



**WRITTEN TESTIMONY OF
Dan McIntyre, President and Executive Director
The Charlotte Hungerford Hospital
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, February 9, 2011**

**HB 5048, An Act Requiring Certificate Of Need Approval For
The Termination Of Inpatient And Outpatient Services By A Hospital**

Charlotte Hungerford Hospital appreciates the opportunity to submit testimony in opposition to **HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital**.

As you may know, Charlotte Hungerford Hospital is a 109 bed, general acute care hospital located in Torrington, Connecticut, serving as a regional health care resource for 100,000 residents of Litchfield County and Northwest Connecticut. We employ over 1000 individuals and have over 150 physicians practicing in our service area and in affiliation with the Hospital.

As a moderately-sized community hospital, we offer a wide range of services, including: acute care, non-interventional cardiology, partial hospital, outpatient behavioral health, diagnostic imaging, emergency services, inpatient/outpatient rehabilitation, surgery, pediatric care, radiation oncology and maternity. With services typical to most hospitals in Connecticut, HB 5048 would require Charlotte to file a certificate of need when seeking to terminate an inpatient or outpatient service, which will be costly, burdensome, and have little, if any, public benefit.

HB 5048 would impose significant workload on hospitals by reinstating the requirement that hospitals first obtain Office of Health Care Access approval before terminating any service – not just identified essential services. Further, there is no such burden placed on non-hospital entities under the bill, and this creates an unfair and un-level playing field that adversely affects hospitals and promotes the interest of other providers.

If HB 5048 were to become law, hospitals, but no other providers, would be required to seek permission through an elaborate application, review, and hearing process, in order to seek termination of any service. And yet, HB 5048 does not simply return to the conditions that existed prior to the CON reforms implemented by Public Act 10-179. Instead, and worse, the bill contemplates the creation of a new – and ultimately unsustainable – system in which hospitals, and only hospitals, will be forced to incur high legal and consulting costs to prepare CON applications.

Because HB 5048 would place hospitals at an extreme disadvantage to other providers that are not subject to the same administrative and legal processes and delays, I urge you to not support this proposed legislation and instead permit the important consensus that emerged in the last legislative session to thoughtfully evolve. Public Act 10-179, signed into law less than a year ago, made substantive changes to the certificate of need process and its administration under the Department of Public Health. HB 5048 does not improve upon these changes, and from our perspective will move public policy in the wrong direction.

Thank you again for this opportunity to express our opposition to HB 5048.