

**Testimony of Susan Lloyd Yolen, Vice President, Policy & Advocacy
Planned Parenthood of Southern New England
Public Health Committee, February 24, 2016
Raised Bill 5211, An Act Concerning Certificates of Need**

Senator Gerratana, Representative Ritter and members of the committee, thank you for this opportunity to comment on Raised Bill 5211, *An Act Concerning Certificates of Need*. I am Susan Yolen, Vice President for Policy and Advocacy at Planned Parenthood of Southern New England, the state's largest provider of family planning and reproductive health care.

For some years, along with other advocacy organizations in Connecticut, PPSNE has followed the changing landscape of health care delivery. Our interest and advocacy has been focused on the preservation of reproductive health care services for women (and men), particularly when hospital ownership changes after a merger or affiliation. Sometimes the reduction of such services has come as the result of a partnership involving a faith-based entity...and complete reproductive health care services have been threatened as a result of religious rules that limit such care, or forbid a service altogether.

Increasingly, we are following the newer business-focused trend of hospital consolidation in which larger health systems are acquiring community hospitals with the promise of greater efficiency, and economies of scale. We know that in the world before us, many community hospitals will be acquired by former competitors. In such cases, local preservation of services can be absolutely vital for those who not only simply value community-based care, but for whom travel to a larger regional facility could be difficult or too costly. We worry about the care women need, particularly during pregnancy and as they prepare to deliver... labor and delivery being events that wait for no one.

Connecticut remains a state with strong CON policies, compared to many other states. CON remains the most powerful tool for citizens to provide input on hospital consolidation, and to tell hospital officials and boards how a merger or affiliation will impact a community. Raised Bill 5211 addresses not simply the discontinuation of services, but the reduction of services. We applaud this approach since, for all intents and purposes, a service that is being reduced is likely to be a service at risk for discontinuation. We support this bill's intention.

With that said, we do have some questions about the language, and offer the following constructive comments:

- We wonder about the "50%" standard for defining reduction of service. How would this be measured in actual practice, and how would it impact some important services that simply occur less often than others, and may fail to meet a frequency standard in order to be preserved?
- "Obstetrics and maternity" services as described, don't encompass the full range of reproductive health care services available in hospital inpatient or outpatient settings, and are a portion of gynecological services overall, relating only to pregnancy, labor and delivery.
- In Sec 3 (13) it is unclear which community needs assessments are being referred to, and if indeed this assessment is actually required. PPSNE would like to suggest the strengthening of

this section, requiring an applicant for CON to provide data regarding use of the service proposed for reduction over several previous years, for example, as well as characteristics of women who received the service during that period, the number of women of reproductive age in the service area, the distance to alternative sites for the same care, available modes of accessible/affordable transportation to alternative providers, etc.

It's already clear that women in several areas of our state, most of them rural, have seen their community hospital close its labor and delivery service. Indeed, for women with complex pregnancies, a trip to a tertiary care center in a city may be necessary (and will likely have been determined and prepared for, earlier in a high risk pregnancy). But for many, the comfort of knowing a familiar, local setting is waiting when a baby is due... is important. The lack of access to any reproductive health service could mean access denied.

We hope this committee will seriously consider the implications of Bill 5211 and will thoughtfully define them to maximize access as consolidation as a trend, continues.