Testimony in Support of S.B. 476, An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Public Health Committee
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Dear Senator Anwar, Representative Steinberg, and esteemed members of the Public Health Committee,

My name is Nancy Heaton and have been the CEO at Foundation for Community Health (FCH) since shortly after it was created in 2003 by the conversion of Sharon Hospital to a for-profit hospital and serves the Northwest Corner of CT as well as communities along our border in New York state. I am also a resident of New Milford, CT. I am writing here in favor **S.B. 476, An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.**

As a hospital health conversion foundation, FCH works together with people and organizations to improve the health and well-being for the residents in our community, especially those that have historically been under-resourced. During our 18 years of operations, FCH, which represents a very rural part of the northwest corner of CT, has focused its energies on improving access to healthcare and health related services, while strongly supporting a variety of prevention efforts targeting substance use, domestic violence, and oral health. We addressed barriers like transportation and have helped to establish oral health services in the schools to make it easier to access. Simultaneously during this time our local hospital was purchased and re purchased by different private equity groups and then ultimately re-purchased by a non-profit hospital, Health Quest who then immediately merged with Nuvance Health. All the while, the northwest corner was slowly losing primary care access, pediatric services, behavioral health services, and now is threatened with the loss of labor and delivery. Hoping that re-converting the hospital back to a community asset would turn this tide of service attrition, FCH donated $3 million of the $5 million price tag for that transaction.

Since that re-conversion, I have learned more about non-profit hospitals, and large system hospitals in particular. For example, while there is a requirement that there be local community boards at each hospital site, a close read of their by-laws prove that these are in name only, the tasks that they are assigned are mostly staff driven and require a certain sophistication to ask questions about. All true governing decisions are stripped and given to the larger system Board whose allegiance is to the system as a whole and not to any of its constituent parts. I have testified before in relation to hospital mergers and I have been consistent in my belief that unless local boards are given some authority and a significant role at the local level there is no allegiance of duty to any individual hospital, and therefore community in a system. The “duty” or the goal is to benefit the entire system and is not reflective of the needs of each of its parts.

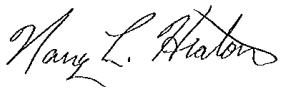
This is the context under which each individual hospital operates including the Community Health Needs Assessment (CHNA) and its subsequent plan and the Community Benefit process.

The intent of the changes proposed by the CT Office of Health Strategy is to standardize the process and the reporting requirements of the hospitals, to ensure they are rooted in their respective communities, and to make them more easily understood and accessible to the public. These are practical ideas that most states have instituted in order to standardize these processes.

In thinking about the impact that this proposed legislation might have on the rural parts of the state, it is important to note that this is one of the areas still required to be focused completely on the communities served by each individual hospital. Our rural hospitals are increasingly having services shifted to other larger and more urban-based hospitals within their respective systems. So, improving the responsiveness of these processes and programs to the local communities can only be a positive for these communities. For example, transportation consistently comes up as a barrier to accessing healthcare and therefore improving one's health overall. A local community Board will be more concerned about this particular issue and also have better ideas on how to address the issues involved in addressing the variety of challenges that limited, expensive and appropriate transportation poses. In some instances, the answer might be to expand transportation, and in others it may make more sense to deliver those services locally.

Beyond the sought-out changes in this bill I would like to offer an additional change based on my experience on a CHNA committee. I believe that one way to improve the role of the CHNA, its plan implementation, and Community Benefits process is to have the local community hospital boards of each individual hospital responsible for developing and overseeing them. Currently, if they are part of a larger health system, while they may be a part of the process or informed of the process, they have no real authority over any of it. I also would advocate for this authority should be explicit in the by-laws of each hospital. In addition, standardizing minimums for resources expensed on the implementation of the CHNA plan, as well as those spent on each hospital's Community Benefits would also strengthen the positive impact on the local communities served.

Thank you for your service and time spent on this important topic.



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