Chairpersons Senator Harp and Representative Geragosian and members of the Human Services subcommittee, thank you for allowing me to speak today on behalf of Hospital for Special Care. My name is David Crandall, and I am President and CEO of Hospital for Special Care.

Hospital for Special Care is a 228 bed, not-for-profit, chronic disease hospital, which has served patients since 1941. The main campus is located in New Britain with a satellite campus in Hartford. HSC is a unique hospital that cares for our state's most fragile and complex patients. HSC is not a nursing home. HSC is a singular resource for this state. We have treated patients from every town in Connecticut and from neighboring states as well.

It is our mission to provide appropriate care to Connecticut's most fragile and compromised residents ranging from infants younger than nine weeks old to senior citizens over 90 years old. No other chronic disease hospital offers the diversity of services offered by HSC. We deliver this care through our programs in ventilator weaning and management, brain injury and spinal cord injury rehabilitation, skin and wound care for medically complex patients, including bariatric patients, and respiratory monitoring for patients who cannot be liberated from mechanical ventilation and often suffer from other very serious conditions such as quadriplegia or a degenerative neuromuscular disease like ALS, or "Lou Gehrig's disease". We are particularly proud of our clinical staff whose work allows our Hospital to achieve ventilator weaning success rates of approximately 70% - well above the national average of 54%.

We are the **only chronic disease hospital** in the state to treat pediatric patients. These 30 children are medically complex and/or technology-dependent. A number are

'wards of the state' as DCF is their guardian or DCF is very much involved in their lives. Services needed by the smallest and most vulnerable patients we care for are not available in Connecticut in the home or in alternative facilities.

In addition, Hospital for Special Care offers a unique Neurobehavioral Program for acquired brain injury patients, who have had continuing behavioral problems that have interfered with successful community re-entry. Patients admitted to this unit progress both cognitively and physically through individual and group treatment sessions toward a goal of successful discharge to the community. But it is a long course of treatment, often lasting over 18 months. These patients often come to us after having been incarcerated or homeless or both We are recognized as their last chance for community re-entry.

The hospital has a significant Medicaid population and has provided excellent care, in a cost effective way, with an average increase in its Medicaid reimbursement rate of 2% over the past several years. I believe the rate of inflation has been higher than that, so we have done "more with less." In fact our 28 bed satellite unit in Hartford was created as part of a demonstration project in 2004 and has been proven to reduce costs and improve outcomes for medically complex patients who would otherwise require ICU or higher level and more costly care in an acute care setting

We believe it is important to point out the Report of Commissioner Christine Vogel of the Office of Health Care Access, dated March 2007, to the Public Health Committee of the General Assembly on Long Term Acute Care Hospital Demonstration Projects. In her report, Commissioner Vogel states **"the average charge associated with a patient transferred to the HSC LTAC was *one-half* of a short-term acute care stay**

**and lower than a stay in a similar setting elsewhere in the nation."** (emphasis added, p 7 of the Report). In addition, the Commissioner finds significant savings associated with transferring eligible patient to a hospital like ours. (See p. 8, Finding #3 of the Report.)

Our patients' care cannot be replicated elsewhere for the same cost. Our patients' unique needs require a model of care that is able to address their complex needs. In fact the direct patient care provided is an average 8 hours per day as compared to 6-12 in a general hospital acute care setting

Our request is this, please don't reverse the progress we have made in caring for our state's most fragile and challenged citizens by reducing our Medicaid reimbursement We deeply appreciate your recognition of Hospital for Special Care as an important part of Connecticut's health care system and your support of the hospital in previous years. While we understand the challenges faced by our state government this year, we ask that our Medicaid rates remain constant for this fiscal year and not be reduced in the next fiscal year. Each 1% rate decrease to our reimbursement from Medicaid would equate to $680,000 in reduced revenue, which would create significant challenges for our now stable health system, up to and including the loss of jobs and possibly the reduction of our ability to deliver the unique services we now offer