



**TESTIMONY OF  
Griffin 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**

***Griffin Hospital*** appreciates the opportunity to submit testimony concerning **HB 5048, An Act Requiring Certificate Of Need Approval For The Termination Of Inpatient And Outpatient Services By A Hospital**. ***Griffin Hospital*** opposes this bill.

HB 5048 requires any hospital that seeks to terminate inpatient or outpatient services currently offered by the hospital to file a certificate of need application with the Office of Health Care Access division of the Department of Public Health

Griffin Hospital is a full service acute care community hospital serving a primary service area that includes Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton with a combined population of 105,000. Griffin employs 1,357 with 282 active and courtesy members of its medical staff. In the 2010 fiscal year Griffin served 7,719 inpatients and close to 40,000 Emergency Department patients.

During the 2010 legislative session, the laws governing the Certificate of Need process were significantly revised, as proposed by the Office of Health Care Access (OHCA). The revisions were made after significant input from the Connecticut Hospital Association and its member hospitals, updating the law to make it current and relevant. The new law passed with many modifications from the original proposal by OHCA and after considerable discussion with committee chairs and legislators. The new law significantly modified the CON process.

The new law adopted last year:

- eliminates the broad application of CON to changes in services or functions, instead creating an inclusion and exclusion list of CON obligations;
- eliminates the need for a CON to terminate inpatient or outpatient services offered by a hospital (except for termination by an acute care hospital of mental health services, substance abuse services, or an emergency department);
- allows the relocation of a facility without a CON if there is not a substantial change in the population served or payer mix;

- limits outpatient surgical facilities to the addition of only one operating suite within a three-year period without first obtaining a CON; and
- reinforces that the state-wide facilities and services plan, still to be developed, will be the cornerstone of long-range healthcare planning, replacing the piecemeal system that developed over the last several decades.

It would seem that legislators and health care executives should give the new law time to assess its effectiveness and that any changes proposed this session should be delayed.

The following provides additional information related to the changes proposed this legislative session:

- HB 5048 would impose significant burdens on hospitals by reinstating the requirement that hospitals first obtain OHCA approval before terminating any service – not just identified essential services. Further, there is no such burden placed on non-hospital entities, which 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.
- HB 5048 will not return us to the conditions that existed prior to the CON reforms implemented by Public Act 10-179.
- HB 5048 will create 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. 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.

**Griffin Hospital** strongly urges the members of the Public Health Committee to not approve proposed bill HB 5048.