3 I respectfully request that OHS approve the
4 application for the affiliation of Northwell
5 Health and Nuvance Health. And I will now turn
6 the mic back over to Michele.

7 MS. VOLPE: Thank you, Mr. Dowling.

8 Next for the applicants in this
9 technical portion will be Dr. John Murphy. He's
10 the chief executive officer of Nuvance Health.
11 It's a position he's held since the formation of
12 Nuvance Health in 2019 through the affiliation of
13 Western Connecticut Network and Health Quest. As
14 CEO, Mr. Murphy establishes the vision, strategy
15 and priorities of Nuvance that include seven
16 hospital locations, 2,700 aligned physicians, and
17 more than 13,000 employees. A neurologist by
18 training, Dr. Murphy held a variety of positions
19 at Connecticut hospitals comprising Nuvance
20 Health. We've also submitted a detailed bio for
21 Dr. Murphy which has been provided as part of the
22 CON filing.

23 Dr. Murphy, if you would please
24 proceed, state your name and adopt your prefile
25 testimony.

1 THE WITNESS (Murphy): Sure. Good
2 morning, Dr. Gifford, Attorney Csuka and Attorney
3 Jackson. My name is John Murphy, M-u-r-p-h-y, the
4 CEO of Nuvance Health. And I hereby adopt my
5 prefile testimony.

6 If it's okay with you, I'd like to give
7 you a brief overview of what Nuvance Health is,
8 who we are, how we were formed, what happened
9 during COVID, and how we got here to this table in
10 this room today and why we're seeking a
11 partnership, particularly one with Northwell
12 Health.

13 As you know, and Michele just
14 reiterated, we are a nonprofit mission-driven
15 health system comprised of seven hospitals. We
16 serve a population of about a million and a half
17 people, and we employ somewhere around 14,000 very
18 talented individuals. Our hospitals have been in
19 their respective communities for almost 150 years.
20 A couple of them have been in existence for at
21 least 140. And like Northwell, we provide care
22 across the continuum, including pre-hospital care,
23 inpatient and outpatient services. We have a
24 large affiliated medical practice and offer
25 post-acute care through our home care agencies.

1 We have a long history and a proud
2 history of teaching, and we have teaching programs
3 with many residents and hundreds of physicians and
4 other health care professionals who are in
5 training, and we very much enjoy that. We have
6 many educational affiliations with a host of
7 academic partners within and outside of the state.

8 We also conduct a host of research
9 activities spanning not only clinical trials,
10 investor initiated trials. We also have now our
11 own translational research facility.

12 Nuvance Health was formed officially in
13 2019, although the talks began in 2017 when we
14 brought together the two legacy organizations
15 which were at the time Health Quest and Western
16 Connecticut Health Network. We felt that bringing
17 two similar not-for-profit health systems that
18 were operating across Western Connecticut and
19 through the mid Hudson Valley made a great deal of
20 sense. We created one board, 16 members,
21 self-propagating board, we maintained the local
22 hospital boards, and we created a single
23 management team. And we had worked diligently
24 with 23 integration teams which had built plans
25 that were in place to align operations in order to

1 improve efficiency, reduce costs and enhance
2 patient care.

3 And then March of 2020 arrived, and as
4 you all remember, COVID came. We were the first
5 hospitals in the State of Connecticut to admit a
6 COVID patient. It was March 8th. The Danbury and
7 Norwalk hospitals were hit hard and hit early.
8 Actually in the state for the first two weeks all
9 of the deaths in Connecticut due to COVID were in
10 our hospitals.

11 We had, as you may remember, within
12 four days a third of our ICU staff was out on
13 furlough because of exposures, 90 nurses in one
14 week. The census rapidly increased across both
15 Connecticut and New York. We were using more than
16 10,000 masks a day by the end of the first week,
17 and eventually, and certainly Dr. Gifford
18 remembers this, we were operating under crisis
19 standards of care.

20 Unlike some of our competitors, not in
21 the State of Connecticut, but others who did not
22 admit COVID patients, we absolutely admitted every
23 COVID patient that came to our door, and we also
24 accepted hundreds of transfers from our smaller
25 hospitals as well as other hospitals in Fairfield

1 County who at the time were similarly overwhelmed
2 with COVID cases, and we also took cases from
3 Manhattan. As you may remember, we opened a field
4 hospital on our Danbury campus. We also staffed
5 the 250 bed army hospital located at the O'Neil
6 Center at WestConn's campus in Danbury, and we
7 worked closely with the National Guard through
8 those months.

9 I think it's important to understand
10 that, as you undoubtedly realize and remember, we
11 helped write the clinical playbook because there
12 wasn't one in place in the first, second week of
13 March. We figured out when to intubate and then
14 ultimately when to avoid intubation, what the
15 proper role of anticoagulation was, when to use
16 steroids and when not to use steroids. We helped
17 establish the role of hydroxychloroquine and the
18 introduction of IL-6 inhibitors. We co-lead a
19 study with Johns Hopkins on the value and use of
20 convalescent plasma and ultimately Remdesivir, and
21 we spared no expense.

22 We transitioned thousands of employees
23 to work from home and put up hundreds of employees
24 at hotels to address their very real concerns
25 about bringing the virus home to their loved ones.

1 I remember one night we had 250 employees in local
2 hotels. We were the first hospital in Connecticut
3 to stop elective procedures, and we led a
4 statewide coalition in cooperation with your
5 office and Governor Lamont to convince all
6 hospitals to follow suit.

7 We established, built and staffed
8 multiple testing sites across the western part of
9 the state, and when the time came, we became the
10 major source of the effort to vaccinate all of the
11 communities we serve. We played a major role in
12 the health system response team. And as Dr.
13 Gifford knows, while I chaired the Board of CHA
14 throughout COVID, we helped shape the state's
15 strategy in many ways. I think it was every
16 Thursday we met, I think the governor gave us off
17 Thanksgiving, for almost two years.

18 What you may not know is that we were
19 also in the midst of building a state-of-the-art
20 hospital on the beautiful Hudson River. The
21 construction of that hospital came to a complete
22 standstill when multiple construction workers
23 didn't show up. This led to enormous delays in
24 addition to huge unanticipated expenses that we
25 had to fund in order to safeguard the work site

1 and test all of the employees who were working on
2 that construction. These delays pushed the
3 completion back nearly a year and caused budget
4 overruns in excess of \$100 million. We had to
5 fund that.

6 By the time the pandemic ended, our
7 staff had performed brilliantly. We saved
8 countless lives. And we did it despite the
9 enormous expenses associated with battling a
10 once-in-a-lifetime pandemic. But we soon found
11 ourselves with 2,000 staff vacancies, flat
12 volumes, frightened patients, an exhausted
13 workforce and enormous operating losses. We were
14 unable to fully realize the efficiencies that our
15 23 integration teams had so carefully planned for
16 because it was all hands on deck for nearly two
17 years. Even our IT systems, our IT platforms
18 remained functionally distinct systems.

19 In 2022, the median operating margin
20 for hospitals in the United States was a negative
21 3.8 percent. We weren't spared those losses. We
22 were in the same boat as many others. Our labor
23 costs per discharge rose 37 percent since
24 pre-pandemic levels. Our supply costs per
25 discharge rose 18 percent, and even our food costs

1 per discharge rose 12 percent. Inflation at the
2 time, as you may remember, was just at 7 percent,
3 and yet our managed care rates were locked and
4 they couldn't keep up with the increased costs
5 that we were facing.

6 Like every other prudent business owner
7 facing serious financial stress, we considered a
8 range of options to cut costs. We brought in the
9 Berkeley Research Group starting actually in late
10 2020, and we did take out enormous costs but with
11 surgical precision. Other options raised prices,
12 well, we weren't able to do that, and we all know
13 why and how that works. Restructured debt, we did
14 that, we restructured the debt on our balance
15 sheet. Eliminate underutilized or consolidate
16 underutilized services, we tried that but had
17 limited success. Add new services, that too was
18 more difficult than we anticipated. Ultimately,
19 we could adopt a new business model or pursue a
20 combination with a partner.

21 In the summer of 2022, I went to the
22 board, actually in July of '22, and proposed that
23 we consider the latter. And we have actually had
24 several board retreats both in 2020 and in 2022,
25 and I think this is a healthy thing for boards to

1 do, is to examine the strategic options, what
2 should we do, does it really make sense, is it in
3 the best interest of the community for
4 preservation of the mission to remain independent.

5 So we had asked and answered the
6 question and thought through it on a number of
7 occasions, so we were not flat footed when it
8 became reality. To get everyone on the same page,
9 in late '22, we asked the question so what exactly
10 would it take to remain independent yet serve our
11 communities in a way that you would all be proud
12 of. And fundamentally it came down to we would
13 have to grow the physician enterprise and
14 aggressively move into the ambulatory space, but
15 we were capital constrained and we had just had a
16 credit downgrade because of our losses. So access
17 to capital was a real challenge.

18 In March of '23, I went to the board
19 with Dan DeBarba and we said, look, it is time to
20 find a partner. The risks of trying to pull this
21 off as a standalone system are simply too great.
22 So we agreed in 2023, in March, to begin the
23 process of finding a partner. We formed an ad hoc
24 committee of the Board and we engaged Kaufman
25 Hall, who are national experts in this space.

1 We then began a thoughtful deliberative
2 and thorough process focused on finding the right
3 partner. The criteria that we used were largely
4 based on three areas, cultural compatibility,
5 financial strength and clinical excellence and
6 clinical competence. Those were the lenses
7 through which we examined initially 25 partners
8 then 8 then 5 and then made our final decision.
9 And I will say that Northwell was our clear and
10 unanimous choice. There was no ambiguity or
11 uncertainty. We were absolutely convinced that
12 they were the right partner.

13 I've known Michael for eight years.
14 We've worked together on a number of projects with
15 Northwell so we were very comfortable that we knew
16 what we were getting into and who we had chosen.
17 We chose Northwell because of their willingness
18 to, as Michael just said, they're grounded in the
19 communities they serve, they take the notion of
20 community health very seriously, and also they
21 wanted to keep care local, and through our own due
22 diligence I discovered that that is in fact
23 absolutely true that whenever possible care
24 remains in the local community.

25 He also demonstrated a willingness to

1 make a significant capital commitment, which was
2 very important to us. But they also have I think
3 a distinguished history of turning hospitals
4 around that were facing financial distress.
5 They're good at it, and they do it thoughtfully
6 and without injuring the community or the staff.
7 And as Michael said, they really do believe in
8 creating a learning environment, and I love that
9 about the place. It is at the heart of their
10 inclusive and innovative culture.

11 So as we look ahead to our future with
12 Northwell, I see a future of improved health care
13 for all those we serve. For our patients I
14 believe this partnership means expanded access to
15 affordable and equitable care, including the most
16 advanced treatments and broader specialty services
17 through every stage of life, elevating the quality
18 of care while keeping it close to home.

19 Our physicians will have even greater
20 opportunities to work with the exceptionally
21 talented staff at Northwell, coupled with the
22 resources to explore and apply emerging
23 technologies that drive innovation in patient
24 care. For many physicians they will enrich their
25 professional lives by pursuing research interests

1 through the Feinstein Research Institute portfolio
2 or rediscovering the joy of medicine by continuing
3 to teach in association with not only Zucker
4 School of Medicine but others, the next generation
5 of health care professionals.

6 Our employees will benefit from career
7 growth pathways supported by Northwell's deep
8 commitment to continuous learning and skill
9 development, empowering our staff to deliver
10 exceptional care and helping them build careers
11 they never thought possible.

12 For our communities this affiliation
13 with Northwell represents a very real commitment
14 to sustainable, locally anchored integrated health
15 care delivery that will absolutely contribute to
16 the region's well-being and economic vitality
17 which is important to all of our communities and
18 the state while at the very same time paving the
19 way for breakthroughs in medical science.

20 It also means that care will be
21 delivered in contemporary facilities, including
22 the Norwalk Hospital Pavilion which we have been
23 trying to get off the ground for a number of
24 years. Together we will build a resilient health
25 system poised for the future and well equipped to

1 meet the evolving needs of our stakeholders for
2 years to come. I respectfully request that you
3 approve this application. And that concludes my
4 testimony.

5 MS. VOLPE: As Mr. Daniel DeBarba is
6 coming up, I'll offer a few remarks. Mr. Dan
7 DeBarba is executive vice president and chief
8 financial officer for Nuvance Health. Dan leads
9 all Nuvance Health financial, contracting, supply
10 chain, revenue cycle and information technology
11 teams. Dan previously served as the president and
12 chief executive officer of Norwalk Hospital and
13 later president of Danbury Hospital and New
14 Milford Hospital as part of Nuvance Health's
15 predecessor, Western Connecticut Health Network.

16 Mr. DeBarba, if you'll please proceed
17 and state your name and spell it for the record
18 and adopt your prefile testimony.

19 THE WITNESS (DeBarba): Sure. Good
20 morning, Commissioner Gifford, Attorneys Csuka and
21 Jackson. My name is Dan DeBarba, D-e-B-a-r-b-a.
22 I am the chief financial officer of Nuvance
23 Health. And for the record, I adopt my prefile
24 testimony.

25 So Nuvance Health has encountered

1 significant financial challenges, and without a
2 solution these challenges threaten the breadth of
3 the services we provide and the well-being of the
4 communities that rely upon them. You've just
5 heard from Dr. Murphy as he described many of
6 these financial challenges and why they
7 necessitate this affiliation.

8 Nuvance Health has incurred significant
9 operating losses in recent years as we emerge from
10 the pandemic and, in fact, over \$300 million in
11 operating losses when you consider fiscal year
12 2024 just ended. These operated losses have
13 reduced our liquidity and clearly restrained our
14 access to capital markets which in turn have
15 limited our ability to reinvest in our system.

16 My team works every day to assess our
17 finances, to seek opportunities to improve
18 performance and make decisions in the best
19 interest of our short and long-term viability.
20 And we've clearly had success in this area. But
21 it hasn't been enough, given the challenging
22 environment in which we operate, and we are simply
23 at the point where we need more help from a
24 like-minded, mission-oriented partner. Given
25 Northwell's record of accomplishment, its

1 commitment to invest in Nuvance Health is
2 essential to the patients and communities we
3 serve. The proposed affiliation with Northwell
4 will bring best-in-class clinical, operational and
5 financial capabilities to help support Nuvance
6 Health and its mission.

7 At Nuvance we truly have great
8 facilities, an incredibly dedicated staff and a
9 sound thoughtful strategic plan. And with the
10 influx of capital from Northwell, along with the
11 integration of their talent and expertise, our
12 system will undoubtedly thrive. Northwell is
13 committed to making crucial investments in our
14 operations and our facilities and in our
15 electronic health record system. These are
16 investments we currently cannot afford to make on
17 our own but are crucial to ensuring access to high
18 quality cost effective care for our communities.

19 For several years, I was the chief
20 financial officer of Catholic Health of Long
21 Island, a significant competitor of Northwell, I
22 like to think we were a significant competitor of
23 Northwell's. And from that vantage point, I
24 watched Northwell lift up struggling health
25 systems, I witnessed how they delivered on their

1 commitments to these health systems and greatly
2 admire their dedication to relentless improvement
3 of health care delivery in the many communities
4 they serve. Northwell Health is the right partner
5 for Nuvance, and this application should be
6 approved.

7 Our financial challenges are undisputed
8 and the best remedy for them is clear in this
9 affiliation. It will help us stem our losses and
10 return our system and our staff's focus back to
11 the delivery of high quality care close to home.
12 So I strongly urge the Office of Health Strategy
13 to approve this application as soon as
14 practicable, and of course I look forward to
15 answering any questions you have at the
16 appropriate time. Thank you.

17 MS. VOLPE: Thank you. Mr. Mark
18 Solazzo will be testifying for the applicants in
19 the approval of the affiliation. Mr. Solazzo
20 serves as president, strategic initiatives, and
21 chief operating officer of Northwell Health,
22 providing leadership and oversight to all
23 operations of Northwell, including its 21
24 hospitals and almost 900 ambulatory sites,
25 Northwell's internationally recognized medical

1 research institute, as well as various health care
2 related businesses. Mark oversees the largest
3 private workforce in New York State, and he's
4 responsible for integrating the strategic plan of
5 the organization. He works closely with senior
6 leadership and management to successfully
7 implement Northwell's strategic objectives,
8 providing management oversight for first class,
9 cost effective and integrative programs to ensure
10 the operational success of the charitable
11 organization. Mr. Solazzo serves on numerous
12 boards as an officer and both director. A
13 comprehensive biography of Mr. Solazzo is included
14 in the record.

15 And I'd like to turn it over to Mark,
16 if he would please adopt his prefile testimony and
17 state his name for the record.

18 THE WITNESS (Solazzo): Thank you.
19 Good morning, Commissioner Gifford, OHS staff,
20 members of the public joining us today. We thank
21 you for the opportunity to speak to you today. My
22 name, again, is Mark Solazzo, S-o-l-a-z-z-o. And
23 I would like first to affirmatively adopt my
24 prefile testimony.

25 I'll provide very briefly for you today

1 a description of Northwell's past successful
2 affiliations, the expected patient, employee and
3 community benefits that will result from this
4 affiliation, Northwell's strong financial position
5 and resources which will allow us to fulfill the
6 strategic and capital commitments to Nuvance
7 Health, and finally, what does the
8 post-affiliation governance look like.

9 Northwell's past successful
10 affiliations are best illustrated by this
11 timeline. Northwell has continuously evolved over
12 the last 35 years of which I've had the personal
13 honor to serve this organization and our CEO,
14 Michael Dowling, for 30 of those years. Prior to
15 that, Michael and I served within New York State
16 government. Michael was the deputy secretary to
17 the governor for Health and Human Services. I
18 worked in the New York State Department of Social
19 Services on a range of health, mental health,
20 social services and Medicaid issues.

21 Together, along with many leaders that
22 joined us here today, we have personally led the
23 evolution of this health system. Our success is
24 due to our culture, our team members, our
25 commitment to developing a clinically integrated

1 health system which has allowed us to be more
2 nimble and flexible. As Michael said earlier, we
3 are not a hub and spoke model. Our mission is to
4 deliver appropriate safe care to our patients as
5 close to their homes as practical. We
6 strategically invest in each member hospital and
7 build individualized clinical programs that focus
8 on quality, safety, community need and equity.

9 Our approach to integrating and
10 revitalizing community hospitals is simple. It
11 starts with the philosophy that care must be
12 strengthened in the community and from the bedside
13 out. Our approach, we assess community need, we
14 address life, safety and immediate infrastructure
15 and equipment investments needed by each
16 institution, and then we extend and build clinical
17 programs to fill clinical gaps. We look at
18 ambulatory and inpatient as a continuum, focusing
19 on specific disease processes. We extend clinical
20 centers of excellence and create a quality
21 centered environment to attract and retain talent.
22 This model has allowed Northwell Health to
23 continually improve and enhance the delivery of
24 care across local communities delivering local
25 quality, safe, convenient, cost effective care.

1 In every instance that we have merged
2 with a community hospital, we have stabilized and
3 expanded services as needed. We have increased
4 access and enhanced quality of care, we preserve
5 jobs and enhance and expand employment, we
6 exceeded our capital commitments and achieved cost
7 savings. This affiliation will be no different
8 for Nuvance. I will give two brief examples that
9 will support and visualize what I mean.

10 Let me start with the Lenox Hill
11 Hospital. Before Lenox Hill Hospital joined us in
12 2010, they were in financial trouble. And of
13 greater concern, they had a significant number of
14 life, safety and quality issues that needed to be
15 immediately addressed. The way we approached our
16 affiliation was take care of those issues first.
17 That was paramount to provide a safe environment.
18 Then we developed a plan to reverse the declining
19 financial trends by looking at the landscape to
20 fill clinical gaps and expand needed local
21 services.

22 One such clinical gap as an example is
23 the closure of St. Vincent's in downtown Manhattan
24 shortly after we affiliated with Lenox Hill
25 Hospital. We filled that gap by working with the

1 community creating an emergency care, full service
2 freestanding emergency center for the residents
3 and communities surrounding the closure of St.
4 Vincent's. We also expanded services in the areas
5 of imaging, ambulatory surgery, specialty
6 practices and cancer.

7 At present, at Lenox Hill Hospital we
8 are a tertiary academic medical center, a leader
9 in public education and community outreach, proud
10 to be a US News & World Report top ranked
11 hospital, recognized for clinical excellence in
12 cardiovascular care, neurology, neurosurgery,
13 OBGYN, maternal health and more, dedicated to
14 charity care, provided 40 million in charity care
15 and 123 million in other community benefits and a
16 4-star CMS hospital.

17 As we look to the future for Lenox
18 Hill, we will continue to invest in their
19 infrastructure and their expanded services. Lenox
20 Hill Hospital is an older hospital. Some parts
21 date back to 1880s and the most recent was built
22 in 1972. So we're in the process of building a
23 replacement hospital for Lenox Hill Hospital, and
24 that will take us some time to obtain those
25 approvals.

1 With respect to needed services,
2 there's a pending closure of Beth Israel in
3 Manhattan. We are expanding clinical services at
4 Greenwich Village to include cardiac cath labs and
5 other additional ambulatory services to meet the
6 community need.

7 The second example that I'll give is
8 South Shore University Hospital, formerly known as
9 Southside Hospital. This was a bit of a little
10 bit of a different story. They were experiencing
11 significant losses and basically had no cash on
12 hand. Its life and safety infrastructure was in
13 dire need of upgrade. The neighborhood that
14 surrounded South Shore had many low-income
15 residents and was a depressed area. It was
16 designated by New York State as an economically
17 distressed institution.

18 Our approach here started with making
19 sure that everyone in the surrounding communities
20 had access to local quality care. Again, we
21 looked at the landscape, we developed a plan that
22 would stabilize the institution, support the
23 critical needs of the community and then expanded
24 and build the programs. We addressed critical
25 access first. We expanded the emergency

1 department that today serves a largely
2 undocumented migrant low-income population. One
3 out of every five ED visits result in an unpaid
4 bill in that institution. We expanded
5 programming. We extended our cardiothoracic
6 surgical program from North Shore University
7 Hospital and extended it to South Shore with the
8 idea of we're not a hub and spoke and if we could
9 provide care safely local, that's what we're going
10 to do. Why did we do that? Because at the time
11 30 percent of North Shore University Hospital's
12 cardiothoracic volume was coming from the
13 communities that surrounded South Shore. By
14 extending the program, we were able to provide
15 safe care closer to home.

16 We will continue to invest in
17 neurosurgery and orthopedic programs for them as
18 well. At present, they are a Level I trauma
19 center, a primary stroke center, a Level II
20 perinatal center. And they're proud to be US News
21 & World Report's topped ranked hospital for heart
22 surgery. They're a center of excellence in heart,
23 orthopedics, neuroscience, women's health and so
24 much more. And they provide 24 million in charity
25 care and provide 55 million in other community

1 benefits. We will continue to invest in them.
2 There is high demand for their services, so much
3 so that we're in the process of building a
4 6-storey inpatient surgical tower to meet the
5 local community demand.

6 With respect to Northwell's financial
7 stability, Northwell has the resources to be able
8 to commit to the long-term stabilization and
9 growth of institutions. We have the talent, the
10 culture, the experience and the financial
11 resources to achieve this. We sustain a
12 significant balance sheet. We maintain stable
13 ratings with Moody's, S&P and Fitch, A3, A minus
14 and A minus respectively. We maintain excellent
15 credit ratings and access to the debt market.

16 The next three slides at a high level
17 will provide an overview of the affiliation and
18 its expected benefits. The affiliation, it
19 creates a single system through the combination of
20 two entities with complementary service areas and
21 cultures and missions. Northwell and Nuvance
22 share a strong patient centered and
23 community-based mission. Together we will be able
24 to improve access to high quality care, enhance,
25 share and advance best practices among our

1 institutions, increase operational efficiencies,
2 enable long-term investments, execute on key
3 growth initiatives and capital needs, and support
4 localized health care.

5 Northwell is committed to a five-year
6 capital commitment of \$1 billion. This table
7 outlines our commitment in four buckets. The
8 first, base capital for life, safety and
9 infrastructure, a range of 400 to 500 million is
10 our estimate.

11 Facility capital for major capital
12 modernization, a range of 150 to \$300 million.

13 Growth capital focused on expanded
14 ambulatory access and filling localized clinical
15 gaps, a range of 100 to \$200 million.

16 An implementation of EPIC EMR, a range
17 of 175 to \$225 million. Preplanning for EPIC has
18 already begun assessing the IT infrastructure, the
19 technology and EPIC adjacent applications. We
20 expect implementation to start year three
21 following the date of the affiliation.

22 There are numerous expected benefits
23 from the affiliation. I won't read all of these.
24 I'll just point out a couple to highlight. First,
25 for the community, preserving access to needed

1 care and services. For Nuvance team members,
2 retaining local employees, respecting existing
3 union agreements and focusing on town and employee
4 engagement. And then finally, not the least of
5 which for the patient, working together with
6 Nuvance to enhance quality and health care,
7 implementing the EPIC EMR to enable more enhanced,
8 coordinated and efficient care.

9 Finally, post-affiliation governance.
10 I will do my best to try to introduce this topic.
11 Dr. Larry Kramer, our general counsel, will be
12 available for any more difficult follow-up
13 questions. The key takeaway of the
14 post-affiliation structure is the following:

15 First, there is no direct change of
16 ownership of Nuvance. Northwell, Inc. and
17 Northwell HS becomes the parent of Nuvance Health.
18 Nuvance Health becomes the mirror board of each of
19 the individual Connecticut hospitals. The
20 individuals who currently serve on Nuvance
21 community boards will serve on the community
22 advisory board of that local hospital.

23 Commissioner Gifford, thank you for
24 providing us this community to speak with you
25 today about the CON and the affiliation benefits.

1 I respectfully request that OHS approve the CON
2 application. I believe it will benefit the
3 patients, employees and the greater communities of
4 Danbury and New Milford, Norwalk and Sharon. I
5 will now hand this back to Attorney Michele Volpe
6 to introduce the next person. Thank you.

7 MS. VOLPE: Thank you, Mr. Solazzo.
8 Last, but certainly not least, as part of our
9 technical proceeding of the applicants, we have
10 Dr. Peter Silver. He's Northwell Health's senior
11 vice president and chief quality officer. As
12 chief quality officer, Dr. Silver is responsible
13 for the overall quality of care in the Northwell
14 hospitals, ambulatory sites and system-wide
15 initiatives in quality and safety. Some of these
16 initiatives have included preparing Northwell
17 Health's clinical operations for the possibility
18 of an IT downtime, something that we're seeing a
19 lot of now in today's markets. He has the ability
20 in assisting and reducing hospital acquired
21 infections and optimizing surgical and procedural
22 safety.

23 Dr. Silver has participated in
24 leadership roles in several quality initiatives at
25 the national level, including those from the Joint

1 Commission Center for Transforming Health Care and
2 Children's Hospital Association. Dr. Silver is a
3 fellow in the American College of Critical Care
4 Medicine, American College of Chest Physicians and
5 American Academy of Pediatrics. A biography of
6 Dr. Silver was included in the docket.

7 Dr. Silver, if you would please proceed
8 and state your name, spell it and adopt your
9 prefile testimony.

10 THE WITNESS (Silver): Good morning,
11 Commissioner Gifford and members of the Office of
12 Health Strategy. My name is Dr. Peter Silver,
13 S-i-l-v-e-r, and I am here to adopt my prefile
14 testimony.

15 Quality is at the center of everything
16 we do at Northwell. It is our foundational
17 pillar. Northwell quality is highlighted by our
18 shared culture and our working together as an
19 integrated health system, what we refer to as our
20 "systemness." I'm not sure that that's a real
21 word, "systemness," but we say it all the time.
22 Culture and system.

23 First on culture, our culture is one of
24 daily continuous improvement where we strive to do
25 better tomorrow than we did today. If there is a

1 problem that we've identified, we fix it. If
2 there is something that we do very well, we try to
3 do even better the next day. We do this to
4 optimize our outcomes and health for all of our
5 patients to deliver the highest caliber of
6 patient-centered care driven by our culture of
7 compassion and our continuous pursuit of clinical
8 excellence. At Northwell good enough isn't. We
9 try to do better every day.

10 Now on to our systemness. As you've
11 heard from Mr. Dowling and Mr. Solazzo, we work
12 together as an integrated system with coordinated
13 system-wide efforts involving all of our hospitals
14 and ambulatory sites. We have many hospitals,
15 hundreds of ambulatory sites, but we work together
16 as one system. And through this system we develop
17 standards, best practices. We monitor our data
18 closely through an extensive quality
19 infrastructure led our central quality department
20 which I oversee.

21 Our integrated leadership groups
22 involved in these efforts include our inpatient
23 and ambulatory medical directors, our nurse
24 leaders which constitute our Nurse Executive
25 Council, our quality leaders which participate in

1 our Institute for Clinical Excellence, Quality and
2 Patient Safety.

3 In addition, some of our many system
4 quality teams and task forces include our Center
5 for Maternal Health where we aim to reduce
6 maternal morbidities and mortalities, especially
7 for Black women; our Center for Equity of Care
8 where we aim to address health disparities, social
9 determinants of health and make sure that our
10 health outcomes are equal for all; our age
11 friendly health care task force, all of our
12 hospitals are credentialed by IHI as age friendly;
13 our readmission consortium, we've had significant
14 reduction in our readmission rates over the last
15 five years.

16 As Attorney Volpe mentioned, we have a
17 task force committed to the preparation of
18 information technology downtime, IT downtime. We
19 don't view IT downtime as an IT issue. You don't
20 have IT when you're on downtime. It's a clinical
21 patient issue. How are you going to take care of
22 patients when you lose your EHR. We have a sepsis
23 collaborative, multidisciplinary across the board
24 sepsis collaborative, and a central line
25 bloodstream infection reduction collaborative.

1 And I'll just take a time out to tell.

2 I was at a meeting of the IHI,
3 Institute for Health Care Improvement in April.
4 And had to go around the room and say something,
5 an achievement, what are you proud of. I said,
6 well, last month we didn't have any catheter
7 associated bloodstream infections. They said,
8 wow, which hospital. And I said, no, all our
9 hospitals across the board we had none. And
10 that's an incredible achievement, I guess, but
11 it's something that we still strive to do every
12 month for all of our hospitals.

13 Our success is evidenced by multiple
14 recognitions. Our CMS star ratings have increased
15 from an average of 2.2 stars in 2017 to 3.7 stars
16 this past year. In terms of Leapfrog, of our 15
17 hospitals we had eleven As and three Bs. Michael
18 and Mark mentioned US News & World Report. North
19 Shore University Hospital is tied for the best
20 hospital in New York State and one of 20 hospitals
21 in the United States in the US News honor roll.
22 We have 50 rankings across Northwell in the top
23 30, 11 in the top 20, more recognitions in US News
24 & World Report than any other hospital in New York
25 State.

1 I think what I'm equally proud of in
2 addition to North Shore is we have several of our
3 community hospitals which have hit the US News &
4 World Report top 50 list as well. And that just
5 indicates how all of our sites strive to be the
6 best every day.

7 We have 11 magnet-designated hospitals.
8 That's the highest recognition given to nursing by
9 the American Nursing Credentialing Center,
10 including Zucker Hillside Hospital, one of our
11 psychiatric centers. And Zucker Hillside is only
12 the fifth psychiatric center to achieve magnet
13 designation in the United States. We're very
14 proud of that.

15 We have many other recognitions. What
16 I'm extremely proud of is unit-based honors, Get
17 With The Guidelines, American Heart Association,
18 Beacon Awards, et cetera, and that just reflects
19 our culture of all of our employees to do better
20 to be the best every day.

21 And although we're a bit competitive,
22 we definitely subscribe to the philosophy that we
23 all share and all learn. That's part of us being
24 part of a system.

25 As Michael indicated, our quality

1 efforts go beyond the walls of our hospitals and
2 into our communities. Our public health quality
3 efforts include the Center for Gun Violence
4 Prevention. Michael didn't mention, but he hosts
5 an annual gun violence prevention forum with
6 nearly 500 organizations participating annually.
7 We have a program for recognition, prevention,
8 intervention of human trafficking, a program of
9 improved access to mental health for
10 adolescents -- we all know the significant
11 adolescent mental health crisis that exists
12 today -- food is health, care of homeless people,
13 and as Michael indicated, educational programs,
14 particularly the disadvantaged in communities in
15 need.

16 Like Northwell, quality is also at the
17 center of everything that Nuvance does, and that
18 makes us all very, very excited for the
19 affiliation with Nuvance. Nuvance's dedication to
20 quality is evidenced by improvements that have
21 been seen since forming as a system in 2019.
22 Their improvements in health grades, Leapfrog, CMS
23 stars, are all evidence of that.

24 And so we're looking forward to
25 partnering with them and having them join our

1 integrated system and collaborative efforts to
2 join us in doing better each day just as other
3 hospitals that have joined us over the last many
4 years have benefited from joining Northwell as
5 evidenced by improvement in CMS stars and many
6 other quality metrics.

7 Finally, I'd like to comment on
8 Nuvance's plan to upgrade to EPIC as an electronic
9 health system and the quality benefits that will
10 derive from that. I think this will help support
11 Nuvance's quality efforts in ways very important
12 to the communities they serve, first, sharing of
13 information across the health system with a common
14 electronic health record from the inpatient to the
15 ambulatory setting across the health system as
16 well as sharing of information with other large
17 health systems in Connecticut. As you know, Yale,
18 Hartford Health Care also use EPIC and the ability
19 to share patient information across health systems
20 will lead to better coordination of care, improved
21 efficiency, improved quality, less duplication.

22 Improved efficiency at the bedside will
23 free clinicians from time spent on documentation
24 and lead to improved quality. Improved data
25 collection through EPIC will enhance performance

1 improvement efforts and results. The built-in
2 logic and programming that exists within EPIC not
3 available in the current electronic health record
4 such as pre-surgical programming, medication
5 safety algorithms or even artificial intelligence
6 based programs such as deterioration prediction or
7 sepsis prediction will clearly benefit patients in
8 Nuvance. And not insignificantly, on EPIC
9 patients will have enhanced access to their own
10 medical records which is a great not only patient
11 satisfier but will also lead to improved quality.

12 So in summary, we are all very excited
13 at the prospect of having Nuvance join Northwell
14 and our integrated system of quality improvement.
15 I think joining forces with Northwell will be
16 extremely valuable to Nuvance and the communities
17 it serves. I thank you for the opportunity
18 allowing me to testify today, and I'll now turn it
19 back to Attorney Volpe.

20 MS. VOLPE: Thank you, Dr. Silver.
21 That concludes the applicant's testimony today and
22 our technical portion of the proceeding.

23 MR. CSUKA: So we are going to proceed
24 to the limited intervenors and then we will
25 probably take like a 10 or 15 minute break after

1 that. I know we've been going for a while, and I
2 do appreciate everybody's endurance.

3 So Attorney Knag, would you like to
4 make an opening statement on behalf of the
5 intervenors?

6 MR. KNAG: Yes. Thank you. As you
7 know, I'm Attorney Paul Knag from Murtha Cullina,
8 and I represent the intervenors Save Sharon
9 Hospital and Drs. Mortman and Kurish. And Dr.
10 Kurish is now here with me, along with Dr.
11 Mortman.

12 After the filing of this CON, we made
13 the decision to contact Northwell through Attorney
14 Volpe because we had various concerns about things
15 that were happening relating to the labor and
16 delivery and PCU CONs in which we had participated
17 as well as other matters related to Sharon
18 Hospital. And as a result of that contact,
19 certain immediate steps were taken to address
20 certain immediate concerns.

21 And there were three meetings that were
22 held in Sharon between ourselves and Mr. Solazzo
23 and Mr. Kevin Beiner, who is also here today on
24 behalf of Northwell. And we were particularly
25 appreciative of the fact -- and it was a good day.

1 The leaves were turning and it was a nice day to
2 drive up to Sharon, but it's a long drive to
3 Sharon from out where they are in New York. And
4 they did it three times. And it showed us that
5 they were really concerned about interfacing with
6 us and addressing our concerns.

7 And, you know, one of the things that
8 they say is they're not a hub and spoke hospital.
9 So what we found is that many of our concerns
10 about the services at Sharon and the doctors at
11 Sharon were concerns that they would address as
12 part of their normal business model. And so what
13 we did was we agreed on a long series of
14 conditions that would be -- requirements that
15 would be put into the CON when you approve -- you
16 know, of course, with your approval, but we agreed
17 on what their commitments could be. In the past,
18 when there have been changes of ownership,
19 typically there are conditions about what the
20 transferee would do to support quality care in the
21 existing hospitals. And, as you know, that's one
22 of the criteria that the Commissioner mentioned in
23 her opening statement.

24 And so, we had this letter, which
25 attached to our petition to intervene, which we'll

1 hope you'll incorporate the commitments into your
2 decision. They agreed to a dedicated effort to
3 grow Sharon Hospital maternity service by using
4 appropriate marketing by recruiting and engaging
5 the needed staff and physicians based on market
6 appropriate rates and by increasing call pay for
7 community physicians to market rates. This
8 includes -- and there would also be recruitment of
9 various needed doctors, including at least two
10 OBGYNs, and that they would provide appropriate
11 engagement vehicles to community physicians to
12 promote recruitment such as possibly an income
13 guarantee or other recruitment vehicle. And they
14 agreed to provide 24/7 surgery capability and
15 maintain a full service ER.

16 As to the PCU, which was approved based
17 on Nuvance's pledge to maintain the prior ICU's
18 existing capabilities, it was agreed that staffing
19 would be maintained in accordance with the agreed
20 settlement that was entered into in the PCU matter
21 and that telemetry capability would be extended to
22 the entire PCU unit. And the intent would be that
23 the recent major reductions in PCU utilization
24 would be reversed.

25 They also recognized the need to

1 recruit physicians in various areas. The
2 physicians in the Sharon area have been depleted,
3 and they agreed that they would seek to recruit
4 physicians in primary care, family medicine,
5 general surgery and various subspecialties
6 including urology, neurology and pulmonary.

7 And they promised that they would
8 engage the community, as they have been doing with
9 us by coming up there three times. And part of
10 that would be to appoint a Save Sharon Hospital
11 designee to the Sharon Hospital Advisory Board
12 after the consummation of the transaction.

13 So, you know, our main ask, our ask
14 here is please incorporate these commitments that
15 have been made by Northwell into the decision.
16 And we're really, really happy with Northwell and
17 with their engagement with us and with their
18 commitments to us and to our community. There's
19 been a great deal of concern over of years, and I
20 think that Northwell is going to effectively
21 address these concerns and particularly based on
22 the commitments that they made to us.

23 And so we're happy that Nuvance has
24 chosen Northwell as their new partner, and we urge
25 that this CON be approved at the earliest possible

1 moment.

2 So now I will turn to our first
3 witness. Now, Dr. Howard Mortman is something of
4 a hero in Sharon. He is the man that has done
5 most of the deliveries at the labor and delivery
6 center. He is the man that has worked really hard
7 to keep labor and delivery available. And he
8 works day and night. To get him to even do
9 testimony for this proceeding was difficult
10 because he's so busy, particularly now that the
11 community knows that L&D is here to stay at Sharon
12 Hospital, he's been so busy delivering babies and
13 dealing with various emergencies.

14 So with that, I'd like to turn the mic
15 over to Dr. Mortman.

16 And Doctor, would you adopt your
17 prefile testimony.

18 HOWARD MORTMAN: Sure --

19 THE COURT REPORTER: He has to be
20 sworn.

21 MR. CSUKA: Yes. Doctor, before you
22 start, would you mind introducing Dr. Kurish as
23 well, and then I'll swear them both in.

24 MR. KNAG: Yes. Dr. David Kurish is
25 here and we welcome him. He is a practicing

1 physician at Sharon Hospital for many years. And
2 his particular area of concern is the ICU and the
3 PCU where he practices.

4 MR. CSUKA: Thank you. Can you both
5 raise your right hand, please.

6 H O W A R D M O R T M A N,

7 D A V I D K U R I S H,

8 having been first duly sworn by Attorney
9 Csuka, testified on their oaths as follows:

10 MR. CSUKA: Thank you. You can
11 proceed. Before you start, sorry, I should have
12 said this, the order did specify that there would
13 be time constraints on the intervenors as well, so
14 I'll just remind you that you should keep your
15 comments to ten minutes each.

16 THE WITNESS (Mortman): Greetings, Dr.
17 Gifford, Attorneys Csuka and Jackson, all those in
18 the room that have made the effort to be here, all
19 those that are electronically connected to us.
20 And something that I didn't put in my little
21 speech here is just a great thank you. This is a
22 great day for all of us and particularly for the
23 patients served by my hospital, at least from my
24 perspective.

25 MR. CSUKA: Can you just move the mic a

1 little bit closer?

2 THE WITNESS (Mortman): Thank you for
3 this opportunity to speak. The lives and quality
4 of life of those in Sharon and its surrounding
5 communities in both New York and Connecticut are
6 at stake here. My name is Howard Mortman. I'm an
7 OBGYN physician that trained at Yale in New Haven,
8 Connecticut and I've been a full-time OBGYN
9 providing comprehensive obstetrics and
10 gynecological care to families in our area since
11 early 1991. I've delivered thousands of babies at
12 Sharon Hospital since then. My three children
13 were born at Sharon Hospital.

14 My sister Gail, is developmentally
15 disabled due to a delay in health care at the
16 hospital when my mother was giving birth to my
17 sister. I told my mother in high school I was
18 going to become an obstetrician to prevent this
19 from happening to other families. Within the last
20 year, I asked my sister who is high functioning to
21 pray for the viability and continued availability
22 of labor and delivery services at Sharon Hospital.
23 I speak with her every week, and she reminds me
24 that she continues to pray every week.

25 After the affiliation with Northwell,

1 we want to make sure we continue to have a
2 world-class labor and delivery unit at Sharon
3 Hospital as reflected by our safety record and the
4 quality of care that we provide our patients. We
5 want to continue being consistently at the top of
6 the metric charts comparing to Nuvance Hospitals
7 regarding quality, safety and patient
8 satisfaction.

9 We are pleased that Northwell has met
10 with us and entered into a letter agreement that
11 includes numerous steps that they pledge to take
12 to ensure this continues. We live in a very rural
13 area that is quite isolated by distance, often
14 compounded by weather. No one knows this better
15 than me. It's a necessity that Sharon Hospital
16 remain a full service hospital that includes labor
17 and delivery. This need is profound and
18 unassailable. Without labor and delivery, our
19 area would become a health care desert and
20 endanger the lives of women and their future
21 children.

22 Going forward, we must ensure that
23 women and families in this area will not suffer
24 the inevitable dire consequences that would happen
25 without full-time labor and delivery services,

1 including 24/7 availability of expert
2 obstetricians, pediatricians, anesthesiologists
3 and dedicated labor and delivery nurses as well as
4 having 24/7 operating room capabilities. There
5 are countless examples of potential disastrous
6 outcomes leading to mortality and morbidity that
7 would have and will occur if not for these local
8 ongoing services.

9 Most importantly, we need to recruit
10 additional OBGYNs to Sharon hospital. I've not
11 been able to recruit a new partner for full-time
12 coverage for the labor and delivery because of the
13 uncertainty of ongoing administrative support for
14 maternity. Now, based on the commitments both
15 Northwell and Nuvance have made to sustaining
16 labor and delivery, I now feel confident in moving
17 forward with recruitment. We need, however, an
18 income guarantee or other form of recruitment
19 incentives to offer future partners. Northwell
20 pledges that it will address this.

21 We also need market rate co-pays so
22 that there can be adequate call coverage. In
23 September, I was on call every single day except
24 for one. In October I was on call most days. And
25 I'm scheduled to be on call all but six days in

1 November. This coverage includes covering the
2 emergency room for any OBGYN emergencies, being
3 available for consultation throughout the
4 hospital, covering a Nuvance employed gynecologist
5 who does not take call 24/7, and of course
6 covering labor and delivery. We need to be
7 properly reimbursed for these services at a rate
8 that would allow me to find other obstetricians to
9 provide call coverage in the short and long term.
10 We also need recruitment of pediatricians and
11 nursing staff. The Northwell letter includes
12 commitments to address these issues. This needs
13 to be done expeditiously.

14 I've had the opportunity to meet with
15 top Northwell executives on three occasions in
16 recent weeks. They have pledged to me personally
17 a commitment to keep full maternity services
18 available at Sharon Hospital indefinitely, to
19 bring reimbursement rates for coverage to an
20 appropriate level, and to vigorously help with
21 recruitment. They have promised to work with the
22 OBGYNs and individuals that truly represent the
23 community to strengthen comprehensive services for
24 women and their families.

25 They understand the need to advertise

1 to the community that Sharon Hospital maternity
2 services are open and here to stay. They are
3 committed to recruiting for general surgery so
4 that we will once again have 24/7 general surgery
5 coverage. They also understand the need to
6 recruit urology.

7 While I have highlighted certain
8 commitments from Northwell's October 22, 2024
9 letter to Save Sharon Hospital, I deem all their
10 commitments to be important to an overall goal of
11 building up the capabilities of Sharon Hospital
12 and improving the availability of care in
13 Northwest Connecticut.

14 When speaking to physicians that have
15 worked in Northwell hospitals, I consistently hear
16 that Northwell does what they say they're going to
17 do without exception. I keep hearing that from
18 many people. Generally, people enjoy working for
19 Northwell and say they have integrity and that
20 they are capable and dedicated. These Northwell
21 executives that I've met with have let me know in
22 no uncertain terms that they do not plan to cut
23 any services and instead plan to grow services at
24 Sharon Hospital, and I implicitly believe that.

25 Admittedly, at first I was concerned

1 about this big organization taking over our small
2 community hospital, but I've come to feel just the
3 opposite. I think this is an extraordinary
4 opportunity. I think they have shown that they
5 care greatly about Sharon Hospital and are excited
6 about what opportunities will unfold as we
7 reinforce and grow our capabilities.

8 OHS, please consider including the
9 promises Mr. Solazzo from Northwell wrote to Save
10 Sharon Hospital in the letter dated October 22,
11 2024, into the agreed settlement. I trust that
12 Northwell will do what is right for our hospital
13 and our community and that they will follow
14 through on these promises.

15 Obstetrics and gynecological services
16 have been a big contributor to the ongoing track
17 record of Sharon Hospital's five-star overall
18 rating. In fact, this year we're the only
19 hospital in the State of Connecticut with a
20 five-star rating for safety, and we are determined
21 to continue providing this quality. We have
22 always been a beacon and an example for others to
23 look to for delivery of local essential health
24 care of the highest quality and safety and with
25 top patient satisfaction.

1 I want to thank OHS and all the
2 politicians in the state who have heard the cries
3 from myself and my community for keeping maternity
4 open at Sharon Hospital, including Senator Richard
5 Blumenthal, Congresswoman Jahana Hayes, Attorney
6 General William Tong, Comptroller Sean Scanlon,
7 State Representative Maria Horn, State Senator
8 Stephen Harding and all of our local elected
9 officials. I thank them wholeheartedly for their
10 unwavering support. Let's get this done quickly.
11 Northwell's hands are tied to a large extent until
12 this process is completed and our needs are
13 urgent. Respectfully and with thanks.

14 MR. KNAG: Okay. Our next witness will
15 be Dr. David Kurish, who, as I mentioned prior, is
16 in the PCU and is a leading spokesman to preserve
17 and enhance its capabilities.

18 THE WITNESS (Kurish): Good morning,
19 Dr. Gifford, OHS staff. I'm David Kurish, a
20 board-certified internist with a fellowship in
21 cardiology from the University of Rochester and
22 have been practicing at Sharon Hospital for 46
23 years. I've cared for tens of thousands of
24 patients, including patients in the ICU, and
25 performed thousands of consultations. I have

1 firsthand knowledge of the recent conversion of
2 the ICU into a PCU, and I've witnessed the
3 deterioration of medical services available to our
4 community as the hospital has changed ownership
5 five times in the past 20 years.

6 As with the maternity unit, you do not
7 have a hospital without an ICU. It's crucial to
8 maintain the ICU level of care at Sharon Hospital
9 for four reasons:

10 First, due to a large growing elderly
11 population with complicated medical problems in
12 the catchment area of 50,000 residents, rapid
13 access to critical care is crucial.

14 Second, to provide the care these
15 patients require, Sharon Hospital must maintain
16 highly trained critical care nurses, physicians
17 and personnel.

18 Third, critically ill patients and
19 their families often do not want to transfer.
20 Traveling for an hour or longer can be a cruel
21 hardship.

22 Fourth, many times there are no
23 transfer beds available. This was a critical
24 problem during the COVID epidemic.

25 According to the Health Care Resources

1 and Services Administration Rural Hospital
2 Program, 92 percent of small rural hospitals in
3 the northeast with 51-99 beds, like Sharon
4 Hospital, have ICUs. Most of the ICUs function
5 with internists and cardiologists without
6 intensivists, as we have done successfully at
7 Sharon Hospital. PCUs usually function as an ICU
8 step-down unit. Sharon Hospital now has a PCU
9 instead of an ICU.

10 Northwell has promised to return ICU
11 level of care to Sharon Hospital by fully
12 complying with all 19 stipulations in the agreed
13 settlement made between OHS and Nuvance when they
14 eliminated Sharon Hospital ICU and replaced it
15 with a PCU. This includes ensuring that
16 nationally recognized nursing staffing ratios are
17 met. Critically ill patients must constantly be
18 monitored both visually and with hard wires for
19 blood pressure, heart rhythm and oxygen level.
20 Northwell has promised to expand monitoring
21 capability to the entire PCU. If Northwell
22 follows through on these promises, there will be
23 once again adequate monitored beds and appropriate
24 staffing leading to fewer patients needing
25 transfer.

1 Also, it's imperative for Northwell to
2 keep its promises to recruit many primary care
3 physicians, medical subspecialists and surgeons
4 that have left Sharon Hospital in the past several
5 years. Patients should not have to travel long
6 distances to obtain specialty care. Telemedicine
7 kiosks are not adequate substitutes.

8 In addition, patients should not have
9 to be transferred for routine surgical procedures
10 that can easily be handled at Sharon Hospital with
11 adequate staffing.

12 Northwell needs to follow through on
13 the commitments it made to Sharon Hospital in its
14 letter dated October 22, 2024. And if the
15 measures are included in the final settlement, I
16 would support the proposed affiliation with
17 Nuvance and Northwell.

18 Furthermore, after being disappointed
19 in prior settlements with OHS, the agreement
20 should have strong enforcement measures. In the
21 past, the monitor has not enforced compliance.

22 In conclusion, I appreciate the
23 scrutiny OHS has given this affiliation. I
24 greatly appreciate the time and effort Northwell
25 already made to this in trying to understand the

1 health care needs of our community. I think
2 Northwell will be a good fit for our hospital.

3 MR. KNAG: Thank you, Dr. Kurish. That
4 concludes our presentation.

5 MR. CSUKA: So I do want to take a
6 break. Attorney Jensen, when we come back from
7 the break, I'll ask whether you want to conduct
8 any cross-examination. Let's just address that
9 when we come back from the break. Let's take
10 about a 15-minute break until 11:15.

11 A reminder to the public if you want to
12 sign up to make a comment, you can do that through
13 the Zoom chat function or you can do that in
14 person here. And to everybody in the room, we're
15 going to turn the recording off again, but your
16 voice and your appearances will likely still be on
17 camera. So just be cognizant of that and any
18 conversations that you have.

19 (Whereupon, a recess was taken from
20 10:58 a.m. until 11:19 a.m.)

21 MR. CSUKA: Welcome back, everybody.
22 This is the CON hearing for Docket Number
23 24-32717-CON regarding Northwell Health and
24 Nuvance Health's proposed affiliation. It
25 constitutes a transfer of ownership for the

1 hospitals and group practice. Earlier we heard
2 the case and chief from the applicants and the
3 intervenor. And before we broke, I advised that I
4 would ask the applicants whether they plan to
5 conduct any cross-examination of the intervenor.
6 So I will ask Attorney Jensen if you plan to
7 conduct any cross-examination of the intervenors.

8 MR. JENSEN: We do not. Thank you,
9 Attorney Csuka.

10 MR. CSUKA: Thank you. Just going over
11 what the plan is for the next couple hours. We're
12 going to do some questioning from now until noon,
13 then we're going to break from noon until 1
14 o'clock. We will come back at 1 o'clock and we'll
15 take public comment and then we will return to our
16 questions.

17 Are there any other housekeeping
18 matters that have come up in the past 20 minutes
19 that need to be addressed?

20 MS. VOLPE: No. Just in terms of the
21 questions, you know, if you would direct them to
22 us as opposed to an individual, but maybe if you
23 wouldn't mind directing them to the applicants,
24 and then we'll be in the best position to
25 determine who can respond so we can have a good

1 robust response on the record for you.

2 MR. CSUKA: Okay.

3 MS. VOLPE: As opposed to individual
4 witnesses, if you don't mind.

5 MR. CSUKA: I will do my very best as
6 well everyone else up here. It's probably going
7 to be sort of conversational in some ways so we do
8 not know who to direct them to, it will just sort
9 of be a question that we open to the floor and
10 whoever you think is best suited to answer that.

11 MS. VOLPE: Thank you. Appreciate it.

12 MR. CSUKA: So the first set of
13 questions that we have are along the lines of, you
14 know, how is the deal structured and what is the
15 structure of the deal here. And again, I know
16 you've put a lot of this into the application
17 materials, and I'm sorry to have to ask questions
18 that I'm sure you felt you've answered already,
19 but to some extent this is for the benefit of the
20 public as well, in addition to our understanding.

21 So the first question I have is, and
22 this is probably best addressed by Northwell,
23 please describe the structure of the affiliation
24 in very plain language with a clear description of
25 the pre-affiliation and post-affiliation structure

1 of the organizations.

2 MS. VOLPE: Sure. We're going to have
3 Larry Kramer. He's an attorney so he doesn't need
4 to get sworn in.

5 MR. CSUKA: I think, to the extent that
6 he is going to be supplying witness testimony
7 though, we're still going to have to swear him in.

8 MS. VOLPE: Sure.

9 MR. CSUKA: I apologize, but I just
10 want to cover our bases.

11 So Attorney Kraemer, can you please
12 raise your right hand.

13 L A U R E N C E K R A E M E R,

14 having been first duly sworn by Attorney
15 Csuka, testified on his oath as follows:

16 THE WITNESS (Kraemer): I'm Larry
17 Kraemer. I'm the chief legal officer for
18 Northwell Health. Kraemer is K-r-a-e-m-e-r. And
19 so the description of the proposed organizational
20 structure is a very simple one. We have
21 established a new parent corporation, Northwell,
22 Inc., which will be the ultimate parent for both
23 the Northwell side and the Nuvance side. We've
24 established a second company called Northwell HS,
25 Inc. HS will ultimately be named Northwell Health

1 System, Inc. That Northwell Health System, Inc.
2 will become the member, the corporate member of
3 Nuvance Health. Northwell, Inc. is the corporate
4 member of Northwell HS, Inc. So there are two
5 boxes at the top, one super parent and one will be
6 the member of HS. HS will be the member of
7 Nuvance Health. So it's a very simple boxes for
8 the corporations.

9 We're also going to put in place a
10 system where we have an overlapping board. So the
11 board of Nuvance, Health Quest, Western
12 Connecticut and each of the hospitals will be the
13 same individuals. It will be composed of the 18
14 members who are from the existing Nuvance boards
15 plus six members appointed by Northwell Health and
16 the CEO from Northwell Health. So it will be a
17 new 25 member board to be a mirror board, the same
18 board of all of the Nuvance entities.

19 It's a structure we use on the
20 Northwell side. We have quite a few hospitals and
21 corporations. By having the same individuals
22 serve as the members of each of the boards, we
23 enhance, as Dr. Silver talked about, systemness.
24 And by having the same individuals serve on those
25 boards, we can enhance an overall corporate vision

1 and corporate view.

2 We also though have local community
3 advisory boards, and those boards are the
4 individuals, in the case of Nuvance, the
5 individuals who have been serving on those local
6 community boards. Life is not going to change
7 much for them. They're going to have the same
8 meetings, get the same level of information, get
9 the same insight. We hope that those members of
10 those boards, community advisory boards, will
11 continue to be the ambassadors for the local
12 hospital in the community, be the voice of the
13 community and the voice of the hospital to the
14 community to continue to serve in that role. But
15 we're going to continue to give them the same
16 financial information they've always gotten, the
17 same operational information they've always
18 gotten, the same quality control information.

19 So they are still going to be receiving
20 the same information flow, but we're asking them
21 to be our health system eyes and ears, be the
22 voice of the community, but also to engage in
23 philanthropic efforts on behalf of the local
24 hospital where that philanthropy for monies raised
25 will be used there locally and also to work in

1 that regard. We're also going to have them still
2 be very much a voice in quality issues, physician
3 credentialing, things like that.

4 MR. CSUKA: Thank you. Do the joint
5 members of Northwell and Nuvance, do they serve in
6 perpetuity?

7 THE WITNESS (Kraemer): No, they'll be
8 subject to elections on a periodic basis. I could
9 check the affiliation. We typically put them in
10 classes of three years. So you always have
11 two-thirds of the board is the same from year to
12 year.

13 MR. CSUKA: Okay. And do the other
14 Northwell member hospitals have similar board
15 affiliations?

16 THE WITNESS (Kraemer): Yes.

17 MR. CSUKA: Compositions?

18 THE WITNESS (Kraemer): Uh-huh.

19 MR. CSUKA: So what --

20 THE WITNESS (Kraemer): I will mention
21 this is for a five-year phase-in which is what
22 we've done at all our hospitals is a five-year
23 phase-in period. And at the end of the five
24 years, it will be the same board for all of
25 Northwell and Nuvance entities.

1 MR. CSUKA: Okay. So, I'm glad you
2 brought up the five-year phase-in period. What
3 happens after the five years?

4 THE WITNESS (Kraemer): Well, after the
5 five years, we seek to have a mirror board from
6 all the Northwell entities and the Nuvance
7 entities will be the same folks or the same
8 individuals who will serve on those boards. We're
9 also adding six members from the Nuvance side to
10 the Northwell board. So the Northwell boards will
11 actually have six members brought up from the
12 Nuvance side.

13 MR. CSUKA: So it sounds like Nuvance
14 will continue to exist after the five years.

15 THE WITNESS (Kraemer): Yes.

16 COMMISSIONER GIFFORD: Thank you. Can
17 you say a little bit more about after, at the
18 conclusion of this five-year period, how will
19 Northwell ensure representation from the
20 communities, the Connecticut communities which
21 have Nuvance hospitals on the Northwell board? So
22 as I understand it, please correct me if I'm
23 wrong, it will be a single, essentially a single
24 board for all of the Northwell Hospital
25 affiliates?

1 THE WITNESS (Kraemer): Uh-huh.

2 COMMISSIONER GIFFORD: And that will be
3 a 25 member board with the six new members from --

4 THE WITNESS (Kraemer): Actually, the
5 Northwell board has 36 to 38 members.

6 COMMISSIONER GIFFORD: Okay. And will
7 there be six additional?

8 THE WITNESS (Kraemer): Yes.

9 COMMISSIONER GIFFORD: So a 42-person
10 board?

11 THE WITNESS (Kraemer): Roughly.

12 COMMISSIONER GIFFORD: Roughly. And
13 how will Northwell ensure representation from the
14 local Connecticut communities on that board?

15 THE WITNESS (Kraemer): Once people
16 become members of the Board, they become members
17 of the overall Northwell board, Northwell seeks
18 from its boards to get the finest quality
19 individuals that they can to represent the system
20 and to look for the entire geographic footprint.
21 So I would imagine that that will always be top of
22 mind when we're looking to add members.

23 MR. CSUKA: Switching gears a little
24 bit. The five-year capital commitment table that
25 has been included in some of the prefile

1 submissions there's a footnote that says --

2 MS. VOLPE: Do you mind letting us know
3 what page that's on?

4 MR. CSUKA: Sure. It was in slide 19
5 of Northwell's presentation as well as NH9330 of
6 Exhibit D. The easiest place to get to it is
7 probably slide 19 of the presentation.

8 MS. VOLPE: Thank you.

9 MR. CSUKA: So there's a footnote that
10 is included there that says, assumes that Nuvance
11 Health's operating income losses do not exceed 300
12 million in any consecutive 12-month period.

13 So what happens if it does exceed the
14 300 million in any 12-month period? For
15 reference, I'm thinking of like the COVID pandemic
16 or some other emergency situation like that coming
17 up.

18 THE WITNESS (Solazzo): So that
19 footnote is there to give us the assurance that we
20 can move the money around to redirect towards
21 operations to make certain that we focus first and
22 foremost on the stabilization of the institution.
23 So the commitment is there of the one billion, but
24 we would move the money around probably to base
25 capital operations, if necessary.

1 MR. KNAG: Could I just interject? I
2 have one little problem --

3 MS. VOLPE: I don't think that's
4 appropriate. I'm sorry. It's not in order. I'm
5 sorry. OHS is asking questions.

6 MR. KNAG: No, I wasn't going to ask a
7 question.

8 MR. CSUKA: Is it like a logistical
9 concern of some kind?

10 MR. KNAG: I have a problem with
11 scheduling is all I wanted to bring up. I'm not
12 going to ask any questions.

13 MS. VOLPE: Okay. Sorry.

14 MR. KNAG: Dr. Mortman has patients
15 that he has to get back to. So if it's possible
16 to ask him any questions before 12 so he can leave
17 at 12, that would be most appreciated.

18 MR. CSUKA: Okay. Thank you. I'm not
19 aware of any questions that we have for Dr.
20 Mortman.

21 MR. KNAG: So he can leave?

22 MR. CSUKA: I think he can leave.

23 MR. KNAG: Thank you.

24 THE WITNESS (Mortman): Thank you so
25 much.

1 MS. VOLPE: And thank you, Dr. Mortman.

2 THE WITNESS (Mortman): Sorry to be
3 rude.

4 (Dr. Mortman left the hearing.)

5 MR. CSUKA: So starting at the same
6 Bates page number that I provided a minute ago,
7 NH9330, the applicants state that, "No sooner than
8 five years following the affiliation, Nuvance will
9 achieve break even performance for operating
10 margin and cash flow. So the question that
11 follows from is --

12 MS. VOLPE: Can you just give us a
13 moment to get to that page, if you don't mind.

14 MR. CSUKA: Sure. So that's NH9330 of
15 Exhibit DD and it's also located at NH9193 of
16 Exhibit EE as in "elephant."

17 MS. VOLPE: Thank you.

18 MR. CSUKA: You can take a minute to
19 familiarize yourself with that.

20 MS. VOLPE: Appreciate it.

21 MR. CSUKA: I'm surprised you don't
22 have 10,000 pages memorized.

23 (Laughter.)

24 THE WITNESS (Solazzo): Sorry about
25 that. And the question is?

1 MR. CSUKA: How long -- and actually
2 this might be better directed to Nuvance -- how
3 long can Nuvance quote-unquote like last if the
4 break even performance for operating margin and
5 cash flow takes longer than expected, like is
6 there a deadline in which this break even must
7 happen in order to be successful?

8 THE WITNESS (Solazzo): I feel
9 comfortable talking that question. If you look at
10 our history, each individual institution is
11 different, the circumstances around the
12 institution is different with regard to its
13 ability to break even or to be accretive to the
14 whole, and we take that into account. We have
15 organizations, we have institutions within
16 Northwell that we never expect to break even.

17 For example, our South Oaks Hospital is
18 a behavioral health hospital. It loses on the
19 order of -- how much a year -- 15, \$20 million a
20 year. Our Zucker Hillside campus hospital loses
21 on the order of \$45 million a year. That is part
22 of our mission, and we absorb those losses into
23 the whole. If a Nuvance Hospital finds itself
24 into that condition, we will continue to absorb
25 those losses into the whole of Northwell. We have

1 never closed a hospital, and we don't intend to.

2 MR. CSUKA: Thank you. And this may be
3 better directed to the attorneys, but have you
4 supplied a complete list of affiliates and
5 subsidiaries in connection with this application?

6 MS. VOLPE: Yes, for the Connecticut
7 entities we have.

8 MR. CSUKA: Are any of Nuvance Health's
9 affiliates for-profit entities?

10 MS. VOLPE: I'll defer to Attorney
11 Jensen.

12 MR. JENSEN: It would probably be best
13 to address that through Brian Wyatt, chief legal
14 officer for Nuvance Health, if you want to swear
15 him in, Attorney Csuka.

16 MR. CSUKA: Sure. Please raise your
17 right hand.

18 B R I A N W Y A T T,

19 having been first duly sworn by Attorney
20 Csuka, testified on his oath as follows:

21 MR. CSUKA: Can you spell your last
22 name and your title again?

23 THE WITNESS (Wyatt): Sure. So it's
24 Brian Wyatt, W-y-a-t-t, and I'm the chief legal
25 officer of Nuvance Health.

1 MR. CSUKA: So the question is, does
2 Nuvance have any subsidiary or for-profit
3 entities?

4 THE WITNESS (Wyatt): Yes. So Nuvance
5 health currently has one subsidiary that is a
6 for-profit entity. It's called SWC Corp. It
7 operates the retail pharmacy in the lobby of
8 Norwalk Hospital. It's been in place, I think,
9 since the early 1980s, I believe. That is the
10 only operation really that that entity has.
11 Everything else that's within our wholly-owned
12 subsidiaries in our system are not for profits.
13 We do also have ownership interest in several
14 ambulatory surgery centers which operate as
15 for-profit entities. But again, those are not
16 wholly, you know, those are minority interests for
17 the most part. Anything though that we either
18 wholly own or control, other than SWC, are
19 not-for-profit tax exempt entitites.

20 MR. CSUKA: And have you provided a
21 list of those subsidiary entities that you just
22 mentioned, to your knowledge?

23 THE WITNESS (Wyatt): So in the
24 affiliation agreement, so it's NH0311, it's an
25 exhibit to the affiliation agreement. So when we

1 were working through the affiliation agreement
2 with Northwell, we had obviously disclosed to them
3 all of the, you know, the full list of affiliated
4 entities that we have within Nuvance Health, which
5 include a number of entities that operate only in
6 New York State, as well as of course all the
7 Connecticut entities.

8 MR. CSUKA: Okay. Thank you. I
9 believe Attorney Jackson has some follow-up
10 questions for you.

11 MR. JACKSON: On NH0206, that's Exhibit
12 4 to the application, the Nuvance Health current
13 organizational structure with subsidiaries. Could
14 you point us to the for-profit affiliate in this
15 organizational structure just so that we can
16 identify it.

17 THE WITNESS (Wyatt): So this
18 organization structure doesn't show that. It
19 actually only shows really our, really our
20 licensed entities that operate hospitals or
21 ambulatory surgery centers as well as our medical
22 practice entities on the Connecticut side. So
23 there are other affiliated entities, for example,
24 charitable foundations that we have that are
25 associated with our hospitals that aren't shown

1 here as well, and I believe because they're not
2 part of the CON process. We certainly can provide
3 a full table of organization, if that would be
4 helpful.

5 MR. CSUKA: We can discuss that. I
6 think we may ask for that as a Late-File.

7 Speaking specifically to SWC, how do
8 the profits and losses of that affiliate affect
9 the overall finances of Nuvance Health and its
10 hospitals?

11 THE WITNESS (Wyatt): So I think I may
12 defer to Dan on that from a financial perspective,
13 but I will say just up front that it's a small
14 operation, again, it's a retail pharmacy in the
15 lobby of Norwalk Hospital, so it's only serving
16 either patients of Norwalk Hospital who want to
17 get their prescriptions filled before they're
18 discharged or people who walk in off the street.
19 As you might imagine, not a lot of people walk in
20 off the street to a hospital to get a prescription
21 filled. Most of those folks go to a CVS, Rite Aid
22 or wherever else. So I think in terms of total
23 financial impact, I think pretty small, but I
24 would defer to Dan on that.

25 MR. CSUKA: Mr. DeBarba, you can come

1 up.

2 THE WITNESS (DeBarba): Sure. It is
3 fairly immaterial to our overall operation. We
4 lost a million 4 from operations in our SWC
5 pharmacy last year. We have had years we have a
6 small profit, but again, it's largely immaterial
7 and it rolls up to our corporate parent.

8 MR. CSUKA: Thank you. So I'll turn to
9 Northwell and ask similar questions. Do you have
10 any for-profit entities as subsidiaries?

11 THE WITNESS (Solazzo): I'll start and
12 then I'll ask Larry to come up as well. We have
13 numerous for-profit entities. All of them exist
14 for the sole purpose of actually making money to
15 throw back into our margin to support our mission
16 and our efforts with regard to the community
17 benefit programs that we serve.

18 And Larry, do you want to give an
19 overview of the --

20 THE WITNESS (Kraemer): I would just
21 add that we have no Connecticut for-profit
22 entities.

23 MR. CSUKA: And that was, forgive me, I
24 forgot your name.

25 THE WITNESS (Kraemer): Larry Kraemer.

1 MR. CSUKA: Larry Kraemer, the general
2 counsel. So how do the profits and losses of
3 those affiliate entities affect your overall
4 finances? I think you just spoke to that,
5 Mr. Solazzo, but do you have any additional
6 comments?

7 THE WITNESS (Solazzo): No. Once
8 again, the sole aim of going into those for-profit
9 entities is to have them make money to support the
10 mission so it rolls up into our overall finances
11 overall at the parent level.

12 MR. CSUKA: Okay.

13 COMMISSIONER GIFFORD: So if the
14 for-profit entity is not profitable -- is it under
15 the direct control of the Northwell board?

16 THE WITNESS (Solazzo): It is under the
17 direct control of the Northwell board.

18 COMMISSIONER GIFFORD: And if the
19 for-profit entities are not profitable, those
20 losses also, so both the profit and loss impact
21 the corporate parent?

22 THE WITNESS (Solazzo): They do, but,
23 you know, by nature of this line of business if
24 the for-profit entity is not profitable, we get
25 out of the business immediately. The sole purpose

1 is to try to support the mission of the
2 organization.

3 COMMISSIONER GIFFORD: This may come up
4 in other questions, line of questioning. But is
5 it your intention to establish for-profit entities
6 in Connecticut as part of this program?

7 THE WITNESS (Solazzo): There is one
8 for-profit entity that is a joint venture right
9 now between Northwell and Nuvance and Go Health
10 Corporation. I believe it was in front of your
11 agency most recently where we got approval to
12 identify three additional urgent care sites in
13 this joint venture. Other than that, we have no
14 plans at this time.

15 COMMISSIONER GIFFORD: Thank you.

16 THE WITNESS (Solazzo): You're welcome.

17 MR. CSUKA: I think this goes without
18 saying given some prior comments you made, but
19 will any of Nuvance Health affiliates that will be
20 acquired be converted into for-profit status?

21 THE WITNESS (Solazzo): No.

22 MR. CSUKA: Thank you. So, sorry to go
23 backwards a little bit, but the Nuvance board
24 stays intact but with the addition of a few
25 members that serve on both the Nuvance and the

1 Northwell board simultaneously. Does that mean
2 that the current Nuvance board generally maintains
3 most control over the Nuvance hospitals
4 post-acquisition?

5 THE WITNESS (Kraemer): Yes, post
6 acquisition there will be a 25-member board for
7 each of the hospitals and the Nuvance Health and
8 Health Quest and Western Connecticut, it will be
9 all the same 25 individuals, 18 of whom are
10 predecessor Nuvance board members. The duties are
11 the same, yes.

12 MR. CSUKA: Okay.

13 COMMISSIONER GIFFORD: Can I clarify,
14 Mr. Kraemer? I think there are certain threshold
15 positions that would go up to the Northwell board
16 during this transition period. Am I correct that
17 there are certain specified --

18 THE WITNESS (Kraemer): There are
19 certain oversight things, the approval of --

20 COMMISSIONER GIFFORD: We should get
21 you a seat at the table.

22 THE WITNESS (Kraemer): Yeah, I think
23 so. That's okay.

24 MR. CSUKA: We have a hand mic here. I
25 don't know if that would helpful. You can just

1 pass that around.

2 THE WITNESS (Kraemer): There are
3 certain matters which need to be approved by the
4 parent boards, that's correct, much like the
5 Nuvance hospitals operate now where certain
6 matters are approved at the hospital board and
7 then go up to the Nuvance board for approval
8 there.

9 MR. CSUKA: So in various locations in
10 the materials the phrase certain -- or the
11 Northwell board will have certain authority over
12 Nuvance Health's day-to-day operations. Can you
13 please describe what exactly that means with some
14 examples?

15 THE WITNESS (Kraemer): Some examples
16 of the day-to-day operations will be such things
17 as approval of capital and operating budget items.

18 MR. CSUKA: So these next questions are
19 going to deal more with sort of turning around
20 Nuvance as an institution. Throughout the
21 application materials, the applicants represent
22 that Nuvance is experiencing significant financial
23 challenges. Can you provide any more details than
24 you have already given today regarding Northwell's
25 plan to sort of right the ship, so to speak?

1 THE WITNESS (Solazzo): Sure. So what
2 we do is first and foremost, which we've already
3 been doing, is make certain that we assimilate
4 cultures because we want to make certain that
5 everyone is sort of like moving in the same
6 direction. So the town hall meetings that we've
7 had, the preintegration meetings that John and I
8 have been chairing with regard to different work
9 streams on looking at different areas to
10 prioritize we focus on -- let me just get to a
11 page, if I could that I think will be helpful.
12 (Pause) I don't know where it is.

13 I'll just talk from the top of my head.
14 We focus on different areas. For example, one
15 area that we know that Nuvance is experiencing
16 some difficulty in is in staff turnover. And so
17 we're going to spend a lot of time focusing with
18 our Nuvance partners on engagement, bring some of
19 the tools that we have with regard to -- thank
20 you -- some of the tools that we have with regard
21 to trying to minimize staff turnover. We have
22 turnover at the rate of about half of what Nuvance
23 currently is experiencing. And so they are able
24 to bring people in, and unfortunately the turnover
25 is still significant. If we're able to reduce

1 that down to the level that we have, that's about
2 a 4 percent reduction which is hundreds of staff
3 retained. So that's one area.

4 We will look at outsourced contracts.
5 So unfortunately because of the turnover right
6 now, they have to use premium dollars. We have
7 created an internal flex staff agency which
8 actually provides services to our own hospitals at
9 cost instead of a mark-up on premium when you go
10 to outside agencies.

11 With regard to purchasing, we have our
12 own GPO, group purchasing organization. Our
13 supply costs as a percent of revenue are at the
14 90th percentile for health care. That's a good
15 thing, not a bad thing, the 90th percentile. So
16 we will look at where the opportunities are to
17 work together, honoring all existing contracts.

18 On the revenue side, and I know that
19 some of this work is being done by Nuvance
20 already, is on when it provides service we want to
21 make certain that they get paid for the services
22 that are provided. So we will look at improving
23 revenue cycle processes as well.

24 What am I leaving out? There's a whole
25 range of different things. At our shared services

1 level, we have the luxury because of how we've
2 grown to be able to have a very robust shared
3 services in finance, in IT, in technology, in real
4 estate across the full gamut of back office
5 functions. We'll look at where there's
6 opportunity to do things together in a more
7 efficient way as well.

8 MR. CSUKA: Thank you. It has been
9 stated earlier in testimony that Nuvance Health
10 reported a 99 million deficit in fiscal year 2024.
11 For clarification, is that all of Nuvance,
12 including New York, or is that just Connecticut
13 specifically?

14 MR. JENSEN: Should that be Dan
15 DeBarba?

16 THE WITNESS (Murphy): It's the entire
17 system, New York included.

18 MR. CSUKA: And what are the primary
19 drivers of that loss?

20 THE WITNESS (DeBarba): Well, maybe
21 I'll answer the question differently. Last year,
22 the year before we lost \$163 million. And what
23 did we do to improve that? Many of the items that
24 Mr. Solazzo mentioned we've already started. So
25 we had revenue cycle improvements, we made changes

1 to our supply chain, got less expensive pricing.
2 We had some modest volume increases, we worked
3 very hard at it, recruiting new positions, and so
4 that helped improve our bottom line. We made some
5 pharmacy improvements. And that all added up to
6 about \$76 million of improvement. So that took us
7 from the 163 down to the 99, give or take, the few
8 other happenings throughout the year.

9 But I think that the loss, what's
10 driving the loss are all the environmental, health
11 care environmental concerns that John mentioned
12 earlier that he was referring to, sort of the
13 post-COVID employer -- what's the word -- labor
14 market, a difficult labor market and high
15 inflation, weight loss drugs, high costs
16 associated with our employees. I mean, all of
17 those items are driving our loss. And certain
18 hospitals, Sharon, Putnam, because we're talking,
19 the number I gave you was our system wide, where
20 there's not a tremendous population in that area,
21 and it's hard to find new patients. We have to
22 work, you know, it will take sometime. And for a
23 health system of our size, you know, bearing those
24 losses becomes a real burden, and it appears that
25 Northwell has more time to deal with some of those

1 issues and put some of the improvements in place
2 that Mr. Solazzo outlined.

3 MR. CSUKA: And do you have a sense of
4 how the losses are divided between New York and
5 Connecticut, the 99 million?

6 THE WITNESS (DeBarba): This past year,
7 the New York hospitals were collectively more
8 favorable than the Connecticut hospitals, yes. I
9 don't recall the exact number. Do you have it,
10 John? The vast majority of the losses combined
11 with the losses in our physician practices
12 generated that -- the Connecticut losses plus
13 physician practices associated with the
14 Connecticut hospitals generated the majority of
15 the \$99 million loss in this past year.

16 COMMISSIONER GIFFORD: I think it would
17 be helpful for us to know the specific breakdown
18 that you just described in terms of, first of all,
19 hospital versus physician group and Connecticut
20 versus New York.

21 THE WITNESS (DeBarba): Sure. We have
22 our unaudited internal financial statements which
23 break all of that out which we could easily
24 provide.

25 COMMISSIONER GIFFORD: Thank you.

1 MR. CSUKA: So we will add that as a
2 Late-File.

3 MR. JENSEN: Attorney Csuka, just to be
4 clear on that. As Mr. DeBarba just mentioned,
5 those are unaudited, they are not final. They're
6 subject to further as the audit process concludes.
7 I just want to make sure that's clear in the
8 Late-File order. Thank you.

9 MR. CSUKA: I believe this has been
10 addressed to some extent earlier. The applicants
11 state that the focus of the initial strategy for
12 the affiliated system will be to reduce operating
13 losses for Nuvance over a five-year period. What
14 are the low hanging fruit, so to speak, for
15 Northwell to try to fix as quickly as possible?

16 THE WITNESS (Solazzo): Yeah, I think I
17 addressed most of that before. I'll just give
18 another example since I finally found the page I
19 was looking for. We had the luxury of being able
20 to create certain kinds of programs throughout our
21 system such as what we call a round robin program
22 for blood loss. We're able to move product around
23 amongst our hospitals. And that's just one
24 example of the way to minimize loss and reduce
25 cost of care. We would bring programs such as

1 that up to our partners at Nuvance.

2 MR. CSUKA: Okay. I know this has been
3 stated in the application materials before, but I
4 just wanted the public to hear it from you. You
5 have represented that you do not intend to close
6 or reduce any services to reduce costs; is that
7 correct?

8 THE WITNESS (Solazzo): Yes, it is.

9 MR. CSUKA: Thank you. I know we asked
10 a couple questions about this somewhere along the
11 line. So you have never closed or sold a
12 hospital. Have you ever sort of rebranded a
13 hospital? And I'm specifically referring as an
14 example to where Yale through Bridgeport Hospital
15 acquired Milford Hospital and then sort of shifted
16 Milford Hospital into a different type of
17 hospital. I think it's an inpatient rehab
18 facility of some kind.

19 THE WITNESS (Solazzo): Yes. We've
20 done that continuously in our history working with
21 the local community trying to understand the needs
22 of the local community, fill in clinical gaps,
23 working with the providers trying to understand
24 what programs could be grown in a different
25 community. Sometimes working with different

1 communities we move services from one community to
2 another that might be more beneficial because of a
3 central location. So we have done that amongst
4 our community hospitals back and forth, always
5 with community involvement and provider
6 involvement.

7 THE WITNESS (Dowling): We've had one
8 hospital where we, two hospitals not be close to
9 one another, Syosset and Plainview, where we
10 readapted Syosset, kept it open, expanded services
11 there, but moved services from that place to the
12 other place because it was more conducive for the
13 local community, easier to transport.

14 South Side Hospital, which Mark
15 mentioned earlier, was a community hospital in
16 dire straits that nobody really thought years ago
17 that it would ever have the possibility of being
18 productive and saved, yet we took it over and have
19 converted it now to a tertiary campus. So it is a
20 growing, fast growing and very successful tertiary
21 campus. We did change the name from South Side
22 Hospital to South Shore University Hospital
23 because the South Side name had a sense of
24 negativity attached to it, and we wanted to change
25 the way we branded it.

1 So that facility today is a robust
2 facility providing comprehensive services to the
3 community at a major tertiary campus. We're
4 expanding community -- expanding services in that
5 community consistent with what the community
6 needs. And that took in each of these cases
7 major, major involvement with local community and
8 representatives and advocates and local community
9 board members that were part of, or once a board
10 of the hospital but then began advisory boards and
11 became very, very, very active in actually helping
12 to raise money in that local hospital especially
13 at South Side.

14 THE WITNESS (Solazzo): And just to
15 note on that one as well. The impact on the local
16 community, I mentioned it was a depressed
17 community when we started our journey with regard
18 to South Shore. That is a booming community now
19 with a lot of growth. And so we also want to
20 emphasize the connection between a stable, growing
21 health care institution and the effect on the
22 local economy is always positive.

23 THE WITNESS (Dowling): And I just want
24 to reiterate that we have never walked away from a
25 facility. We have in all cases improved the

1 facility and expanded services.

2 MR. CSUKA: Thank you. I am mindful of
3 the fact that it is now a couple minutes after
4 noon, and I said we would break at noon. It's not
5 ideal for us to sort of stop this line of
6 communications, but I want to make sure that
7 everybody has an opportunity to get some food in
8 their stomach. So we are going to take a break
9 now from noon until 1 o'clock. As I mentioned
10 earlier, we will have public comment at 1 o'clock.
11 And if you plan to remain in this room, just be
12 mindful again of the fact that we will have the AV
13 running even though we will not be recording. So
14 any conversations you have might be picked up.

15 (A recess for lunch was taken at 12:05
16 p.m.)

17
18 AFTERNOON SESSION

19 1:05 P.M.

20 MR. CSUKA: Welcome back. For those
21 just joining us, this is the second component of
22 today's hearing regarding Northwell Health and
23 Nuvance Health's application which bears Docket
24 Number 24-32717-CON. The applicants are seeking a
25 Certificate of Need for the transfer of ownership

1 of a health care facility pursuant to Connecticut
2 General Statute, Section 19a-638(a)(2) and a
3 transfer of a group practice pursuant to
4 19a-638(a)(3).

5 We had the technical portion -- well,
6 we had much of the technical portion this morning,
7 and we're now ready for public comment. As
8 indicated earlier, sign-up for public comment
9 began at 9 a.m. and has been in person and on the
10 Zoom comment section. If you have not done so,
11 please sign up now because we will be closing the
12 comment section in a moment.

13 The order of comment will be as
14 follows, although some exceptions may be made.
15 First, we'll take elected and appointed officials
16 and representatives. Second, we will take the
17 applicants' clinical professionals and executives.
18 Third will be other clinical professionals and
19 executives. Fourth will be individuals the
20 applicants signed up in advance of the hearing.
21 And fifth will be other members of the public.

22 Since we need to ensure some order
23 between those who signed up in person and those
24 who signed up via Zoom, I am going to start first
25 with those who signed up in person and then move

1 on to those who signed up electronically with one
2 exception.

3 So we will call the names of those who
4 have signed up to speak in the order in which they
5 are registered. We will be unmuting each person
6 one by one if they are in the Zoom chat. Speaking
7 time generally is -- well, speaking time is
8 limited to three minutes for members of the
9 general public. And Maria Horn, Representative
10 Maria Horn is with us, and she'll have some
11 flexibility to go beyond the three minutes.

12 Additionally, we strongly encourage you
13 and anyone else listening to submit any further
14 written comments to OHS by email or mail no later
15 than one week, that is seven calendar days from
16 either today or the second date of the hearing,
17 whichever occurs later. The email address again
18 is CONcomment@ct.gov. Our contact information is
19 also on the website and on the public information
20 sheet that is available over by Faye. Thank you
21 for taking the time to be here today and for your
22 cooperation. I'd ask that you please try to the
23 best of your abilities to limit duplication of
24 comment.

25 To give you a sense of how long you

1 should expect public comment to last, we have
2 currently 23 individuals who have signed up. So
3 at three minutes apiece that's at least an hour.
4 We are now ready to hear some statements from the
5 public. Again, Faye Fentis from our office will
6 read off three names at a time. Please be
7 prepared to speak when it is your turn. Anyone
8 speaking remotely, I would remind you to turn on
9 your video and your microphone.

10 So we're going to begin with
11 Representative Maria Horn. She is already up on
12 the screen. Thank you for attending today, and
13 you can feel free to begin whenever you're ready.

14 REP. MARIA HORN: Thank you. So I am
15 State Representative Maria Horn. I represent the
16 64th district which includes nine towns in the
17 northwest corner. And I thank you for holding
18 this hearing and for giving me the opportunity to
19 share my testimony with you.

20 I am here to express my support for the
21 proposed affiliation between Nuvance Health and
22 Northwell Health to ask that you approve that
23 affiliation and to make a specific request that in
24 that approval you incorporate a particular letter
25 of commitments that Northwell wrote to a community

1 organization in October.

2 I am here again because I represent
3 Sharon. Sharon is one of my towns where Sharon
4 Hospital is located. My district is rural. It is
5 lacking in transportation options and health care
6 options, and much of the constituents I represent
7 are dependent on -- highly dependent on the
8 services of Sharon Hospital, so it's very
9 important to us for, you know, obvious reasons.

10 I do believe that this affiliation is
11 in the best interest of my constituents as well as
12 others in the state for a couple of reasons. One
13 is Northwell's demonstrated record of investment
14 in community hospitals and enabling them to
15 thrive, some of them in quite difficult conditions
16 when Northwell came in. It is an impressive
17 record, and one, and experience that is highly
18 relevant to ensuring the survival of a hospital
19 like Sharon Hospital.

20 And two is the approach that Northwell
21 has already taken to beginning this communication,
22 this conversation with the community and the
23 affiliation which is to say specifically its
24 engagement with the community which has really
25 been substantive, thoughtful, you know, not hiding

1 the challenges that lie ahead but listening to the
2 concerns of the community and acknowledging the
3 important work that a lot of community advocates
4 have put in here, highly thoughtful, educated,
5 informed, balanced work that represents the
6 communities' desire for the hospital to survive
7 and thrive.

8 We have been in our community -- Sharon
9 Hospital is a small hospital. It's been part of
10 several different affiliations in the past. And
11 in the course of those last, you know, couple sets
12 of health systems, you know, several approaches
13 have been made to OHS for your approval for other
14 things, and that approval has been granted to both
15 Nuvance and Health Quest, the predecessor to
16 Nuvance, for the proposals that these health
17 systems have brought to you, but they have been
18 conditioned upon the continuation of specific
19 services at the hospital for specified periods of
20 time.

21 And sadly, those commitments have been
22 repeatedly broken. We have been let down. They
23 have not kept those services. They have announced
24 intention to close down labor and delivery, in
25 particular. They have, you know, approached OHS

1 for permission to shut it down. Now, OHS denied
2 that, but nonetheless in the wake of that denial
3 there has been a marked lack of support for
4 maternity and labor and delivery, in particular.

5 So for that reason, we really would
6 like you in your approval, which again I strongly
7 support the affiliation proposed here, but that
8 you include this letter, specific letter that
9 Northwell wrote to a community organization in
10 October. And that letter was written in response
11 to having met with the community several times.

12 And Northwell, again, I want to thank
13 them. This is not because we don't support
14 Northwell. We think they are really -- we're very
15 optimistic for their ability to help us, but they
16 made specific and binding commitments in this
17 letter and delineated a series of immediate
18 actions to be taken. I think it will be really
19 helpful and give great comfort to our community
20 that they're really serious about maintaining
21 these services going forward. So for that reason,
22 we ask that that letter be part of any agreed
23 settlement.

24 There are lots of challenges to health
25 systems in Connecticut, as I know OHS knows better

1 than anyone, and certainly to rural hospitals
2 across the country much has been written about
3 that. I am really hopeful that the two applicants
4 here are going to be well positioned to address
5 some of our challenges, and I really look forward
6 to being part of that solution with the community
7 behind all of us.

8 So thank you again for allowing me to
9 be here remotely on a busy day. And I know you
10 have many other people to listen to, so thank you.

11 COMMISSIONER GIFFORD: Thank you,
12 Representative, for being here.

13 MR. CSUKA: Attorneys Volpe and Jensen,
14 did you have any clinical professionals or
15 executives who you wanted to speak sort of out of
16 turn now who need to get back to whatever it is
17 they're doing or should we just proceed in the
18 order?

19 MR. JENSEN: My understanding is we do
20 have physicians on the line remotely. If we could
21 move them to the front of the line, that would be
22 great.

23 MR. CSUKA: Sure. I could use your
24 assistance in identifying who those are. I have
25 Dr. Jeremy Levin.

1 MR. DUFFY: Dr. Orlinick is on the
2 line.

3 MR. CSUKA: Dr. Orlinick?

4 JASON ORLINICK: Thank you. Can you
5 hear me?

6 MR. CSUKA: Yes.

7 JASON ORLINICK: Great. Thank you very
8 much. I appreciate it. Good afternoon,
9 Commissioner Gifford and the OHS staff. My name
10 is Jason Orlinick, and I'm here to speak in
11 support of the planned affiliation between Nuvance
12 Health and Northwell Health. I'm a resident of
13 Fairfield County, Connecticut. I live in
14 Fairfield, Connecticut where I've been for about
15 20 years. I've been at Norwalk Hospital for that
16 period of time. And I'm currently the vice
17 president of medical affairs and the chair of
18 medicine at Norwalk. And, as you know, our
19 hospital services lower Fairfield County. We have
20 a lot of hospitals around us. It's a very
21 competitive area. As such, I'm very interested in
22 this hospital and the communities around us. And
23 as a physician leader, I support the affiliation
24 because I think it will better serve our patients
25 and our community.

1 I know our patients want a thriving
2 local hospital that will care for them day and
3 night irrespective of their residency status or
4 ability to pay. Nuvance Health has a long history
5 of working closely with its community partners to
6 deliver compassionate health care and high quality
7 health care to anyone needing assistance.

8 I appreciate that Nuvance Health's
9 mission is closely aligned with Northwell Health's
10 mission. We are both about physician wellness and
11 engagement. Their medical and nursing education
12 programs are very well known as are our medical
13 education programs. Culturally we are, I would
14 say, a perfect fit, and I very much look forward
15 to the opportunity to continue to deliver the
16 great care our employee and our nonemployed
17 physicians and nurses and entire team strive for.

18 I'm impressed by Northwell's commitment
19 to the community and the special initiatives they
20 have underway. Many of these initiatives, like
21 their work in mental health, are closely aligned
22 with our efforts. With increased capacity to
23 invest in medical advancements and innovation, the
24 integrated system would better serve patients in
25 their respective markets and communities. Their

1 model of not adhering to a hub and spoke model
2 also resonates with us down in Norwalk. When
3 Nuvance Health does join Northwell, both
4 communities will have access to coordinated care
5 across Western Connecticut, the Hudson Valley, New
6 York City and Long Island. The care delivered in
7 these sites would span the full range of
8 ambulatory, hospital and post-acute care services.

9 I feel that the planned investment in
10 our hospitals and communities is welcome and
11 beneficial to our collective sustainability and
12 progress towards improved health care for our
13 region. The shared knowledge, resources and
14 investments will strengthen medical care in
15 Western Connecticut.

16 I respectfully request that OHS approve
17 this application. Thank you for your
18 consideration and the opportunity to speak with
19 you today.

20 MR. CSUKA: Thank you, Doctor.

21 MR. JENSEN: Is there a Dr. Marshall?

22 MR. CSUKA: Dr. Marshall, are you with
23 us? Can you hear us, Dr. Marshall?

24 MARK MARSHALL: I can. I can. Thank
25 you. Can you hear me?

1 MR. CSUKA: Yes.

2 MARK MARSHALL: Excellent. Thank you
3 so much. So good afternoon, Dr. Gifford and the
4 members of the Office of Health Strategy. My name
5 is Dr. Mark Marshall. I am a physician practicing
6 internal medicine and palliative medicine at
7 Sharon Hospital. I've been a local resident and a
8 a practicing physician here for about 25 years.
9 I'm also vice president of medical affairs at
10 Sharon Hospital, and I'm the system chair for
11 Nuvance Health for palliative medicine. And I
12 wish to voice my support today for the proposed
13 affiliation of Northwell and Nuvance Health.

14 I believe that this affiliation will
15 benefit Nuvance Health and Sharon Hospital
16 specifically as it will expand the breadth and
17 depth of services that we provide by focusing on
18 the needs of our community, by supporting
19 recruitment and investing in new technologies.
20 Northwell has demonstrated a commitment to
21 community health, addressing disparities and
22 health inequities. This affiliation brings
23 together two like-minded community hospital
24 systems to deliver excellent care close to home.

25 In the recent weeks, we've gotten to

1 know the leadership team of Northwell to some
2 degree and we find them very compatible with our
3 vision for the care that we want to provide for
4 our communities. So I hope you will approve this
5 important application. Thank you.

6 MR. CSUKA: Thank you, Dr. Marshall.
7 Attorney Jensen.

8 MR. JENSEN: Dr. Jeremy Levin.

9 MR. CSUKA: Dr. Levin, are you with us?

10 JEREMY LEVIN: Thank you very much.

11 Can you hear me?

12 MR. CSUKA: Yes.

13 JEREMY LEVIN: Good afternoon,
14 Commissioner Gifford and the OHS staff. Thank you
15 for having me with you today. My name is Jeremy
16 Levin, and I'm here in strong support of the
17 planned affiliation between Nuvance Health and
18 Northwell Health. I've lived in New Milford,
19 Connecticut for 37 years where I live on and
20 operate a farm. I'm born and raised in a rural
21 setting, and I understand the unique challenges
22 that patients face in these communities.

23 As a medical doctor who's worked in
24 leading hospitals both in the United States and
25 around the world, I know firsthand the importance

1 of high quality health care in both well served
2 and underserved areas. I also led the world's
3 largest generic drug manufacturer which provided
4 one in six pills taken in the United States. This
5 gave me a unique view of health care from both the
6 provider and industry perspective. In both roles
7 I deeply appreciate the high quality accessible
8 care in every community.

9 My connection to Nuvance Health is also
10 personal. 35 years ago, I rushed my wife to the
11 local emergency room where she went into preterm
12 labor. Our daughter from that pregnancy is now a
13 healthy 34-year-old. I've also been a patient at
14 Nuvance myself, treated there for various injuries
15 that incurred on my farm. Now I've moved my
16 primary care to Nuvance and experienced the high
17 standards of the clinics and doctors serving our
18 region.

19 This partnership between Nuvance and
20 Northwell isn't just about sustaining health care.
21 It's about expanding and improving it. Northwell
22 brings critical resources and a proactive approach
23 to community care with numerous initiatives
24 already underway. I am certain that with their
25 financial support, expertise and innovative

1 mindset, this affiliation will improve health care
2 across our region.

3 Most important, it matters medically.
4 The data on health care access is quite clear,
5 distance matters. The further a patient is from a
6 high quality care center, the higher the risk of
7 adverse outcomes. For all of us in Western
8 Connecticut, this affiliation will help keep
9 lifesaving care close to home and community care.

10 This partnership will also support our
11 health care needs and boost the local economy,
12 creating jobs and enhancing community well-being.
13 Nuvance's commitment and compassionate to
14 accessible health care aligns well with
15 Northwell's values making this affiliation a very
16 positive step forward.

17 Lastly, I heard the discussion this
18 morning about Nuvance's operating losses and how
19 Northwell will address them, very interesting and
20 compelling. Beyond that though, Northwell's
21 responses -- beyond their responses, I'd add that
22 this merger prospect encourages additional
23 philanthropic support as it has with us.

24 I strongly encourage OHS to approve
25 this application. In my opinion, the future of

1 quality health care in Western Connecticut depends
2 very much on it. And thank you very much for the
3 time and your consideration.

4 MR. CSUKA: Thank you, Doctor.

5 MR. JENSEN: Then if we could hear from
6 Matt Cassavechia who's the director of EMS for
7 Nuvance.

8 MATTHEW CASSAVECHIA: Good afternoon.
9 Can you hear me?

10 MR. CSUKA: Yes.

11 MATTHEW CASSAVECHIA: Okay. Thank you
12 so much for having me. My name is Matthew
13 Cassavechia, and I'm the director of emergency
14 medical services for the Danbury Hospital. I've
15 been employed with the organization for 34 years,
16 and I enthusiastically support the proposed
17 affiliation of Nuvance Health and Northwell
18 Health.

19 This affiliation brings together two
20 like-minded community hospital systems that
21 embrace the importance of pre-hospital care,
22 emergency management and the continuity of
23 operation and planning activities as essential
24 functions to meet the needs of our patients.

25 Now more than ever, health care

1 institutions must continually assess and respond
2 to hazards and vulnerabilities that, if left
3 unchecked, will impede critical lifesaving
4 measures. Sharing of best practices from
5 individual experiences, lessons learned from high
6 impact events, and the pooling of vital resources
7 will create a strong network of assets to come
8 together in a time of need while developing a
9 culture of preparedness.

10 Disasters as we know, come in many
11 forms and often are unpredictable, but a well
12 prepared affiliation of health care institutions
13 can successfully mitigate such risks to ensure
14 high quality care is carried out in the most
15 trying of circumstances, adopting strategies to
16 further support health care as critical
17 infrastructure will best position the community to
18 respond and recover in a meaningful and timely
19 way.

20 Nuvance Health was there for the state
21 and its communities during the COVID-19 crisis,
22 and we need to make sure that we are there in the
23 future. This partnership with Northwell will
24 undoubtedly help do so.

25 Thank you for your time. I hope that

1 you will support and approve this important
2 application.

3 MR. CSUKA: Thank you, Mr. Cassavechia.

4 MR. JENSEN: Then if Michelle James is
5 on.

6 MICHELLE JAMES: I am on.

7 MR. CSUKA: And we can hear you, so
8 whenever you're ready.

9 MICHELLE JAMES: Thank you. I am
10 Michelle James. I am here to speak in support of
11 the planned affiliation between Nuvance Health and
12 Northwell Health. I have lived and worked in
13 Danbury for over 30 years. I am currently the
14 executive director of the Community Action Agency
15 of Western Connecticut.

16 Our service area encompasses the 25
17 towns in Western Connecticut within the Nuvance
18 service area. I support this affiliation
19 application because the sustainability of high
20 quality health care is important to me, my clients
21 and my stakeholders.

22 I appreciate the organization's mission
23 and it's closely aligned with Nuvance's mission
24 and I believe Northwell's too. I'm impressed by
25 Northwell's commitment to the community and the

1 many initiatives that they have underway. I feel
2 that the planned investment in our hospitals and
3 communities is welcomed and beneficial to our
4 collective sustainability and progress towards
5 improved health for our region.

6 The disparity gap in health outcomes
7 for low-income residents and individuals and
8 families of color is a pressing issue that
9 requires immediate attention. It is the result of
10 systematic issues such as unequal access to
11 quality care due to socioeconomic status,
12 geographic location, provider bias and language
13 barriers. The complex interplay of socioeconomic
14 barriers, particularly housing instability,
15 significantly contributes to a multitude of health
16 risk factors, including lack of access to
17 medication and care, mental illness and substance
18 abuse.

19 Combining Nuvance Health with Northwell
20 resources will enable the organization to meet the
21 evolving varied needs of local communities more
22 quickly, more efficiently and more effectively.
23 Together both organizations would be able to make
24 significant improvements to the health outcomes
25 and address health disparities across the

1 communities that we serve. As nonprofit
2 organizations, Northwell and Nuvance would combine
3 to provide care to anyone regardless of their
4 ability to pay.

5 It is my understanding that the
6 agreement will increase the opportunity to attract
7 and retain top talent, including physicians,
8 nurses, surgical and resource specialists, as well
9 as allied health and business professionals. By
10 coming together, medical staff and employees would
11 have greater professional growth opportunities,
12 new career prospects and the chance to work with
13 some of the best in the industry. And this will
14 absolutely transform the life of many in our
15 communities.

16 I urge you to approve this affiliation.
17 And I would like to thank Commissioner Gifford and
18 the OHS staff for this opportunity. Thank you.

19 MR. CSUKA: Thank you, Ms. James.

20 MR. JENSEN: Tom Dubin.

21 MR. CSUKA: We cannot hear you,
22 Mr. Dubin. We'll come back to you.

23 MR. JENSEN: Rick Cantele.

24 RICK CANTELE: Good afternoon. Can you
25 hear me?

1 MR. CSUKA: Yes, we can.

2 RICK CANTELE: Good afternoon,
3 Commissioner Gifford and OHS staff. I appreciate
4 the opportunity to talk to you for a few minutes
5 today. I am the board chair at Sharon Hospital,
6 and I have been since its affiliation with Health
7 Quest.

8 And while I respectfully disagree with
9 Representative Horn's characterization of
10 Nuvance's and Sharon Hospital's fulfillment of the
11 commitments they made, I do agree with her in that
12 I am in support of this affiliation with Northwell
13 Health.

14 I've been a resident of Salisbury,
15 Connecticut for my entire life, and I am providing
16 my comments today based on the perspective as a
17 resident, patient and a community volunteer. I
18 support this affiliation because a thriving Sharon
19 Hospital and Nuvance Health is critically
20 important to me and our community.

21 As board chair, I recognize the
22 complicated nature of health care today and the
23 effects on hospital finances. I applaud Dr.
24 Murphy and my board colleagues for being proactive
25 in terms of preserving the long-term future of

1 Nuvance Health and Sharon Hospital, in particular.
2 I believe that Northwell Health is the right
3 partner to ensure that we can continue our work
4 and legacy for many years to come.

5 Nuvance Health has a long history of
6 working closely with its communities and to
7 providing compassionate health care to anyone
8 needing their health despite a person's ability to
9 pay. I believe that this affiliation will
10 strengthen that community benefit in the greater
11 Sharon community.

12 I appreciate that Nuvance Health's
13 mission is closely aligned with Northwell Health's
14 and that the collective knowledge, financial
15 resources, human capital and innovative mindset
16 will strengthen access to the highest quality
17 health care across our region. I'm also impressed
18 by Northwell's commitment to medical and clinical
19 excellence and recognize that their hospitals,
20 like our own Nuvance hospitals, are the
21 cornerstone of our communities.

22 I feel that a planned investment in our
23 hospitals and the economic benefit to our
24 communities is welcome and will drive
25 sustainability and progress toward improved health

1 for our region. In many ways, my position as
2 Board chair has uniquely positioned me to better
3 understand the challenges that Sharon Hospital and
4 Nuvance Health face in the longer term, and I
5 encourage you and urge you to move this
6 application forward to an approval. Thank you for
7 your consideration.

8 MR. CSUKA: Thank you, Mr. Cantele.

9 MR. JENSEN: Karen Gottlieb.

10 KAREN GOTTLIEB: Can you hear me?

11 MR. CSUKA: Yes, we can.

12 KAREN GOTTLIEB: Okay. Thanks. Good
13 afternoon, Commissioner Gifford and OHS staff. My
14 name is Karen Gottlieb, and I am here to speak in
15 support of the planned affiliation between Nuvance
16 Health and Northwell Health.

17 I live in Stamford and have been
18 executive director of the AmeriCares free clinic
19 since 1994. I'm also a member of the board of
20 directors of the Norwalk Hospital. Today I am
21 representing the AmeriCares free clinics and the
22 patients we serve. We provide primary health care
23 to low-income uninsured residents keeping those
24 adults with chronic disease from developing
25 long-term disabilities and worse. Our service

1 area encompasses Fairfield County with clinics in
2 Norwalk, Danbury, Bridgeport and Stamford and
3 falls within the Nuvance Health service area.

4 Both Norwalk Hospital and Danbury
5 Hospital have supported our program since 1994 and
6 1997 respectively. Without their partnership, our
7 patients would not have access to critical
8 diagnostic testing, specialty care and laboratory
9 testing. Working together, our patients receive
10 quality care that affords them the opportunity to
11 be well and support themselves and their families.

12 I support this affiliation application
13 because the sustainability of high quality health
14 care is important to our patients and donors.
15 Nuvance Health has a long history of working
16 closely with its community and providing
17 compassionate health care to patients needed their
18 health despite a person's ability to pay. I am
19 impressed by Northwell's commitment to community
20 and the many initiatives they have underway.
21 Combining the resources of Nuvance Health and
22 Northwell will enhance population health and
23 outcomes for our vulnerable populations.

24 I encourage OHS to approve this
25 application. Thank you for your consideration.

1 MR. CSUKA: Thank you.

2 MR. JENSEN: And that was the last name
3 on my list unless we wanted to try Tom Dubin
4 again. I don't know if the issue has resolved.

5 MR. CSUKA: Has Mr. Dubin indicated
6 whether he is trying a different method of
7 connection? No. Still can't hear you. I'm
8 sorry, Mr. Dubin. You can submit written comment,
9 if you'd like. And if you're somehow able to
10 figure it out between now and the end of public
11 comment, we'll can still come back to you.

12 So we have some other individuals who
13 have been submitted to us. So the next three
14 names we have on our list are Emanuela Palmares,
15 Elvis Novas and Katie Curran. So we'll start with
16 Ms. Palmares, if she is with us.

17 MS. FENTIS: She's unable to attend
18 today.

19 MR. CSUKA: Okay. Thank you. So Elvis
20 Novas? Can you test your mic to make sure we can
21 hear you?

22 ELVIS NOVAS: Yes. Can you hear me?

23 MR. CSUKA: Yes, we can. Thank you.
24 You can proceed.

25 ELVIS NOVAS: Thank you. Good

1 afternoon, Commissioner Gifford and the staff of
2 the Office of Health Strategy. My name is Elvis
3 Novas. I've been a resident of Danbury,
4 Connecticut for almost 20 years. I'm here to
5 speak in support of the proposed affiliation of
6 Nuvance Health and Northwell. I am representing
7 the Dominican Community Center, a nonprofit
8 organization that provides help for our community
9 through programs and services. Some of this falls
10 within the Nuvance Health community service area
11 like the ones provided through the Global Health
12 Academy.

13 I support this application because I
14 believe this is a great partnership of two
15 organizations with a common vision to deliver high
16 quality care and involvement in the communities.
17 Nuvance has a long history of working closely with
18 its community, so this is a great opportunity for
19 Nuvance and for Connecticut to increase local
20 programs and services and preserve access to
21 essential care.

22 As a community advocate, I'm inspired
23 by Northwell's commitment to community and the
24 many initiatives they on the way. Addressing
25 disparity and promoting health equity will build

1 on Nuvance's demonstrated track record for doing
2 so.

3 As a community organization is
4 concerned, with the education of young people in
5 our community, we have been able to partner and
6 work with the Nuvance Global Health Academy,
7 forming a community led leadership academy
8 designed with a goal of fostering incoming high
9 school students into the leaders of tomorrow.
10 Through a captivating four weeks, two days a week,
11 lecture and shadowing experience, participants are
12 educated on topics such as leadership, finance,
13 health and wellness and civic engagement. Through
14 this experience, participants learn applicable
15 skills and create community projects and
16 eventually enrich themselves and their
17 communities.

18 Finally, I urge OHS to approve this
19 application. Thank you for your time and
20 consideration.

21 MR. CSUKA: Thank you, Mr. Novas.

22 Next on the list is Katie Curran. Is
23 Katie Curran with us?

24 KATIE CURRAN: Yes, I'm here. Can you
25 hear me?

1 MR. CSUKA: Yes, we can.

2 KATIE CURRAN: Okay. Great. Good
3 afternoon, everyone, Commissioner Gifford and OHS
4 staff. My name is Katie Curran. I am a
5 Connecticut resident and the president and CEO of
6 Connecticut Institute for Communities which is
7 based in Danbury. I'm here in strong support of
8 the planned affiliation between Nuvance and
9 Northwell Health.

10 Connecticut Institute for Communities,
11 known as CIFIC for short, serves nearly 16,000
12 individuals through our federally qualified health
13 center, CIFIC Health, and through our early
14 learning and affordable housing programs and
15 services. Our service area encompasses Western
16 Connecticut, particularly the greater Danbury and
17 Norwalk regions. In Norwalk CIFIC runs the Head
18 Start and Early Head Start program. These
19 communities also fall within the Nuvance service
20 area.

21 An overwhelming majority of the
22 patients, individuals and families that we work
23 with are living in poverty or are only slightly
24 above it. I support this application because the
25 sustainability of high quality affordable health

1 care is essential to our patients and our clients.

2 Throughout the 14 years that CIFIC
3 Health has been open as an FQHC, Nuvance has been
4 our most significant and greatest community
5 partner. Nuvance was instrumental in the start of
6 CIFIC Health at the first Danbury based FQHC, and
7 we have a shared focus of providing care for the
8 underserved and in training residents.

9 Nuvance's charity care policy aligns
10 with FQHC requirements which allows CIFIC to refer
11 those in need of certain hospital based services
12 to Nuvance and ensure that our patients who meet
13 certain income qualifications receive discounted
14 or no cost care.

15 CIFIC Health is also a teaching health
16 center, and our CIFIC residents in internal
17 medicine and psychiatry have benefited from
18 extensive inpatient training at Nuvance hospitals.
19 In addition, Nuvance has been a partner with CIFIC
20 and the United Way of Western and Coastal
21 Connecticut in creating the first ever food
22 pharmacy in greater Danbury which benefits CIFIC's
23 patients experiencing food insecurity and certain
24 health conditions. Put simply, CIFIC and Nuvance
25 are closely aligned in a shared mission to ensure

1 that all patients regardless of income or
2 insurance status receive high quality and
3 innovative wraparound services.

4 We are also closely aligned in our work
5 to train a new generation of physicians who we
6 hope to retain in our community. And Northwell is
7 committed to the same mission of improving the
8 health of the communities in which they serve and
9 educating current and future generations of health
10 care professionals. Northwell's planned
11 investment in our hospitals and our communities is
12 welcome and one that we believe will be beneficial
13 to our collective sustainability. We look forward
14 to Northwell's investment and enhanced care and
15 service offerings and innovation. And we believe
16 Northwell's presence will help attract and retain
17 workforce in this region.

18 I encourage OHS to approve this
19 application. And I thank you for your time today.

20 MR. CSUKA: Thank you, Ms. Curran.

21 The next three individuals that we have
22 on the list are Isabel Almeida, Margery Feldberg
23 and then Thomas Horkan. And I apologize if I have
24 said any of these names incorrectly.

25 So Ms. Almeida, are you with us?

1 ISABEL ALMEIDA: I am. Good afternoon,
2 Commissioner Gifford and OHS staff. My name is
3 Isabel Almeida, and I am a Danbury native and the
4 president and CEO of United Way of Coastal and
5 Western Connecticut, serving 27 towns across
6 Fairfield and Southern Litchfield Counties,
7 including greater Norwalk, greater Danbury and
8 greater New Milford, all within Nuvance Health's
9 service area. I'm here today to share my support
10 for the proposed strategic affiliation between
11 Nuvance Health and Northwell and to urge you to
12 approve this important application.

13 This affiliation represents a great
14 partnership of two organizations with a common
15 vision to deliver high quality care in their
16 communities. Nuvance Health has a long history of
17 working closely with our community and of
18 providing compassionate health care regardless of
19 a person's ability to pay. Their dedication to
20 community aligns with United Way's commitment to
21 supporting the needs of households living at or
22 below the ALICE threshold which represents a very
23 basic cost of living budget. ALICE, which stands
24 for Asset Limited Income Constrained Employed,
25 represents the nearly 40 percent of Connecticut's

1 population who struggle to make ends meet.

2 Partnerships like the one we have with
3 Nuvance are critically important. I believe
4 Northwell Health is equally committed to community
5 and that their planned investments in our
6 hospitals and the communities that they serve will
7 be tremendously beneficial to ALICE households and
8 to our region as a whole.

9 At United Way we are particularly proud
10 of our most recent partnership with Nuvance and
11 Connecticut Institute for Communities, as Katie
12 just highlighted herself, in launching the Food
13 Pharmacy of Greater Danbury, the first of its kind
14 food is medicine initiative in the City of
15 Danbury. In its first year, we are already seeing
16 measurable positive results on the health outcomes
17 of patients enrolled in this program who
18 experience food insecurity and chronic illness.
19 This is just one example of the power of
20 partnerships between nonprofits and health
21 systems.

22 I believe that an affiliation with
23 Northwell will build on Nuvance's demonstrated
24 track record of community health, addressing
25 disparities, and promoting health equity and will

1 enhance these and other local programs and
2 services bringing greater benefits to members of
3 our community.

4 I hope you will approve this important
5 application. And thank for very much for your
6 time.

7 MR. CSUKA: Thank you, Ms. Almeida.

8 My understanding is Mr. Dubin is
9 calling in so he may be available. We're going to
10 try him once more.

11 TOM DUBIN: Can you guys hear me?

12 MR. CSUKA: Yes, we can. Third time is
13 the charm.

14 TOM DUBIN: Wonderful. Thank you. I
15 hope my comments are worth all this effort. I
16 appreciate that. Thank you, Commissioner Gifford
17 and the OHS staff. I'm Tom Dubin. I've lived in
18 Wilton in Fairfield County for 25 years. And I'm
19 the past chair of the Norwalk Hospital, and I'm
20 currently a member of the Nuvance board.

21 I've spent time learning about
22 Northwell, its strategies and its leadership, and
23 I fully support this proposed affiliation. One of
24 the most gratifying things about being on the
25 board of Norwalk Hospital and now Nuvance has been

1 the time I've spent on their quality committees.
2 I see the expertise and daily diligence of our
3 professionals who ensure the highest possible
4 quality for our patients, and I know that they're
5 succeeding remarkably well. Multiple third-party
6 accolades confirm those successes.

7 I'm impressed by Northwell's similar
8 quality focus, and I'm very enthusiastic about
9 combining our efforts. Northwell has established
10 an in-house university to train staff at all
11 levels, and they currently sponsor the fourth
12 largest academic program in the US. I'm
13 particularly proud of Nuvance's commitment to
14 operating community hospitals. Our doors are open
15 to all. We treat individual patients locally to
16 the extent possible. And we identify and respond
17 to community health care needs. Of course, we
18 were leaders in addressing COVID.

19 Northwell similarly invests in a
20 community hospital model. They will maintain
21 essential services at a local level, and they will
22 accelerate Norwalk Hospital's ambitious strategic
23 plan to update and expand its facilities.
24 Further, Northwell is committed to maintaining
25 local hospital boards to advocate for our

1 Connecticut communities. And Northwell commits to
2 ensuring that local philanthropy remains local.

3 Nuvance will be stronger when partnered
4 with Northwell. Northwell is growth oriented and
5 consumer focused. They're deeply experienced in
6 serving all patients, and they're currently the
7 second largest Medicaid provider in New York
8 State. They're also the second largest mental
9 health provider in New York State. Importantly,
10 they recognize that health care is a continuum as
11 they continue to build out ambulatory and other
12 ancillary facilities and the expertise that will
13 serve Connecticut well.

14 I urge you to support this application.
15 The combination will strengthen Nuvance's
16 Connecticut hospitals and will allow to us to
17 provide Connecticut families with greater access
18 to superb health care. Thank you so much.

19 MR. CSUKA: Thank you, Mr. Dubin.

20 Next on the list is Margery Feldberg
21 and then again we have Thomas Horkan after her and
22 then we have an additional seven people who have
23 signed up. So starting first with Ms. Feldberg.

24 MARGERY FELDBERG: Hello there. I need
25 to reverse my camera. But I'm about to become

1 your favorite speaker for the brevity of my
2 remarks. I'm on here as a mistake because I think
3 the moderator did not know. I'm Dr. Jeremy
4 Levin's wife, and I think the moderator did not
5 know whether --

6 MR. CSUKA: Ms. Feldberg, before you --

7 MARGERY FELDBERG: -- or Dr. Levin was
8 to be the speaker. So I am in support of this
9 affiliation, but I have nothing additive to offer
10 to the many other compelling remarks that the many
11 speakers have made. So thank you.

12 MR. CSUKA: Thank you, Ms. Feldberg.

13 Mr. Horkan.

14 THOMAS HORKAN: Good afternoon. Can
15 you hear me?

16 MR. CSUKA: Yes.

17 THOMAS HORKAN: Good afternoon. My
18 name is Thomas Horkan. I'm a member of Nuvance
19 Health. I'm a licensed paramedic, and I currently
20 work as an emergency medical services supervisor
21 for the Danbury Hospital as well as the emergency
22 medical services coordinator for Sharon Hospital.
23 I've been with Nuvance Health since 2015. And
24 throughout my time here, I've had the privilege of
25 growing both professionally and personally. And

1 I'm here today in support of the proposed
2 affiliation between Nuvance Health and Northwell
3 and to just talk about a few main points.

4 My first one being support during the
5 COVID-19 pandemic. Nuvance Health has been the
6 cornerstone of support for our communities,
7 particularly during the COVID pandemic. I was
8 able to witness this firsthand while working on
9 the front lines at the height of the crisis as a
10 paramedic first responder. I saw the fear and
11 anxiety that gripped our communities, yet Nuvance
12 Health stood by us, providing crucial resources
13 like PPE, additional staffing and the support
14 needed to keep our hospitals running and caring
15 for patients that needed it. The partnership with
16 Northwell will help ensure that we continue to
17 have the resources and support necessary to face
18 certain future challenges.

19 Northwell's commitment to community
20 health addressing health disparities and promoting
21 health equity is an ideal fit with Nuvance
22 Health's long standing track record. The
23 collaboration will enhance the work that we've
24 already been doing to improve care and outcomes in
25 our community, and I believe that it will drive

1 meaningful improvements in the health of all of
2 the populations that we serve.

3 With that in mind, Nuvance Health
4 hospitals, like Sharon Hospital, are vital pillars
5 in their communities. In very rural areas like
6 Sharon and much of the northwest corner, many of
7 the EMS providers they are volunteers. The
8 hospital serves as lifeline for residents. I see
9 this symbiotic relationship every day. Our
10 community depends on Sharon Hospital for quality
11 care, especially in an area where hospitals are
12 few and far between. With the support of
13 Northwell, I'm confident this partnership will
14 only strengthen the ties between our hospitals and
15 the communities that we serve.

16 As someone who's grown up in this
17 community, worked alongside incredible colleagues
18 and achieved milestones that I never thought
19 possible, I can personally attest to the
20 opportunities that Nuvance Health provides not
21 only to staff but to the patients and communities
22 that we serve. This organization has supported my
23 growth, and I know that with Northwell's support
24 we will continue to improve the care we provide
25 and the experience to our patients and staff

1 alike.

2 In conclusion, I urge you to approve
3 the proposed affiliation between Nuvance Health
4 and Northwell. This partnership will ensure that
5 our hospitals continue to thrive, our communities
6 receive the care that they need, and that we build
7 a strong foundation that Nuvance Health has
8 established over the years. Thank you for your
9 time and consideration.

10 MR. CSUKA: Thank you, Mr. Horkan.

11 The next three individuals are Amy
12 Llerena, Yeimy Matos and Lauren Henriques. So
13 starting first with Ms. Llerena.

14 AMY LLERENA: Hi, everyone. Cross
15 check that you can hear me.

16 MR. CSUKA: We can hear you.

17 AMY LLERENA: Okay. Great. So thank
18 you so much, Commissioner Gifford and the OHS
19 team. My name is Amy Llerena, and I am the
20 director of quality at Sharon Hospital. I am
21 wholeheartedly in support of the affiliation of
22 Nuvance Health and of Northwell.

23 I believe this is a great partnership
24 of two organizations with a common vision to
25 deliver high quality care in their communities.

1 So I've been an employee in one of Nuvance's
2 Hospitals for over 30 years. I've been at the
3 bedside as a nurse. I've been a risk manager for
4 some of our hospitals and I'm now in quality.
5 During my time here, I've seen Nuvance be here for
6 our communities and for our state.

7 And Northwell, I've done lots of
8 research on Northwell as well in anticipation for
9 this affiliation, and I can see their strong
10 commitment to their communities with an emphasis
11 on quality, safety, patient satisfaction and
12 equity as well.

13 During this time, I did have the
14 opportunity to meet with some of the senior
15 leaders of Northwell during the affiliation
16 meetings. I saw firsthand just how committed the
17 team was. You know, in life we certainly get
18 unexpected events, right, generator failures,
19 floods, terrible storms. These are some of the
20 things that keep me up at night. When I met with
21 the Northwell team, their approach was like a SWAT
22 team, you know, come in, very, very involved with
23 teamwork and just getting the work done.

24 I also saw firsthand their commitment
25 to education. I saw lots of investment in

1 research from the Northwell team, great sim lab.
2 So the emphasis on teaching, I believe that this
3 affiliation will help with our medical
4 professionals and students in Connecticut.

5 I've highlighted just a few reasons why
6 I support this affiliation, but there are many
7 more. I believe together we will be better, and I
8 would recommend that the state approve this
9 application. Thank you very much for your time.

10 MR. CSUKA: Thank you, Ms. Llerena.

11 Next is Yeimy Matos.

12 YEIMY MATOS: Hi. Can you guys hear
13 me?

14 MR. CSUKA: Yes.

15 YEIMY MATOS: Good afternoon. My name
16 is Yeimy Matos. I am the director for
17 environmental services, laundry and transport
18 services at Danbury Hospital and New Milford
19 Hospital. I have been employed with these
20 organizations for 18 years, and my family and I
21 also reside within the community we serve. Thank
22 you for the opportunity for letting me testify
23 today.

24 I am very happy to support the proposed
25 affiliation of Nuvance Health with Northwell.

1 This application is for a strategic affiliation
2 between Nuvance Health and Northwell that will
3 ensure continued access to high quality health
4 care services. It presents the opportunity for a
5 great partnership of two organizations with a
6 common vision for providing patient care in our
7 communities.

8 COVID-19 was a very difficult time for
9 us. Nuvance Health was there for the state and
10 its community during COVID-19 and it has been for
11 many years. We need to make sure that it is there
12 for us in the future. This partnership with
13 Northwell will help us do that. Northwell's
14 commitment to community health, addressing
15 disparities and promoting health equity will also
16 build on Nuvance's demonstrated track record for
17 doing the same. Together Nuvance and Northwell
18 will also be able to deliver great care across
19 Western Connecticut. I would highly recommend the
20 state approve this application. Thank you.

21 MR. CSUKA: Thank you, Ms. Matos. And
22 next is Lauren Henriques.

23 LAUREN HENRIQUES: Good afternoon. Can
24 everybody hear me?

25 MR. CSUKA: Yes.

1 LAUREN HENRIQUES: Thank you for
2 allowing me the opportunity to speak today. My
3 name is Lauren Henriques, and I am the
4 neuroscience coordinator for Danbury and New
5 Milford Hospitals. I started with the
6 organization as a new graduate registered nurse on
7 the step-down unit at Norwalk Hospital back in
8 2013, moved to the emergency department, and after
9 an investment in continuing nursing education, I
10 was able to complete my graduate education at
11 Fairfield University free of charge and have been
12 in my current role for the past six years. I am
13 in support of the proposed affiliation of Nuvance
14 Health and Northwell.

15 Northwell's commitment to community
16 health, addressing disparities and promoting
17 health equity, will build on Nuvance's
18 demonstrated track record for doing so. As part
19 of my role, I provide community education on
20 recognizing stroke signs and symptoms and knowing
21 when to call 911 and have no doubt the Northwell
22 affiliation will support my outreach programs.
23 This application for a strategic affiliation
24 between Nuvance and Northwell will ensure
25 continued access to high quality health care

1 services in our communities. We have expanded the
2 level of stroke services available to patients in
3 our service area, and this partnership will
4 continue to support our growth.

5 My extended family and I live in the
6 Danbury Hospital Community, and I am confident
7 this partnership will enhance access for our
8 families. Continued access to high quality care
9 is even more important as I prepare to deliver my
10 first child at Danbury Hospital in the next few
11 weeks.

12 I thank you for your time and hope you
13 will approve this important application. Thank
14 you.

15 MR. CSUKA: Thank you. And good luck
16 with the remainder of your pregnancy.

17 The next three individuals we have are
18 Staci Peete, Nick Moore, Kathy Metz, and I'll say
19 the fourth, Tracy Merina. So we'll start with
20 Staci Peete.

21 STACI PEETE: Hi. Good afternoon. Can
22 everyone hear me?

23 MR. CSUKA: Yes.

24 STACI PEETE: Hi. My name is Staci
25 Peete. I'm the director of community engagement

1 at Norwalk Hospital, part of Nuvance Health, and
2 I'm here to speak in support of the affiliation
3 between Northwell and Nuvance. I've worked in the
4 community health department for the past ten years
5 over at Norwalk Hospital. I can see the many
6 benefits that the merger will have for me as an
7 employee, but most importantly, I care very deeply
8 about the Norwalk community, and I can see the
9 benefits of having Northwell as a partner.

10 I know that Nuvance has been a vital
11 partner in our community. I want to see our
12 community programs continue to grow and thrive,
13 and I'm confident under Northwell that they will
14 do so. I'm impressed by Northwell's commitment to
15 the communities that they serve, particularly
16 around mental health which, as you know, is
17 definitely an underserved population. I am
18 someone who works very closely with a lot of the
19 community providers in the Norwalk area, including
20 the police department, probation, local homeless
21 shelters, housing providers, mental health
22 providers and substance providers.

23 I've had the honor of starting two
24 clinical teams within Norwalk Hospital that
25 follows some of our most vulnerable patients,

1 those with substance use, mental health use, often
2 homeless. And I am confident that we can continue
3 to build on that work as we all know how important
4 it is to improve our health outcomes for some of
5 our most vulnerable. So I am very excited to
6 think about the possibilities for us to grow and
7 expand under Northwell.

8 So I urge you to please consider to
9 approve this application.

10 MR. CSUKA: Thank you, Ms. Peete.

11 Nick Moore?

12 NICK MOORE: Can you hear me?

13 MR. CSUKA: We can here you but we
14 can't see you.

15 NICK MOORE: Hello. Can you hear me?

16 MR. CSUKA: Yes. Just give us one
17 moment to -- okay. Yes, you can proceed.

18 NICK MOORE: Yes. So this is Nick
19 Moore calling in. Thank you, Commissioner Gifford
20 and Hearing Officer Csuka, thank you, and the
21 Office of Health Strategy, for granting Save
22 Sharon Hospital limited intervenor status so that
23 our local heroes, Dr. Howard Mortman and Dr. David
24 Kurish, could provide their insight and
25 perspective gained over decades serving our

1 community.

2 I live in Sharon, Connecticut, and I'm
3 on the Board of Save Sharon Hospital. I had the
4 pleasure of meeting with Mark Solazzo and Kevin
5 Beiner from Northwell Health in Sharon in
6 September. I was impressed and gratified that
7 they took time to have a dialogue with community
8 members before this public hearing. I wish to
9 express my support for the affiliation between
10 Northwell Health and Nuvance Health provided that
11 you kindly incorporate into the agreed settlement
12 the promises Northwell Health made to Save Sharon
13 Hospital in the letter dated October 22, 2024.

14 My wish, if this affiliation goes
15 forward, is that community interaction will be
16 regular and in person. I listened to the
17 questions and answers about the new affiliation
18 and board structures, and I'm wondering if there
19 will be term limits and a transparent nominating
20 process for board members, at least for the
21 individual hospital advisory boards.

22 In closing, I've been impressed again
23 today listening to the testimony of the CEO of
24 Northwell Michael Dowling and Chief Operating
25 Officer Mark Solazzo, especially their aversion to

1 a hub and spoke model. My fervent hope is that
2 the cultural and financial resources of Northwell
3 Health will be transformative for Nuvance Health
4 and Sharon Hospital. Thank you very much.

5 MR. CSUKA: Thank you, Mr. Moore.

6 Next on the list is Kathy Metz. Is
7 Kathy Metz with us?

8 (No response.)

9 MR. CSUKA: We're going to move on to
10 the last person, Tracy Merina.

11 (No response.)

12 MR. CSUKA: And she also apparently is
13 not available.

14 So, with that, that concludes --

15 LYDIA MOORE: We emailed our names to
16 Faye Fentis yesterday.

17 MR. KNAG: We have Lydia Moore and --

18 LYDIA MOORE: And Victor Germack.

19 MR. KNAG: And Victor Germack.

20 MR. CSUKA: Okay. I apologize. I
21 didn't realize that. All right. So we have two
22 more individuals, we have Lydia Moore and Victor
23 Germack.

24 So Ms. Moore, you can proceed whenever
25 you're ready.

1 LYDIA MOORE: Thank you. Thank you,
2 Commissioner Gifford and Attorneys Csuka and
3 Jackson, for granting us this time to speak with
4 you today. My name is Lydia Moore. I'm a
5 resident of Sharon, Connecticut and the president
6 of Save Sharon Hospital, Inc., a 501(c)(3)
7 nonprofit dedicated to preserving high quality
8 health care locally. I'm also a mother of three,
9 born at Sharon Hospital, ages 1 to 7. And this is
10 the fourth time I have provided public comment
11 before OHS at a hearing regarding Sharon Hospital,
12 but this is the first time that I am cautiously
13 optimistic, and dare I say hopeful, about the
14 future of health care in my community, especially
15 that Sharon Hospital will remain a full service
16 hospital indefinitely.

17 Northwell executives drove several
18 hours to meet with my organization in the
19 northwest corner of Connecticut regarding what
20 will become one of their smallest hospitals if
21 this affiliation moves forward. This was a more
22 than welcome change and approach to engaging with
23 the community, and I couldn't be more grateful for
24 their time. Northwell executives seem to truly
25 want to help the people in the communities they

1 serve. I am still shocked that after we gave them
2 our list of requests for Sharon Hospital that they
3 addressed every concern and incorporated most of
4 them and more into their final list of pledges to
5 our community.

6 In the letter they wrote to Save Sharon
7 hospital dated October 22, 2024, this letter
8 includes not only their promises to keep all
9 services open at Sharon Hospital, including
10 maternity and the ER, but making sure that we
11 return to truly having critical care services
12 through the progressive care unit and that we will
13 once again have 24/7 general surgery coverage. In
14 addition, they have pledged to expand primary care
15 and subspecialties. And they actually seem eager
16 to work with our community.

17 I will admit to some wariness on my
18 part that these promises seem almost too good to
19 be true given my prior experiences, but when I
20 think back to the in-person meetings that I had
21 with Mr. Solazzo and Mr. Beiner from Northwell,
22 when I read the prefile testimonies of Mr.
23 Dowling, Mr. Solazzo and Dr. Silver and then when
24 I heard them all testify today, I have to admit
25 that I believe them. I believe they will do the

1 right thing for health care in the northwest
2 corner of Connecticut as they are doing for our
3 neighbors in New York.

4 Dr. Gifford, I respectfully ask you to
5 please grant the affiliation between Northwell and
6 Nuvance while incorporating the list of promises
7 that Northwell gave to my organization in the
8 final agreed settlement. I am truly optimistic
9 that this letter will serve as the guide for
10 reinvigorating Sharon Hospital which is a pillar
11 of our community.

12 Thank you to Northwell for finally
13 giving me hope for the future of health care in
14 our rural community. And thank you to OHS for
15 holding this important hearing.

16 MR. CSUKA: Thank you, Ms. Moore.

17 And last but not least, Mr. Germack.

18 Mr. Germack, before you begin, just a
19 reminder to speak into the mic. It seems like
20 you're sitting a little far away from it.

21 VICTOR GERMACK: Good afternoon,
22 Hearing Officer Gifford and the OHS staff. My
23 name is Victor Germack. I have lived in the
24 Salisbury, Sharon area for the past 40 years, and
25 I have a professional, financial and managerial

1 background. I have previously testified before
2 OHS on behalf of Save Sharon Hospital supporting
3 labor and delivery and other essential services.

4 I first got involved in trying to
5 preserve Sharon Hospital's services as part of a
6 nonprofit community group, the Community
7 Association to Save Sharon Hospital which was the
8 predecessor group to Save Sharon Hospital in 2001
9 when we first testified for Sharon Hospital in the
10 first of it's four sales to other acquisition
11 groups and hospitals. This is the fourth. I
12 won't go into all the service reductions and staff
13 cuts in the intervening many years at Sharon
14 Hospital as these have been amply documented in
15 our current and prior filings and statements to
16 OHS and supported by your records.

17 Presently, I'm the vice president of
18 Save Sharon Hospital, and I personally
19 provisionally support Northwell's affiliation with
20 Sharon Hospital provided that they fully support
21 and implement their promises and written
22 commitments to Save Sharon Hospital to fully
23 support labor and delivery, progressive care,
24 staffing and other issues which they have made to
25 us.

1 I have met with the two senior
2 Northwell executives overseeing this affiliation,
3 and I was impressed with their dedication and
4 vision for Sharon Hospital and their intention to
5 improve the existing conditions in labor and
6 delivery, progressive care and other areas at
7 Sharon Hospital. I strongly urge OHS to include
8 their commitments in your final order,
9 independently monitor their level of compliance
10 with their commitments for the next five years,
11 and take all necessary corrective steps to ensure
12 their compliance.

13 In retrospect, the CT Health Quest
14 merger conditions were not abided by Nuvance, and
15 the independent monitor process at the time did
16 not afford practical oversight. Let me suggest
17 the following compliance procedure to ensure that
18 Northwell follow through on its commitment to Save
19 Sharon Hospital.

20 First, that OHS select and utilize a
21 compliance order to maintain consisting of, one, a
22 qualified outside unaffiliated professional group
23 with specific monitoring expertise in this area.
24 The independent monitor parenthetically should be
25 paid by OHS directly and in turn OHS should be

1 reimbursed by Northwell.

2 Two, Save Sharon Hospital should also
3 be part of this independent group representing our
4 community, in effect, two monitors. Furthermore,
5 Save Sharon Hospital should be involved in the
6 selection of the outside independent monitor. I
7 would recommend that the monitors jointly develop
8 objective-specific quantitative standards to
9 measure the compliance with Northwell's written
10 commitments and promises to save Sharon Hospital.

11 Secondly, that Northwell should publish
12 semi-annually the results of its specific
13 compliance to its commitments.

14 Thirdly, that the monitor should meet
15 publicly and in person with Northwell and the
16 Sharon community every six months to discuss these
17 results with the Northwell Hospital management.
18 If there are shortfalls in the performance between
19 Northwell's stated commitments and standards, then
20 a correction plan and timetable should be
21 established by Northwell within 30 days for OHS's
22 consideration and approval.

23 Lastly, there should be periodic
24 follow-up by the monitors and OHS to ensure
25 compliance with its commitments. Thank you very

1 much for your consideration. I do appreciate it,
2 and we appreciate it.

3 MR. CSUKA: Thank you, Mr. Germack.

4 Attorneys Volpe and Jensen, do you or
5 your clients wish to respond to any of the public
6 comment that came in today?

7 MS. VOLPE: No, we do not. Thank you.

8 MR. CSUKA: Attorney Jensen?

9 MR. JENSEN: No, we do not. Thank you.

10 MR. CSUKA: Thank you. So OHS will
11 confer with one another and determine whether we
12 have any additional questions for the applicants
13 based on the public comment.

14 For right now this concludes the public
15 comment portion of today's hearing. We're going
16 to take five minutes and then we will come back on
17 the record. So let's say 2:20. And I will see
18 you all again in five minutes.

19 (Whereupon, a recess was taken from
20 2:14 p.m. until 2:23 p.m.)

21 MR. CSUKA: Welcome back. For those
22 just joining us, this is a hearing regarding
23 Northwell Health and Nuvance Health planned
24 affiliation. It's CON application docketed as
25 24-32717-CON. The applicants, again, are seeking

1 a Certificate of Need for the transfer of
2 ownership of a health care facility as well as
3 transfer of a group practice. We just wrapped up
4 the public comment portion. We're going to go
5 back to the technical portion and complete that,
6 hopefully, this afternoon. So I'm actually going
7 to turn over some of the questioning to Attorney
8 Jackson over to my right.

9 And Mr. Jackson, you can proceed
10 whenever you're ready.

11 MR. JACKSON: Thank you. Before we
12 start back where we left off, I wanted to follow
13 up on a couple of points that were raised in the
14 public comments. We heard a lot about the
15 engagement that Northwell has undertaken with the
16 Sharon community and Save Sharon Hospital. Has
17 Northwell worked with the communities around
18 Norwalk and Danbury Hospitals as well?

19 THE WITNESS (Solazzo): Not to this
20 point, sir.

21 MR. JACKSON: We also heard a question
22 about board nominations and appointments. So
23 could you speak a little bit about, first, the
24 joint board members between Nuvance and Northwell
25 in the first five years, how those will be

1 appointed, and who has the appointment authority
2 there?

3 THE WITNESS (Kraemer): Thank you. I'm
4 actually going right to the affiliation agreement
5 to answer these questions. And what will happen
6 is the -- let me start with the advisory boards.
7 So the existing boards of those hospitals will be
8 reconstituted as the advisory boards. So the
9 existing boards will become the advisory boards.
10 So that's the way that works. For new nominations
11 to the Northwell board, the Nuvance existing board
12 will nominate their members. They will go to the
13 Northwell nominating governance committee and then
14 to its board for approval. If the nominating
15 governance committee or board doesn't appoint any
16 of those members or doesn't appoint one of them,
17 the Nuvance board will appoint other members until
18 they get the requisite number of members on the
19 Northwell board.

20 Similarly, Nuvance will appoint of the
21 25 member Nuvance board, the Nuvance board, 18 of
22 them will come from the Nuvance board. Northwell
23 will appoint its six members plus the CEO for
24 approval by the Nuvance board and then they would
25 be added to that Nuvance board.

1 MR. JACKSON: So after the initial
2 five-year period, does Nuvance still propose
3 designated board seats to the Northwell board?

4 THE WITNESS (Kraemer): No. After the
5 initial five-year period, what we traditionally do
6 is the nominating governance committee for
7 Northwell makes all of the appointments and then
8 they are approved by the Northwell board. And
9 that applies not only for the fiduciary boards,
10 the actual hospital boards, but for the community
11 advisory boards as well.

12 MR. JACKSON: Thank you. So we'll pick
13 back up with where we left off discussing
14 improving the finances at Nuvance. The applicants
15 have described at length the financial challenges
16 at Nuvance; however, the applicants say that they
17 will not undertake some of the typical efforts or
18 tactics to improve the financial conditions. So
19 in the application and today we've heard Northwell
20 will not terminate or reduce services, Northwell
21 will not seek to increase prices, Northwell
22 intends to keep the executive leadership and
23 management of Nuvance, and Northwell intends to
24 keep the Nuvance board at least partially in
25 control of Nuvance at least for the first five

1 years. Is it correct that none of those standard
2 methods that we typically see for improving
3 finances will be employed here?

4 THE WITNESS (Solazzo): That is
5 correct.

6 MR. JACKSON: And has Northwell
7 employed that list of standard methods in the
8 prior affiliations?

9 THE WITNESS (Solazzo): All of them.

10 MR. JACKSON: So what makes this
11 affiliation different to Northwell that those
12 standard sets of tactics would not be employed
13 here?

14 THE WITNESS (Solazzo): I'm sorry, I
15 think you misinterpreted my response. We're
16 consistent in that approach.

17 MR. JACKSON: Consistent that you do
18 not employ --

19 THE WITNESS (Solazzo): That's correct.

20 MR. JACKSON: So a couple of the
21 approaches that we have heard about today, cost
22 reductions from group purchasing, revenue cycle
23 improvements. I think we heard from Nuvance that
24 some efforts have already been undertaken in those
25 realms and have seen improvements of \$76 million

1 roughly in the last year. Do you believe that
2 those kinds of improvements alone are enough to
3 erase the remainder of the \$99 million deficit?

4 THE WITNESS (Solazzo): I think our
5 Nuvance partners have done an excellent job of
6 trying to address some of those concerns, and many
7 of the tactics are similar, as you noted. Where
8 the advantage that Northwell, I think, brings is
9 once again the scale of what we've done with
10 regard to our shared services which is even more
11 expansive than what Nuvance currently has. And so
12 the ability to reduce facility maintenance costs,
13 the ability to insource things with expertise
14 across the network reduces overall cost. And so
15 we will continue to enhance what Nuvance is doing
16 and look for other opportunities as well.

17 MR. JACKSON: On the topic of revenue
18 cycle management improvements, will that affect
19 how ECAs, extraordinary collection actions, are
20 handled at the hospitals?

21 THE WITNESS (Solazzo): Is that part of
22 our financial assistance policy?

23 THE WITNESS (Kraemer): Yes.

24 THE WITNESS (Solazzo): Yes. In fact,
25 it would be more positive because since the filing

1 of the CON, our financial assistance policy for
2 patients has actually improved, and it has been
3 set forth as a model with our attorney general.
4 And so now it's more rich than the current Nuvance
5 policy, and Nuvance will be adopting our new
6 policy.

7 MR. JACKSON: All right. And I believe
8 we have that in the record, the policy.

9 COMMISSIONER GIFFORD: Yes.

10 MR. CSUKA: Yes.

11 MR. JACKSON: It's in there. Thank
12 you. Would the same executive leadership,
13 management and board at Nuvance, with the addition
14 of the six members -- first question, will the
15 voting on the Nuvance board be one member, one
16 vote so that the six Northwell members do not
17 control the board?

18 THE WITNESS (Kraemer): Yeah, that's
19 correct. We're putting seven members on the
20 board, so it will be 28 percent. So to get to 75
21 percent for a key vote, you'll need to get one
22 Northwell board member to align with the Nuvance
23 board members.

24 MR. JACKSON: Thank you for that
25 clarification. So with the same executive

1 leadership and management, the board, as we just
2 discussed, how will Northwell ensure that all of
3 the Northwell programs and initiatives are
4 implemented in the way that Northwell would want
5 at Nuvance?

6 THE WITNESS (Solazzo): So as part of
7 the affiliation, Nuvance and Northwell agreed that
8 the management teams at the executive level, the
9 executives of the various services at Nuvance will
10 report in to the Nuvance CEO but also to their
11 counterpart at Northwell. So that will help
12 ensure the integrity of the programs that we put
13 across the systems.

14 MR. JACKSON: Thank you. So continuing
15 on the thread of where the improvements are coming
16 from, the estimates, the projections for volumes
17 seemed to increase at about 8 to 10 percent over
18 five years. Is that consistent with what you're
19 projecting?

20 THE WITNESS (Solazzo): I think their
21 projection.

22 MS. VOLPE: Just for point of
23 clarification, is that with and without the CON
24 financials or where is that percentage you're
25 referencing?

1 MR. JACKSON: It's in the application.

2 MS. VOLPE: Just to help to make sure
3 we're fully responsive.

4 THE WITNESS (Solazzo): Clarification.
5 I got the numbers. So they are our numbers, and
6 they're based on historic levels of growth,
7 inpatient volume growth at a historic level of 2
8 percent and outpatient aggregate volume growth
9 historic levels of 8 percent, so they are our
10 numbers.

11 MR. JACKSON: And just for reference,
12 I'm in OHS Tables 7 and 8, application NH0079.
13 Just a minute. NH0079 and NH0080. In the
14 application, and this is reflected in the bench
15 memo that was sent last night as well, it says
16 that there will be no shift in volume away from
17 existing providers and no impact to established
18 referral patterns. Is that correct?

19 THE WITNESS (Solazzo): That is
20 correct.

21 MR. JACKSON: So earlier we heard about
22 at South Shore you're needing to build a new tower
23 because demand increased so much. So are you not
24 expecting similar increases in demand for services
25 here; and if so, where would that demand come

1 from?

2 THE WITNESS (Solazzo): I think that
3 right now during our assessment period what we
4 will try to do is understand where the clinical
5 gaps currently exist and getting some indication
6 from that from talking to the providers at the
7 various hospitals about programs that could grow
8 to meet some unmet need. And so we will focus on
9 that planning process first to understand where
10 the growth will come from.

11 MR. JACKSON: So your expectation is
12 you'll be providing care that is currently not met
13 by anyone?

14 THE WITNESS (Solazzo): Our expectation
15 is that we will be providing care that is not met
16 by other providers at this time.

17 COMMISSIONER GIFFORD: I just want to
18 make sure that we're clear on the concept here
19 because also throughout the application you talk
20 about bringing patients closer to home. So I'm
21 assuming that you've done some analysis of
22 "leakage" out of the primary service area that
23 you're losing volume to other providers and you
24 want to bring those back into the PSA. So am I
25 correct then that --

1 THE WITNESS (Solazzo): You are.

2 COMMISSIONER GIFFORD: -- that there
3 would be some impact to the rest of the system by
4 "repatriating," I guess if that's the right word,
5 some of that leakage right now back into the
6 Nuvance service area?

7 THE WITNESS (Solazzo): I stand
8 corrected, Commissioner. You are right. For
9 example, the Sharon community, we do know that
10 some patients are traveling outside for those
11 services. We'd hope to be able to reincorporate
12 them back into that community.

13 COMMISSIONER GIFFORD: And that would
14 constitute some part of the protected volume
15 increase?

16 THE WITNESS (Solazzo): Yes.

17 THE WITNESS (Dowling): You increase
18 the possibility for local people to have more
19 choice about what they want for care. If they
20 want to go local, we have to give them the
21 opportunity to go local to avoid them having to
22 travel long distances and have inappropriate
23 transportation. It would be patient choice. So
24 it's all about making sure that we provide the
25 services so that people locally can go locally.

1 If that means that now they're going somewhere
2 else and they want to come back and go locally, I
3 think that's an important thing and very consumer
4 focused.

5 COMMISSIONER GIFFORD: And do you have
6 any sense -- you may not -- but of what part of
7 that projected 8 to 10 percent growth in volume is
8 from bringing back the patients from the primary
9 service area as opposed to --

10 THE WITNESS (Solazzo): Not yet,
11 Commissioner. We really haven't done an in-depth
12 planning analysis at this time.

13 COMMISSIONER GIFFORD: Thank you.

14 MR. CSUKA: Are you able to do that
15 sort of analysis prior to consummation of the
16 transaction?

17 MS. VOLPE: I think it's been noted in
18 the application, no, there are a fair amount of
19 restrictions based on the antitrust laws and so
20 forth. So I think the applicants have done as
21 much as they can in looking at certain
22 information, data and affiliation, to inform the
23 percentages that you have before you, but there
24 are certain legal restrictions that impede us
25 going any further until the affiliation has been

1 approved and consummated.

2 MR. CSUKA: Okay. So I'll ask Nuvance
3 then, have you performed that sort of analysis?

4 MR. JENSEN: Can you be specific to --

5 MR. CSUKA: Going back to Dr. Gifford's
6 question earlier about leakage, have you performed
7 an analysis of the amount of patients that are
8 leaving the PSA?

9 THE WITNESS (Murphy): Yes, we know
10 that by our major service lines where we're losing
11 cases to other competitors within the state or out
12 of the state. That's standard information that
13 every health system looks at.

14 MR. CSUKA: It's just that you can't
15 provide that to them?

16 THE WITNESS (Murphy): Correct.

17 MR. JACKSON: So regarding the one
18 billion dollar investment, you provided a helpful
19 breakdown by topic in the presentation today on
20 slide 19, and we'll come back to that. But do you
21 have any estimates of the split of that billion
22 dollars across the different hospitals or even
23 across the states of where the hospitals are in
24 New York and Connecticut?

25 THE WITNESS (Solazzo): Not at this

1 time. We have to do an in depth. We started an
2 in-depth planning assessment on the
3 infrastructure. We note that there are a number
4 of infrastructure needs that are beyond useful
5 life on the Connecticut side, but we have not gone
6 any further than that at this point in time, and
7 that will be one of our first items to address.

8 MR. JACKSON: Does Northwell anticipate
9 recouping the one billion dollars?

10 THE WITNESS (Solazzo): Well, we're
11 hopeful that Nuvance will be accretive to the
12 overall. We don't look at it separate. If we do
13 our work right, then Nuvance will be accretive to
14 all, the health system will be able to repurpose
15 those dollars back into providing even better
16 care, more technology, more modern facilities.

17 MR. JACKSON: So what I'm trying to
18 understand is when we were talking about as of
19 last year \$160ish million deficit, we're now at
20 \$100 million deficit. It's going to take five
21 years to break even and then to start accruing
22 something back to the organization as a whole and
23 a billion dollars has been poured in. So I'm just
24 trying to figure out kind of when the investment
25 breaks even in the long run.

1 THE WITNESS (Solazzo): So we don't
2 look at it that way. We look at trying to make
3 certain that the entities are all cash flow
4 positive so that they're sustainable, but we don't
5 look at this as a return on investment. It's part
6 of our mission. If you look at some of the work
7 that we've done in our previous affiliations,
8 we've spent probably over \$800 million at South
9 Shore. We don't look at it and do analysis like
10 that.

11 THE WITNESS (Dowling): The goal is to
12 make sure that the hospital over time is
13 successful, successful quality wise, financially,
14 et cetera, providing access to the community. And
15 we've done this multiple, multiple times. And in
16 all of those situations there's always the
17 question at the beginning what exactly are you
18 going to do which requires an awful lot of
19 assessment and analysis that we yet have to do.
20 But the goal is, as Mark said, is to make the
21 facilities successful, be accretive to the overall
22 organization. When that happens, then you have
23 more money to continue to reinvest as we have
24 proven in many, many other places.

25 So remember, when all this occurs,

1 we're all one, we're all one family, so it isn't
2 one side versus another. It means we all win
3 together. And that's the idea of the "systemness"
4 which was mentioned at the very beginning. We're
5 in it together, we all succeed together, we make
6 it all successful over the long haul. It takes
7 time. There are no quick fixes here, which I
8 think is important to understand, but as I said at
9 the beginning in my introduction, we think long
10 term.

11 MR. JACKSON: So if we can turn to
12 slide 19 from your presentation today, it's the
13 capital commitments, can you clarify what the
14 commitment is. Is the commitment the total amount
15 of one billion dollars or is it to complete this
16 set of projects which have a low, medium and high
17 range provided?

18 THE WITNESS (Solazzo): It's both.
19 It's both. The commitment is one billion dollars,
20 as I stated in my previous introductory remarks,
21 that we have exceeded our capital commitment in
22 every case. This is a best estimate knowing what
23 we know. There's a lot we don't know and we're
24 just finding out. And as I said, we never walk
25 away from a hospital. This commitment could be

1 much higher over time. Right now this is our best
2 estimate.

3 THE WITNESS (Dowling): And just to add
4 to that. In pretty much every previous
5 affiliation like this, the original number that
6 was being given which was at the time our best
7 estimate, in every circumstance there was an
8 increased investment above and beyond that because
9 you're investing in yourself, remember, you're
10 investing in your own organizations over time to
11 make them successful, and that's the same goal
12 here. So in every one of our facilities, whatever
13 number was up front, the investment over time, as
14 Mark alluded to, has actually been greater.

15 MR. JACKSON: And while perhaps not
16 likely, in the event that you landed in the low
17 bucket on all of these, would Northwell be looking
18 for additional investments to reach that one
19 billion dollar --

20 THE WITNESS (Solazzo): Absolutely.
21 Because, once again, going back to Michael
22 Dowling's point, is that these will be our
23 facilities. And so we want to be able to provide
24 the best possible quality care to these
25 communities which requires constant investment way

1 past the five-year commitment.

2 MR. JACKSON: Speaking to the fact that
3 these are best estimates, and I think throughout
4 the application there is a lot, to Attorney
5 Volpe's point, it talks about the limitations of
6 collaboration between the parties, can you speak
7 to how the work has been done so far to come up
8 with these numbers and then what the integration
9 process looks like in that planning process?

10 THE WITNESS (Solazzo): Sure. With
11 regard to -- well, some of it is our experience,
12 some of it is discussions with Nuvance, and we
13 came up with ranges and estimates during the
14 negotiation phase with Nuvance to sort of put
15 these things in buckets.

16 And I'm sorry, the second part of your
17 question?

18 MR. JACKSON: What the integration
19 planning phase looks like and how that works.

20 THE WITNESS (Solazzo): Sure. Give me
21 one moment. Do you have that page?

22 MS. VOLPE: It is in the docket.
23 There's an integration planning committee and
24 there's various iterations of that. We can try to
25 identify it.

1 THE WITNESS (Solazzo): I have it.

2 MS. VOLPE: You have it?

3 THE WITNESS (Solazzo): Yes. So we
4 established early on an integration planning
5 committee which is overseen by Dr. Murphy and
6 myself and several key executives from both
7 institutions. As I said earlier, it started to
8 focus on first what could be the pre-activities
9 that we can engage in prior to the affiliation
10 being signed off on. We first started with regard
11 to cultural activities, which Mike can get into,
12 but we rounded around each hospital, we did town
13 halls at each hospital. We think that's really
14 important based upon our previous affiliations.
15 We see that as a gating step to make certain that
16 the team members understand who we are, what we're
17 trying to accomplish, get their buy-in, really
18 getting them to help achieve the objectives that
19 we want, every employee, every provider, and we're
20 continuing to do that. So that is one activity
21 that is nonstop and continues today.

22 We also organized work streams,
23 different work streams. We actually have 48
24 distinct integration work streams across
25 operational and functional areas. I won't go into

1 all 48, but they're in four buckets, one clinical.
2 I'll highlight just a couple, community and pop
3 health, patient experience, quality, nursing,
4 nonclinical, IT facilities and infrastructure, HR,
5 organizational resiliency and business continuity,
6 finance, accounting, analytics and reporting,
7 supply chain, risk management, legal, legal
8 affairs and compliance. That work is continuing
9 as we go on so that as to prepare for day one
10 start there are limitations on what we can share,
11 on what we can do, but we are getting the teams to
12 know each other and start identifying early
13 priorities that we can focus on once the
14 affiliation is complete.

15 MR. JACKSON: I'm going to shift to
16 some questions about payment to the hospitals. So
17 in the --

18 MR. CSUKA: I have a couple follow-ups
19 too.

20 MR. JACKSON: Before we go on.

21 COMMISSIONER GIFFORD: This is speaking
22 to Boyd's question about sort of the process. You
23 note in your application that Nuvance Health
24 initiated a competitive bidding process to solicit
25 buyers for real estate, that that was considered,

1 that non-hospital real estate owned by Nuvance
2 Health affiliates was considered selling those.
3 Is that something that Northwell has ever done
4 when acquiring a hospital system in the past in
5 order to raise capital?

6 THE WITNESS (Solazzo): I'm not exactly
7 certain I understand the question, Commissioner.
8 Are you saying that we intervened with the sale of
9 their assets or --

10 COMMISSIONER GIFFORD: No. So in the
11 discussion on page NH0043 of the existing
12 financial condition at Nuvance, discussing that,
13 one option that was considered was the sale of
14 non-hospital real estate assets. We have some
15 experience with such process here in other
16 systems, and I'm wondering if that's something
17 that Northwell Health has done in the past.

18 THE WITNESS (Solazzo): We review all
19 of our assets and we'll review all of Nuvance's
20 assets. Those that are not core to the mission of
21 the institution I would say would be under
22 consideration. However, we refrain from selling
23 assets that are contingent, are contiguous to
24 Nuvance assets because we don't what use they may
25 be in the future so we would want to refrain from

1 that. And so there are no plans to sell any
2 assets at this time.

3 COMMISSIONER GIFFORD: That's helpful.

4 MR. CSUKA: I think I know the answer
5 to this, but I'm going to ask it anyway. Are
6 there --

7 THE WITNESS (Solazzo): Hopefully I do.

8 MR. CSUKA: If anybody does, I think
9 you might be the one. Are there geographic
10 limitations on the allocations of the one billion,
11 so, like, are you approaching it as like 750,000
12 will go to New York and --

13 THE WITNESS (Solazzo): No, with the
14 exception of a couple of projects that Nuvance
15 identified for us in the facilities improvement
16 phase such as the Norwalk tower and there was a
17 couple other things. There is no specific
18 allocations back and forth.

19 MR. JACKSON: All right. Now we'll go
20 to a couple questions on payments. In the
21 completeness letter response the applicants said
22 Nuvance will retain the responsibility for
23 negotiating commercial payer contracts for the
24 Connecticut hospitals but Northwell Health's
25 coordination and oversight of this function will

1 occur as the applicants coalesce into a single
2 highly integrated health system. Could you
3 explain what that means regarding negotiated payer
4 contracts?

5 THE WITNESS (Solazzo): Yes. So back
6 to my other response regarding the executives at
7 Nuvance and Northwell working together, the
8 executives at Nuvance would oversee this, would
9 also have a reporting line in to the executives at
10 Northwell for that function as well as up to the
11 Nuvance CEO for every single service.

12 MR. JACKSON: And so with dual
13 reporting, who has ultimate authority to approve
14 the payer contract and reimbursement rates?

15 MS. VOLPE: Can you repeat that
16 question for us?

17 MR. JACKSON: Sure. So with split
18 reporting to the Nuvance CEO and their counterpart
19 at Northwell, who has the ultimate responsibility
20 for approving commercial payer contracts and
21 reimbursement rates?

22 MS. VOLPE: We just want to note for
23 the record, I'm not testifying, but it's in the
24 application that the existing payer contracts are
25 going to be retained.

1 MR. JACKSON: Sure.

2 MS. VOLPE: So certainly as it relates
3 to existing contracts. You're talking about in
4 the future?

5 MR. JACKSON: Yes. So this said, the
6 response to the completeness letter says Nuvance
7 retains responsibility to negotiate commercial
8 payer contracts. Northwell Health's coordination
9 and oversight of this function will occur as they
10 coalesce into an integrated system. And we just
11 heard testimony that Nuvance's negotiation team
12 will simultaneously report to the Nuvance CEO and
13 the Northwell commercial payer contract folks. So
14 I'm asking who has the ultimate authority to
15 approve or deny these payer contracts that will be
16 negotiated when the current ones lapse?

17 THE WITNESS (Kraemer): The affiliation
18 agreement provides that the Nuvance executive team
19 has a dual report. They report to the Nuvance
20 board, to the Nuvance president and CEO, and to
21 their functional equivalent at Northwell. So it's
22 a little bit of a group effort --

23 MR. JACKSON: So does each have
24 simultaneous veto authority over -- I'm trying to
25 just understand who's ultimately responsible for

1 deciding whether the commercial payer contracts --

2 THE WITNESS (Dowling): Let me answer
3 this question. This is a combination and we work
4 together in a collaborative partnership. The
5 ultimate responsibility for going forward, since
6 Northwell is the ultimate owner of Nuvance, will
7 be Northwell, but it is done in a partnership
8 between Northwell and Nuvance. And Nuvance has a
9 team working with the CEO there, we have a team
10 working that does all the contracts at the
11 Northwell side that is reporting in to Northwell.
12 It's a partnership. The ultimate responsibility
13 though at the end of the day, assuming this is all
14 approved, is Northwell.

15 MR. JACKSON: And will the
16 responsibility of Nuvance retaining the -- will
17 the fact that Nuvance retains the responsibility
18 for negotiating the commercial payer contracts,
19 does that change after the five-year transition
20 period or is that ongoing?

21 THE WITNESS (Kraemer): Ultimately
22 after the five-year period, our chief of managed
23 care would be the one who would have the ultimate
24 role there.

25 THE WITNESS (Dowling): We have a chief

1 of managed care contracting. At the end of the
2 day, that is the person who would have the
3 ultimate responsibility. But understand again
4 that all of these things are done in partnership
5 with the local entities to make sure that
6 everybody sees the ultimate result as a win. So
7 it's not like you sit in a room by yourself and
8 you just make those decisions. That's not how we
9 work. It's a very collaborative process. But
10 you're correct, the ultimate responsibility at the
11 end of the day is Northwell.

12 THE WITNESS (Solazzo): It is two
13 markets though and it is two different payers. So
14 there is no market overlap with regard to the
15 payers in Connecticut and the payers in New York.
16 And we've made assurances that we will continue to
17 negotiate those payer contracts separately.

18 MR. JACKSON: So I'd like to discuss --
19 we took administrative notice at the beginning of
20 the hearing of the RAND 2020, 2022 study and the
21 reporting that they do through Sage Transparency
22 2.0 data. The Connecticut state average
23 reimbursement as a percentage of Medicare is 270
24 percent. Nuvance Hospitals come in a little lower
25 than that. Danbury Hospital is consistent with

1 the median at 270 percent. Norwalk Hospital is
2 273 percent and Sharon Hospital 213 percent.
3 Looking at --

4 MR. JENSEN: I'm sorry to interrupt
5 you, but some of this does go to executive session
6 and materials that were submitted.

7 MR. JACKSON: So I downloaded this last
8 night from RAND.

9 MR. JENSEN: Okay. But the numbers
10 that you're providing for Nuvance itself?

11 MR. JACKSON: I pulled from RAND last
12 night.

13 MR. JENSEN: Okay.

14 MR. JACKSON: Last night as I avoided
15 watching the news, I pulled these numbers.

16 MR. JENSEN: Understood.

17 MR. JACKSON: The hospital system total
18 price for Northwell, the hospital system total
19 price, which combines inpatient and outpatient,
20 was 343 percent of Medicare reimbursement rate.
21 So do you anticipate there being a shift for the
22 Nuvance Hospitals that would be more in line with
23 the rest of the Northwell system reimbursement
24 rate?

25 THE WITNESS (Solazzo): So, once again,

1 two different markets, different payers, different
2 providers. It's idiosyncratic to the market the
3 rates that you are able to negotiate with the
4 payers. We will make good faith effort to
5 negotiate fair rates with the payers to support
6 Nuvance. But do I anticipate equalizing, no.

7 COMMISSIONER GIFFORD: Just to follow
8 up going back to the Connecticut and New York
9 markets. Currently you don't own any hospitals
10 outside of New York?

11 THE WITNESS (Solazzo): That's correct.

12 COMMISSIONER GIFFORD: So with respect
13 to the charitable assets of Nuvance for
14 Connecticut, so philanthropic dollars that have
15 been raised to support Nuvance charitable causes,
16 and I think Dr. Murphy, you might have mentioned
17 the tower at Norwalk Hospital that there's some
18 designated funds there.

19 THE WITNESS (Murphy): Uh-huh.

20 COMMISSIONER GIFFORD: Is it in the
21 affiliation agreement or can you point us to where
22 and share with the communities specifically the
23 treatment of those assets and assurances that they
24 will remain in Connecticut for the purposes for
25 which they were raised?

1 THE WITNESS (Kraemer): Of course.
2 It's actually in the affiliation agreement at
3 6.12.1 we say philanthropic funds raised and
4 grants received by Nuvance, whether restricted or
5 unrestricted, will continue to be deployed
6 consistent with the direction of the respective
7 owners and guidelines. So in support of the
8 Nuvance mission in its service area will remain
9 subject to the oversight of Nuvance. So we go on
10 to say, for the avoidance of doubt, any and all
11 charitable donations received by Nuvance prior to
12 or following the effective date shall be used in a
13 manner consistent with the applicable law and
14 contractual obligations shall be separate and
15 apart from the capital commitment.

16 COMMISSIONER GIFFORD: Thank you.

17 MS. VOLPE: And that's 6.12 of the
18 affiliation agreement.

19 THE WITNESS (Kraemer): Yeah.

20 COMMISSIONER GIFFORD: On page NH0031
21 there is a description of the process that Nuvance
22 went through in soliciting potential partners.
23 And I just wanted to clarify one thing. Because
24 as I mentioned at the outset in my remarks, one of
25 the criteria that we are asked -- directed to

1 evaluate for hospital transfers of ownership is
2 whether other offers were fairly considered. It
3 wasn't clear to me in reading this and other parts
4 of the application whether or not other offers
5 were received, and we're not asking for the
6 details of whether or not there were any other
7 offers, but it states that you solicited bids and
8 then provided the potential strategic partners
9 with bid term sheets and then interviewed
10 Northwell and engaged in a robust question and
11 answer session. But there's a tiny bit of a gap
12 there in whether or not other bids were received.
13 So we just wanted to clarify that for the record.

14 MR. JENSEN: Commissioner Gifford, I
15 believe that that specific issue was addressed on
16 a confidential basis in the party protected
17 material that we could definitely address during
18 executive session.

19 COMMISSIONER GIFFORD: Okay. Thank
20 you.

21 MR. JENSEN: Thank you.

22 (Pause.)

23 MR. CSUKA: Okay. So that is it for
24 general questions, I think. We do have, I guess,
25 a few questions for executive session though. And

1 there is -- sorry, I misspoke. There's one
2 general open session question that we're going to
3 ask after executive session, but in terms of
4 executive session, we're going to turn our
5 attention to that now.

6 Executive session has a different
7 procedure that is involved in order to ensure the
8 confidentiality of all the information that will
9 be disclosed. So the following procedure will be
10 utilized for any occasion in which we need to go
11 into executive session. I will announce who from
12 OHS will be attending the executive session and
13 ask that the appropriate attorney or attorneys
14 from the applicants identify who they will need to
15 have attending the executive session.

16 I will advise the court reporter that
17 the transcript for this executive session should
18 be designated confidential and not subject to
19 disclosure, and once completed, should only be
20 provided to the email address which is
21 OHS.confidential@ct.gov and then we will then
22 share that with Northwell or Nuvance's attorney
23 once it is received. We will then take a short
24 break. During the break all individuals other
25 than those that the attorneys identify, OHS and

1 the court reporter, will be excused from the room.
2 In addition, OHS will exit one Zoom meeting and
3 enter into the other meeting via the appropriate
4 link that OHS supplied to counsel. The open
5 session will remain on, but there will be a new
6 slide posted that indicates the parties are in
7 executive session.

8 Once the executive session is
9 completed, we will take another break. During the
10 break OHS will allow all those excused to come
11 back into the room. OHS will also exit the
12 executive session Zoom meeting and we'll all come
13 back into open session, utilizing the link for the
14 open session.

15 Counsel, do you have any questions
16 about what I just described?

17 MS. VOLPE: Only that the majority of
18 the submissions are confidential to the public but
19 not necessarily to each party. And when we do
20 move to executive session, presumably you've
21 identified which are party specific confidential
22 questions you want to proceed with, if any?

23 MR. CSUKA: The only question I'm aware
24 of is the one that just came up.

25 MS. VOLPE: Okay. Then that would be a

1 Nuvance party protected discussion.

2 MR. CSUKA: Correct. We also have a
3 Northwell party protected executive session.

4 MS. VOLPE: Okay.

5 MR. CSUKA: So maybe let's take a
6 five-minute break -- let's say a ten-minute break,
7 and we'll start with the Nuvance executive session
8 because that's the question that just came up.

9 So Attorney Jensen, who would you like
10 to have present for that?

11 MS. VOLPE: While they're conferring,
12 will we have access to that breakout room as we
13 depart or are you staying here and we will leave
14 for their party protected? The only reason I ask
15 is if you have joint applicants' confidential that
16 is public protected, it probably make, if you're
17 ready, we can all stay, both applicants, but if
18 you're going to start with the party protected of
19 Nuvance, obviously we'll go to a breakout room.

20 MR. CSUKA: I think my concern with
21 that room is it's pretty connected to this room.
22 It's actually very connected to this room.

23 MS. VOLPE: We can go further into the
24 foyer. You just direct us. We can just go to the
25 lobby. You can retrieve us.

1 MR. CSUKA: All right. We're going to
2 take a ten-minute break and we will let you know
3 who we need here.

4 MS. VOLPE: So we'll all return in ten
5 minutes.

6 MR. CSUKA: Yes. And at that point, I
7 will sort of go through the spiel again and we
8 will figure out who needs to remain here and who
9 can go elsewhere.

10 MS. VOLPE: Thank you.

11 MR. CSUKA: Attorney Knag has --

12 MR. KNAG: Excuse me. Dr. Kurish, if
13 you have no questions for Dr. Kurish, he would
14 like to be excused.

15 MR. CSUKA: Yes, we're okay with Dr.
16 Kurish being excused. Thank you.

17 COMMISSIONER GIFFORD: Thank you, Dr.
18 Kurish.

19 (Dr. Kurish was excused from the
20 hearing.)

21 (Whereupon, a recess was taken from
22 3:10 p.m. until 3:27 p.m.)

23 MR. CSUKA: Welcome back. This is
24 again the hearing regarding Northwell and Nuvance
25 Health proposed affiliation. My mic is not on.

1 It is Docket Number 24-3217-CON. They are seeking
2 a Certificate of Need for the transfer of
3 ownership of a health care facility and transfer
4 of a group practice.

5 We are still in the technical portion.
6 We had the public comment portion earlier. Before
7 we took a break, I made reference to one open
8 session question that we needed to ask. We are
9 prepared to ask that question now. And it will be
10 directed to both of the applicants, but it's
11 concerning Northwell's compliance with one of the
12 questions in the application. I'm going to direct
13 them to page number NH0102. And I will give you a
14 moment to pull that up. And it's at the very
15 bottom beginning at subsection C.

16 So the question is -- well, I'll just
17 read what it says and then I'll pose the question.
18 It says, For each applicant and any new entities
19 to be created as a result of the proposal, provide
20 the following information as it would appear prior
21 and subsequent to approval of this proposal: A
22 legal chart of corporate or entity structure
23 including all affiliates. And we note that that
24 was provided for Nuvance and a very small portion
25 of Northwell. So what we would be looking for is

1 Northwell to fully comply with that in terms of
2 providing a full organizational chart.

3 THE WITNESS (Kraemer): Sure.

4 MR. CSUKA: So that was a lot to get to
5 a very small answer.

6 (Laughter.)

7 THE WITNESS (Kraemer): The answer is
8 yes.

9 MR. CSUKA: So thank you for agreeing
10 to that. That will be a Late-File.

11 While we're on the topic of Late-Files,
12 Dr. Murphy I believe mentioned earlier that they
13 would be willing to provide a more complete and
14 full table of organization that includes, among
15 other things, the for-profit entity that Nuvance
16 has. So we are going to be asking that that be
17 made as a Late-File as well.

18 Do you have any objection that,
19 Attorney Jensen?

20 MR. JENSEN: No objection.

21 MR. CSUKA: Okay. And we also
22 discussed earlier the unaudited financials for
23 Nuvance. And I think that was resolved.

24 MR. JENSEN: One clarification on that,
25 if I could. I believe that the unaudited

1 financials would need to be submitted
2 confidentially so we would just seek public
3 protected confidentiality for the unaudited
4 financials.

5 MR. CSUKA: Okay. I'm going to reserve
6 on that for the moment, and I'll speak with Dr.
7 Gifford to make sure she's comfortable with that.

8 MR. JENSEN: Sure.

9 MR. CSUKA: I want to make sure that I
10 speak with her before I issue a ruling.

11 MR. JENSEN: Thank you.

12 MR. CSUKA: And then Dr. Murphy also
13 referenced how Nuvance performs an analysis of
14 outmigration. So we were interested in receiving
15 any documentation that would support an analysis
16 of outmigration that has occurred. And my
17 assumption is that based on earlier testimony,
18 that would have to be provided in a confidential
19 submission due not being able to share it.

20 MR. JENSEN: Correct. And that would
21 be party protected material.

22 MR. CSUKA: Okay. I believe we're
23 comfortable with that.

24 MR. JENSEN: Thank you.

25 MR. CSUKA: So I hadn't anticipated

1 going through the Late-Files, but those are the
2 Late-Files in terms of the open session. There
3 may be additional Late-Files that come out as part
4 of the executive session.

5 So we are going to move into executive
6 session for, I don't think there is any joint
7 executive session. We're going to start with
8 Nuvance party protected executive session.

9 So the individuals who will be present
10 for this executive session will be Commissioner
11 Gifford, Attorney Jackson, me, the CON staff
12 assigned to the application, and that is Annaliese
13 Faiella and Nicole Tomczuk, our paralegal around
14 the corner who is Faye Fentis, the court reporter
15 and anyone that Nuvance has determined should be
16 present.

17 So Attorney Jensen, who will be
18 attending the executive session for the party
19 protected material of Nuvance?

20 MR. JENSEN: Thank you. For Nuvance it
21 will be legal counsel from Robinson & Cole, along
22 with Dr. Murphy, Dan DeBarba and Brian Wyatt.

23 MR. CSUKA: Thank you. So at this
24 time, I'm going to ask everyone else other than
25 those who we have identified to leave the room and

1 we will come get you very soon. We only have, I
2 believe, one or two questions for them, so it
3 won't be long.

4 (Whereupon, the hearing paused to enter
5 a Nuvance executive session at 3:35 p.m.)

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7 * * * * *

8
9 CONTINUED PUBLIC HEARING

10 3:57 P.M.

11 MR. CSUKA: All right. So we are back
12 in open session of the hearing in Docket Number
13 24-32717-CON regarding the proposed affiliation
14 between Northwell and Nuvance. We just held an
15 executive session. Dr. Gifford made no decisions
16 during that executive session. It was for the
17 sole purpose of receiving information on those
18 subjects that we previously determined constitute
19 confidential matters. There were also no
20 Late-Files that came out of that executive
21 session.

22 I did want to note for the record that
23 we did have a few other individuals who weren't
24 identified before the executive session who were
25 in attendance for the executive session. That was

1 Attorney Boyle, Attorney Duffy and Mr. DeBarba.

2 So we are now going to go into a second
3 executive session. This one will be for Northwell
4 Health only. So the same individuals who were
5 present on OHS's behalf will be attending this
6 next executive session as well. And the topics
7 were previewed with Northwell's attorney off the
8 record so they have an understanding of who we're
9 going to be seeking to speak with.

10 So Attorney Volpe, who will be present
11 for that executive session?

12 MS. VOLPE: Everyone who's currently in
13 the room from Northwell will be permitted to stay
14 during the executive session.

15 MR. CSUKA: Okay. So I'm not going to
16 have you all go through your names right now. But
17 I am going to ask that, if you're in this room and
18 you're affiliated with Northwell, you provide your
19 names to the court reporter before you leave.

20 MS. VOLPE: We'll do that now.

21 THE COURT REPORTER: Thank you.

22 MS. VOLPE: We'll write it out for you.

23 MR. CSUKA: So with that, we're going
24 to transition over into the executive session.

25 And we do have final remarks towards the end that

1 we're going to do, so don't go far. We'll be back
2 in touch.

3 (Whereupon, the hearing paused to enter
4 a Northwell executive session at 3:59 p.m.)

5
6 * * * * *

7
8 CONTINUED PUBLIC HEARING

9 4:31 P.M.

10 MR. CSUKA: Welcome back. We are back
11 in the open session of the hearing in Docket
12 Number 24-32717-CON regarding the proposed
13 affiliation between Northwell and Nuvance. We
14 just held a party protected executive session with
15 only Northwell. Dr. Gifford made no decisions
16 during the executive session. It was for the sole
17 purpose of receiving information on subjects that
18 were previously determined to constitute
19 confidential matters. There were also no
20 Late-Files that were discussed.

21 We're going to -- we already did the
22 Late-Files earlier. There were four of them.
23 That will be issued as, in a written order likely
24 tomorrow, actually likely Friday because I believe
25 Dr. Gifford will not be available tomorrow. So

1 you can look for that on Friday.

2 I did want to ask the attorneys, would
3 it be helpful to go through those again at this
4 time or do you feel comfortable providing your
5 assessment of how long it might take to provide
6 them?

7 MS. VOLPE: I think it would be helpful
8 to go through them. I think there's only four.

9 MR. CSUKA: So the first one I have on
10 my list is -- so three of them are for Nuvance,
11 one of them is for Northwell.

12 The first one for Nuvance is a full
13 table of organization that includes, among other
14 things, any for-profit entities.

15 The second one is the unaudited
16 financial documents and the breakdown for losses
17 between hospital and physician practices in New
18 York versus Connecticut.

19 And as I read that, Attorney Jensen, I
20 just realized that we hadn't decided whether you
21 would be able to submit that as a confidential
22 filing. So I will have to take a moment to
23 address that with Dr. Gifford before we adjourn
24 for the day.

25 Number 3 is analysis of outmigration

1 from Nuvance.

2 And then turning our attention to
3 Northwell, it would be a response to CI on the
4 bottom of NH0102 regarding a similar statement
5 with respect to the full organizational structure
6 of Northwell.

7 (Pause - Csuka, Gifford and Jackson
8 conferred.)

9 MR. CSUKA: I'm pleased to
10 announce that --

11 COMMISSIONER GIFFORD: After extensive
12 conversation.

13 MR. CSUKA: -- the unaudited financials
14 and the analysis of outmigration can both be
15 submitted confidentially.

16 MR. JENSEN: Thank you.

17 MR. CSUKA: So with all of that, how
18 long would you like? Would two weeks work? Do
19 you want less than that?

20 MS. VOLPE: No. Actually, we'd be able
21 to have our comprehensive org chart to you before
22 the end of the week, so maybe before you even
23 issue your order.

24 MR. CSUKA: And Attorney Jensen?

25 MR. JENSEN: We'd ask for two weeks,

1 but we would intend to get it to you as soon as we
2 could.

3 MR. CSUKA: Okay. So in the order we
4 will say two weeks, and then if you get it to us
5 sooner, you get it to us sooner.

6 So I think that's all sort of the
7 remaining housekeeping matters. Is everyone ready
8 to proceed to final remarks?

9 MS. VOLPE: We are. And Attorney
10 Jensen is going to be offering our final closing
11 remarks, so you only have to hear from one of us.

12 MR. CSUKA: Okay. So we're actually
13 going to start with Attorney Knag though on behalf
14 of the limited intervenors.

15 MR. KNAG: Well, as I promised, I'm
16 going to be very brief because I think we've made
17 our points previously in the opening statements
18 and in the testimony. We're very pleased that
19 Northwell made the commitments to us that are in
20 the letter. We need those commitments to be
21 incorporated into the order, and we very much hope
22 that you'll do that. And with some type of --
23 normally the order would have some type of
24 enforcement mechanism, and we would want that.
25 Mr. Germack spoke to that a little bit.

1 But, you know, in this case we feel,
2 based on our outstanding discussion with Northwell
3 and the interface we've had so far, that in all
4 likelihood, we won't have to look at any
5 enforcement provisions. If we have any problems,
6 we're going to have a representative on the
7 advisory board and we can mention that, but I
8 think that, you know, I still would like to have
9 that in there. So those are my closing remarks.

10 MR. CSUKA: Thank you, Attorney Knag.

11 So we can turn to Attorney Jensen now.

12 MR. JENSEN: Thank you. And there is a
13 slide presentation to go along with my comments
14 that I think Jess is pulling up.

15 So, on behalf of both of the
16 applicants, I do want to extend our sincere thanks
17 to Commissioner Gifford, Attorney Csuka, Attorney
18 Jackson and the entire OHS staff for the tireless
19 efforts in connection with reviewing this
20 application, the thoroughness that this entire
21 process has involved. We're very much
22 appreciative of that. I also greatly appreciate
23 the time of all the witnesses today and the
24 support teams from the applicants who contributed
25 to demonstrating, we believe, that this proposed

1 affiliation is a win for all involved.

2 So as the evidence today that we
3 presented today showed, this affiliation is
4 specifically tailored to the goals of this CON
5 process and what it's designed to achieve which
6 include, one, ensuring access to high quality
7 health services; two, facilitating health care
8 market stability; and three, promoting the cost
9 effective delivery of health care. And the best
10 way to accomplish these goals in this situation is
11 by preserving and enhancing the operations of
12 Nuvance Health's Connecticut hospitals which are
13 vital resources in our communities.

14 And as I'll discuss, consistent with
15 those goals and with OHS's mission generally, the
16 end result of this affiliation and this
17 application is that essential community resources
18 will be strengthened. The delivery of health care
19 in the state will be fiscally stabilized.
20 Patients will continue to enjoy the choice to
21 receive high quality care in their communities.
22 And last, that the diversity of health care
23 providers in Connecticut available to those
24 patients will have been protected and enhanced.

25 I'm going to go through next the

1 statutory criteria under 19a-639, which I know you
2 know well. There's a lot of overlap in those, so
3 I've consolidated some of them to try to keep this
4 moving. I appreciate your time today. So the
5 first one I wanted to touch on is the alignment
6 with the objectives of the state plan. One of
7 those objectives under the state plan is
8 controlling health care costs. Now, here because
9 there's a minimal geographic overlap in the
10 services provided by the applicants, there is no
11 increase in market power which is something that
12 was discussed today. Now, as a result, there
13 would not be corresponding increases in prices or
14 cost of care consistent with the state plan.

15 Next, a goal of the state plan is to
16 protect the viability of health care delivery
17 systems in the state. As was shown through this
18 affiliation, we would preserve and strengthen the
19 essential facilities and services of Nuvance which
20 would then correspondingly ensure the financial
21 stability of Connecticut's health care system.

22 The next statutory criteria I wanted to
23 address, which is a combination of a couple
24 different ones, but is the clear public need for
25 the services -- and I know, Commissioner Gifford,

1 you raised this in your introductory comments --
2 along with the identification of the population to
3 be served by those services.

4 Now, here it's clearly and well
5 established through this record that there's a
6 significant public need for the services provided
7 by Nuvance Health's Connecticut hospitals. Both
8 the witnesses talked about that today as well as
9 many of the public commenters. And the target of
10 those services is, of course, the individuals
11 residing in those service areas of the Connecticut
12 Hospitals of Nuvance Health. These are vital
13 resources in their communities, and this
14 affiliation would strengthen and stabilize their
15 operation going forward.

16 The next statutory criteria is
17 financial strength of the health care system in
18 the state. We've heard from Northwell that
19 there's been a commitment of a one billion dollar
20 capital investment by Northwell Health in Nuvance
21 Health to preserve and enhance essential services
22 in our local communities. Now, I want for a
23 moment to consider what the alternative is which
24 would be the risk that Nuvance Health's hospitals
25 were to become distressed and that service

1 reductions would become necessary or even more
2 options. That's what we're trying to avoid by
3 pursuing this option.

4 The next statutory factor looks to,
5 it's a combination of quality, accessibility and
6 cost effectiveness of health care delivery.
7 Starting with quality first, here we're talking
8 about an affiliation of two organizations with
9 exceptional quality of care records. It hasn't
10 been something that was a real focal point of
11 today's proceeding, but there certainly has been a
12 lot of information in the record about the quality
13 records of these two organizations which is
14 exemplary.

15 Next, there is Northwell's history of
16 quality improvements with their other affiliated
17 hospitals that they've acquired over time or
18 affiliated with over time.

19 And finally, another key point of this
20 affiliation is the implementation of the EPIC
21 electronic health record system which will improve
22 coordination of care, patient outcomes and
23 efficiency across Nuvance Health.

24 Next, looking at accessibility of care.
25 The affiliation in this circumstance would sustain

1 access to essential services in the local
2 communities and hopefully reverse some of the
3 outmigration that we've seen historically. Which
4 then, because both Nuvance Health and Northwell
5 Health are both mission driven not-for-profit
6 organizations committed to providing care
7 regardless of patients' ability to pay, access to
8 care is improved in our communities.

9 Next, cost effectiveness. The goal
10 here and clearly stated in part of the application
11 is to promote participation in value-based care
12 and shared savings programs helping to drive down
13 costs. And most importantly is that patients will
14 have the option to receive high quality care
15 delivered efficiently close to their homes.

16 The next statutory criteria looks at
17 payer mix and access to services by Medicaid
18 recipients, something that's clearly a focal point
19 again of this affiliation which will allow
20 Northwell Health to enhance community health
21 initiatives focused on health equity for
22 vulnerable and at-risk populations. And both
23 hospital systems have clearly demonstrated a
24 shared commitment to the Medicaid program, and
25 that will continue going forward.

1 The next statutory criteria looks at
2 utilization of existing health care facilities in
3 the service area, avoidance of duplication, and
4 diversity of health care providers and patient
5 choice. Again, this affiliation preserves and
6 strengthens existing Nuvance Health Connecticut
7 hospitals and ambulatory locations. It is not
8 designed to, and will not have the effect of
9 shifting volume away from existing providers, but
10 instead will keep care local.

11 Specific to -- and this was raised,
12 again, Commissioner Gifford, during your
13 introductory remarks about the statutory factors
14 that are specific to hospital transfers or
15 transfers of ownership of hospitals. There is the
16 requirement of consideration of alternative
17 proposals or a consideration of alternatives.

18 The affiliation -- excuse me, prior to
19 engaging and deciding to partner with Northwell
20 Health, Nuvance Health has provided detailed
21 information about the alternatives that were
22 considered, reducing or consolidating services,
23 deferrals of projects and maintenance, as well as
24 assessment of alternate potential partners. And
25 that was all part of a process, that assessment of

1 alternative partners, designed to ensure that any
2 partner that ultimately was selected met Nuvance
3 Health board's criteria for compatibility with
4 Nuvance Health's mission and with the financial --
5 and that it had the financial capability to
6 achieve the goals of the intended transaction.
7 And the ultimate result of this deliberate process
8 was that Nuvance Health was able to identify a
9 partner that shared its values and its commitment
10 to community hospitals.

11 The next and final statutory factor
12 that I'll address is the demonstration of the
13 post-affiliation plans for providing care. Here,
14 as Northwell has confirmed, there is no planned
15 consolidation, reduction or elimination of new
16 services in the first three fiscal years.

17 Next, as made clear in the record,
18 there's an agreement of assurances that's been
19 entered into representing commitments that have
20 been made by Nuvance Health and by Northwell with
21 the Connecticut and New York Attorneys General.

22 And then finally, there was a lot of
23 discussion today about commitments that were made
24 by Northwell Health to Save Sharon Hospital and
25 relating to Sharon Hospital, and those commitments

1 are really commitments -- I just want to emphasize
2 that the evidence by the numerous commenters
3 speaking on behalf of this application today,
4 those efforts by Northwell Health will be in
5 furtherance of efforts over the past decades by
6 Nuvance Health and its predecessors to provide
7 essential care at Sharon Hospital.

8 So in conclusion, I do want to
9 emphasize a few key points from our application.
10 First, the Connecticut hospitals operated by
11 Nuvance Health are essential community resources.
12 Faced with severe financial challenges, the
13 leadership at Nuvance Health carefully evaluated
14 their available options and identified the course
15 of action that most responsibly and effectively
16 preserves and strengthens the ability of these
17 hospitals to continue providing high quality care
18 in our communities in Connecticut well into the
19 future.

20 Northwell Health shares Nuvance
21 Health's focus on community health and has a
22 proven track record of strengthening its hospital
23 partners. By approving this application,
24 Northwell Health and Nuvance Health can get to
25 work investing and preserving and improving access

1 to high quality care in our communities.

2 This is a win for Northwell Health and
3 Nuvance Health who will integrate their operations
4 in order to further their like-minded missions of
5 improving the health of patients in our
6 communities.

7 This is a win for the State of
8 Connecticut and the fiscal stability of the health
9 care system in this state.

10 Finally, this is a win for patients who
11 will have the choice to receive local care
12 protected.

13 Thank you again for your time and
14 efforts in connection with this application, and
15 we respectfully ask that OHS approve this
16 affiliation. Thank you.

17 MR. CSUKA: Thank you, Attorney Jensen.
18 I believe that brings this hearing to a close. So
19 thank you all for attending today.

20 Dr. Gifford, I don't know if you have
21 any closing remarks you'd like to make.

22 COMMISSIONER GIFFORD: Yes. To say
23 thanks to all of you for traveling and for the
24 obvious amount of work and diligence that was put
25 into the application. Thanks to our team at OHS

1 who is carrying around all the binders and doing
2 the work in the background, and we look forward to
3 continued conversations. Thank you.

4 MS. VOLPE: Thank you.

5 MR. JENSEN: Thank you.

6 MR. CSUKA: One quick reminder.

7 Written public comment can be submitted for up to
8 seven calendar days from today. So this hearing
9 is hereby adjourned, and the record will remain
10 open until closed by OHS after receipt of the
11 Late-Files. Thank you very much.

12 (Whereupon, the above proceedings
13 adjourned at 4:49 p.m.)

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CERTIFICATE

I hereby certify that the foregoing 228 pages are a complete and accurate computer-aided transcription of my original stenotype notes taken of the hybrid hearing held before the Department of Public Health, Office of Health Strategy, IN RE: DOCKET NO. 24-32717-CON, TRANSFER OF OWNERSHIP OF A HEALTH CARE FACILITY (HOSPITALS) AND A GROUP PRACTICE BY NUVANCE HEALTH/NORTHWELL HS, INC., which was held before COMMISSIONER DEIDRE S. GIFFORD, M.D., MPH, on November 6, 2024.



Lisa L. Warner, CSR 061
Court Reporter
Notary Public
My commission expires:
May 31, 2028

I N D E X

*Applicant's Exhibits A through ZZ (premarked and reflected in the Table of Record) received in evidence on page 15.

NUVANCE/NORTHWELL WITNESSES: DIRECT TESTIMONY

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| MICHAEL J. DOWLING | (Sworn on page 24) | 31 |
| MARK J. SOLAZZO | (Sworn on page 24) | 54 |
| JOHN M. MURPHY, MD | (Sworn on page 24) | 38 |
| DANIEL J. DEBARBA, JR. | (Sworn on page 24) | 50 |
| LAURENCE KRAEMER | (Sworn on page 92) | |
| BRIAN WYATT | (Sworn on page 102) | |

EXAMINATION BY OHS: (Starting on page 91 and resumed after public comment on page 175)

SAVE SHARON HOSPITAL WITNESSES:

| | |
|----------------|--------------------|
| HOWARD MORTMAN | (Sworn on page 78) |
| DAVID KURISH | (Sworn on page 85) |

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1 **I n d e x: (Cont'd)**

2
3
4 **NUVANCE LATE-FILED EXHIBITS**
(Discussed on page 215)

5 **LATE-FILE DESCRIPTION**

6 **Exhibit 1 Full table of organization**
7 **including, among other things,**
any for-profit entities

8 **Exhibit 2 Unaudited financial documents**
9 **and breakdown of losses between**
10 **hospital and physician practices**
11 **in New York versus Connecticut**

12
13 **Exhibit 3 Analysis of outmigration from**
14 **Nuvance**

15
16 **NORTHWELL LATE-FILED EXHIBIT**
17 **(Discussed on page 216)**

18 **LATE-FILE DESCRIPTION**

19
20 **Exhibit 1 Full organization structure**
21 **of Northwell**
22
23
24
25