

Testimony
Melodie Peters
Public Health Committee
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Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee.

Sharon Palmer
PRESIDENT

My name is Melodie Peters and I am a retired State Senator who served on this committee as Vice Chair for twelve (12) years. Today I am happy to represent AFT Connecticut and its 28,500 members including over 6,000 healthcare workers in the public and private sector.

Melodie Peters
FIRST VICE PRESIDENT

Leo Canty
SECOND VICE PRESIDENT

I am testifying on Raised Bill No. 5321, ACC The Office of Healthcare Access and the Certificate of Need Process. I do believe this proposal is heading in the right direction but it doesn't, in my opinion, go far enough. What is becoming increasingly troublesome is the lack of real opportunities to weigh in on the privatization of our hospitals and the accountability for access to everyone regardless of ability to pay. Furthermore there seems to be less of an opportunity for legislative input and I would ask the committees consideration when discussing substitute language.

Charles Morrell
SECRETARY-TREASURER

Continuing, I would like to recommend for your consideration adding to section 2(d). . .provide notice of this determination to the applicant, if applicable, the collective bargaining agent and to the public. . .

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In section 10(a) we are appreciative to see that we are given an opportunity to be heard. In one of our hospitals recent applications to contract out its dialysis service we became aware of this partly by happenstance and were very limited to how we could offer our objections.

Finally, the Certification of need process is supposed to be a safeguard for the public health and we must ensure that it continues to be a process that is transparent, involves all concerned parties and that the public good is



the only beneficiary. Over the course of this past year our research team has uncovered that the process was insufficient or subverted at one of our healthcare facilities, and led to improprieties benefiting individuals involved. This bill seeks to ensure the integrity of the process but would offer the following suggestions for your consideration.

We would like to see language that requires disclosure of a conflict of interest by the CON decision makers currently not included in section 1(a)(1-9):

“a conflict of interest for Office (of health Care Access) members exists when the individual member has a financial or personal interest in a matter under consideration by OCHA. The personal interest of a member exists and must be disclosed. The personal interest of a member includes the interest of the member’s employer, even though the member may not receive monetary or pecuniary remuneration as a result of an adopted CON review standard”

We would like to see language that required disclosure by an applicant regarding any conflict of interest by its governing body with regards to the proposed project:

This could be added to section 1(a)(1-9)

Sec. 1(a)(10) “whether the applicant has satisfactorily disclosed the existence of factors that may be deemed a financial or personal interest in the proposed project by anyone in the applicant’s governing body”

The healthcare landscape is rapidly changing and the process must have the highest rigor if we want any hope that our system will have integrity. I thank the committee for their service and their attention to this urgent and serious matter.