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**Testimony of
Carolyn Treiss, Executive Director
Permanent Commission on the Status of Women
Before the
Public Health Committee
February 24, 2016**

Re: House Bill No. 5211, AN ACT CONCERNING CERTIFICATES OF NEED.

Senators Gerratana and Markley, Representatives Ritter and Srinivasan and distinguished members of the Public Health Committee, my name is Carolyn Treiss and I am the Executive Director of the Permanent Commission on the Status of Women (PCSW). Thank you for the opportunity to provide testimony on H.B. 5211, An Act Concerning Certificates of Need.

The PCSW has a long history of following, and in some cases, intervening in Certificate of Need (CON) proceedings in cases where we, along with partner organizations, believed that women's access to reproductive health services was threatened. More recently, the PCSW and our partners have been watching the rapidly evolving and changing hospital landscape in Connecticut.

Our state is experiencing a period of unprecedented volatility characterized by mergers, often of smaller community hospitals with large hospital systems, and proposed acquisitions of community hospitals by large, national for-profit hospital systems. This new reality is driven by the need of small, community hospitals to partner with larger systems in order to benefit from economies of scale and other efficiencies as well as gain access to much needed capital. Often, however, these partnerships involve more than just the consolidation of back office functions; they are accompanied by the restructuring of services across the different facilities within the larger system or in some cases the elimination of service lines altogether.

The PCSW appreciates that our communities may benefit greatly from some of the infrastructural and technological investments as well as quality enhancements that may result from these changes. But we also believe that, to safeguard women's access to essential health services such as gynecological, prenatal and obstetrical care, there is room for further thoughtful regulation of the merger process. The fact of the matter is that the CON regulatory scheme was not designed for the current marketplace and we thank Public Health Committee for recognizing and attempting to address a gap that exists in the current CON law.

The current statute requires a certificate of need when a health care facility proposes to terminate services, but it does not address situations where services are reduced. By way of example, a large system that owns several smaller hospitals may decide to consolidate all maternity care at one of its hospitals. This could pose a substantial hardship for women, particularly low-income women with limited access to

transportation, in certain geographic regions of the state. Such a change could effectively result in the termination of the service for women in that part of the state due to a lack of access, but a CON would not necessarily be required under the current statute. We feel that such a change in service delivery should undergo CON review and the community should have an opportunity to weigh in through a public hearing process.

Thus, the PCSW supports legislation that will ensure that women at the greatest risk of losing access to comprehensive reproductive services, such as those in low-income, isolated communities, are more fully considered by our CON process and that will ensure access to core reproductive health services will not be eroded or compromised in the absence of regulatory oversight.

We would be grateful for the opportunity to be involved in further discussions about H.B. 5211 to ensure that the language covers the many scenarios that may arise in this ever-changing landscape. Thank you for your thoughtful consideration of this proposal.