



Public Comment on Proposed Final Decision in Docket Number 15-32016-486
(Transfer of assets of Eastern Connecticut Health Network, Inc. to Prospect Medical Holdings, Inc.)
Submitted by Universal Health Care Foundation of Connecticut
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Universal Health Care Foundation of Connecticut submits the following public comment on Docket Number 15-32016-146, in the matter concerning the transfer of assets of Eastern Connecticut Health Network, Inc. to Prospect Medical Holdings, Inc.

Generally, we applaud many of the conditions that the Office of Health Care Access has proposed for the acquisition of Eastern Connecticut Health Network (ECHN) by Prospect Medical Holdings (PMH). A number of suggestions from the public comment portion of the Manchester and Rockville public hearings have been incorporated, which is critical in ensuring the community's needs are met.

We do have some suggestions that will strengthen patient access and community engagement.

In regards to Condition 4, in the Order (page 27), which concerns the "Health Needs Plan" and a Community Health Needs Assessment, we suggest that OHCA request the "Health Needs Study," and subsequent plan, are implemented *every three years*, rather than allow PMH to determine the frequency of the study. Currently, CHNAs are required of non-profit hospitals every three years. While PMH is for-profit, we still support a health needs assessment being conducted every three years, to ensure that PMH is responsive to the needs of the community.

Relatedly, in Condition 5 (pages 27-28), OHCA requires that PMH utilize as a starting point the Healthy Connecticut 2020 State Health Improvement Plan and any "community health improvement plan issues by any local health department in the Service Area." We suggest that the language clarify that this is only a starting point and that PMH is not limited to these resources.

Condition 6 (page 28) requires PMH to submit a plan that includes "any consolidation, reduction, or elimination of existing services or introduction of new services." We recommend that the community and community ombudsmen (in Condition 20, page 33) have the opportunity to read and weigh in on the "Services Plan," and that any proposed changes gain approval through Certificate of Need, including public notice and a public hearing.

We suggest that information that is reported to OHCA as set forth in Conditions 9, 12 and 13a, also be copied to the community ombudsmen, the Office of the Health Care Advocate, and any other officials, such as state representatives and state senators of the "Service Area," and local public health departments. Any changes should have public notice, and the ability for the public to comment on the changes. Additionally, the information regarding PMH's community benefits and community building in relation to the CHNA, "Health Needs Study" and other objectives should be submitted annually after the Closing Date, rather than submitted for only three years after the Closing Date.

Condition 16 (page 32) stipulates the contracting of an Independent Monitor for a minimum period of 2 years. We recommend that rather than the option for the Independent Monitor to be extended one year, that there is the option for continued year-to-year extension if the Independent Monitor or OHCA become aware of non-compliance with the Conditions set forth in the final decision.

In Condition 19 (page 33), the twice annual “Joint Board Meetings” should not only include an opportunity for the public to ask questions and make comments, but a requirement that PMH submit a written response to the public’s questions and comment. After the first three years, we recommend that these meetings occur at least annually.

Condition 20 (page 33) sets forth the creation of two community ombudsmen to “for three years following the Closing Date...to serve as ex-officio, non-voting members of the New MMH and New RGH Local Board.” We recommend that the two community ombudsmen be voting members of the Local Board, and that they remain on the board now and into the future, with provisions to select new community ombudsmen of a reasonable frequency.

Generally, we strongly support and recommend any conditions on this transaction that keeps the community informed of any changes in ECHN and at the New MMH and New RGH, and gives the public and community recourse for not only commenting on changes, but that a public hearing be conducted *before* any changes take place.

Ultimately, we want protections in place in light of historical events at Essent Sharon Hospital and Windham Community Memorial Hospital (WCMH). Despite conditions on the Sharon Hospital conversion, the community continues to struggle to be informed and engaged with changes at Sharon Hospital. WCMH’s downgrade from running a Critical Care Unit (CCU) to a Progressive Care Unit (PCU) did not fall under the purview of the conditions set forth on that deal, nor Certificate of Need. For this deal, we suggest that the community have explicit right to be notified of changes, comment on any changes, including how it will affect patient access and quality of care in the community, and that a public hearing be conducted where the New ECHN, New MMH and New RGH leadership will have the opportunity to hear from the community directly, as well as respond to questions. We suggest that no major changes be made without explicit approval from OHCA, and that approval will solicit and take into account community input.