



Public Comment on Proposed Final Decision in Docket Number 15-32017-486
(Transfer of assets of Greater Waterbury 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 15-32017-486, in the matter concerning the transfer of assets of Greater Waterbury Health Network, Inc. (GWHN) to Prospect Medical Holdings, Inc. (PMH).

We applaud the Office of Health Care Access' (OHCA) diligence in this matter, and many of the conditions OHCA has placed on this transfer of assets, which serve to ensure continued access for the community.

We do have some suggestions that will strengthen patient access, consumer protections, community engagement, and that will address community needs.

We support Community United for Jobs, Healthcare and Opportunity's request for a Community Benefits Agreement as an additional condition for this transfer of assets (see Page 4 of this document).

This group of community activists have been shut out of any discussions with the existing and proposed owners of Greater Waterbury Health Network. We believe that local hospitals are a cornerstone in the community, and that regardless of who owns the institution, health care providers should be held accountable to the communities they serve. Part of that accountability includes a good faith discussion of what the community needs, and a written agreement between the community and the prospective owners of the hospital. We suggest requiring that a Community Benefits Agreement be negotiated and signed within twenty (20) days of the deal closing.

We also suggest the addition of a condition that requires Prospect Medical Holdings, Inc., as a for-profit corporation, pay property taxes to the city of Waterbury, and any other towns where PMH will now hold property, with taxes being assessed on the full value of GWHN.

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 issued 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 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 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 3) 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.

We suggest another condition that requires an independent multi-year evaluation of the hospital’s service and financial performance over the first 5 years to determine whether converting back to non-profit status is an option to consider. PMH should be required to pay for this evaluation in its entirety, but must not have any hand in selecting the evaluator or in the design or conduct of the evaluation process. The evaluation should include authentic community engagement, and an assessment, by the community, of GWHN after PMH takes over ownership. An entity, such as the Connecticut Community Foundation or the Waterbury Campus of the University of Connecticut, should be asked to manage the evaluation process, to ensure an accurate, honest assessment of PMH’s performance managing Waterbury Hospital and GWHN.

In Condition 19 (page 34), 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.

In Condition 20 (page 34), OHCA requires a community representative to serve on the Local Board as a voting member. We suggest that PMH be accountable to a Community Board (separate from the Local Board). This Community Board would be comprised of a minimum of 50% community residents of the geographic areas contiguous to the hospital, including significant representation by residents of adjacent neighborhoods. The remaining seats should be held by members of the local business community, philanthropic community, academic institutions, and individuals (independent of PMH), knowledgeable about hospital finances, health law and service delivery planning. PMH should be required to report to the Community Board quarterly (or twice a year) on the hospital’s financial condition and the status of the other conditions of the Community Benefits Agreement. Quarterly meetings must be properly noticed and held at a location and time convenient to the board and to the local community.

Generally, we strongly support and recommend any conditions on this transaction that keeps the community informed of any changes in GWHN and at Waterbury Hospital, 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 the 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 Waterbury Hospital and GWHN new 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.

Again, we reiterate that Community United's request for a signed Community Benefits Agreement from PMH, should be a condition on this deal. The group should be commended for their civic involvement in this matter, and their input should be respected, discussed, and an agreement reached. Community United represents what the community wants from the deal and, no matter who runs Waterbury Hospital and GWHN, the hospital and its network should be ultimately accountable to the community it serves.

Waterbury Hospital Community Benefits Agreement

Section 1-There will be no change in service lines or locations such as behavioral/mental health, cardiology, cancer services, diagnostic and imaging services, emergency department, family birthing and neonatal care, gastroenterology, infectious disease clinic, intensive/critical care, outpatient medical therapies, primary care, pulmonary, rehabilitation, surgical and telemetry

Section 2-The Hospital will maintain current policies on charity care for a minimum of 5 years with the possibility of extending it based on future discussions with the community

Section 3-While Waterbury Hospital is owned by a Prospect affiliate it will provide charity care-under applicable law unless otherwise negotiated with the community

Section 4-The Hospital will accept Medicaid and Medicare for a minimum of 5 years with possibility of extending that based on future discussions with the community

Section 5-The Hospital will maintain staffing according to state law

Section 6-The Hospital will continue to have cultural and linguistic appropriate services available to patients

Section 7-The Hospital will hire employees under usual and customary hiring process and will work with the appropriate unions to ensure continuity and stability in the workforce

Section 8-There will be a local board created with additional advisory committees to solicit community ideas and input

Section 9-The Hospital will seek input for capital projects from the local board and advisory committee to help identify community needs

Section 10-The Hospital will seek input for capital projects from the local board and advisory committee to help identify community needs

There shall be ongoing dialogue and discussion with Community United and others to identify language and appropriate methods of accountability regarding the following concerns:

- Payment of property taxes for the full amount of the Hospital's value
- Conducting a Community health assessment as often and with the same effort that is required of non-profit hospitals
- Negotiation of a successor clause that will ensure that all sections of this agreement will last in perpetuity
- Complete facility based transparency regarding finances, staffing and services provided by using the Waterbury Health Department website
- maintain support for parent engagement programs
- full-time clergy to meet the needs of patients and share appropriate staffing data with the community

Thomas Reardon
For Prospect Medical

Mayor Neil O'Leary
For City of Waterbury

Steven Schrag
For Community United

Office of Health Care Access

We are writing as leaders of Greater Waterbury faith communities to ask that you condition your approval of the sale of Waterbury Hospital to Prospect Medical Group: East on the inclusion of a Community Benefits Agreement (CBA) between Prospect and the Waterbury Community.

As faith leaders, we hear stories daily from the people whose health and well-being depends upon access to these benefits. We believe that equity, fairness and justice demand these benefits be preserved in any future ownership arrangement.

The community benefits that are currently provided to low-income and other individuals in accordance with Waterbury Hospital's status as a non-profit hospital provide vital care and services to members of our congregations and the community at large. They also represent an important bond in the relationship between the hospital and the broader community that has supported and relied on it for many years.

We urge you to ensure that the hospital continues its critical role in the community by offering good jobs, providing affordable care to those in need, contributing to its civic and financial welfare, and maintaining a substantive dialogue with the community about any concerns that may arise. We urge you to issue a ruling that reflects that concern.

Sincerely,

Bishop Lionel French
Pastor, Gospel Tabernacle, Waterbury

The Rev. John Thomason
Pastor, Woodbury United Methodist Church, Woodbury

The Rev. John Cooney
Retired Pastor, St. John The Evangelist, Watertown

Bishop Jose Rosa
Pastor, Casa Del Perdon Church, Waterbury

The Rev. Joe Donnelly
Pastor, Sacred Heart, Southbury

The Rev. Derrill Blue
Pastor, Mt. Olive AME Zion Church, Waterbury

The Rev. Ray Odiorne
Pastor, United Church of Christ

The Rev. Paul D. Sinnott Associate to the Bishop
New England Synod Evangelical Lutheran Church in America

The Rev. Scott Nessel
Pastor, St. James Lutheran, Southbury

The Rev. Fredrick Aniello
Pastor, Our Lady of Mt. Carmel Church, Waterbury

The Rev. James T. Gregory
Pastor, Saint Teresa of Avila Parish, Woodbury

The Rev. Daniel Edwards

Senior Pastor, Macedonia Church of God, Waterbury

The Rev. Bertinia Kee
Pastor, Macedonia Church of God, Waterbury

The Rev. Dories French
Pastor, Gospel Tabernacle Ministries International, Waterbury

The Rev. George Kee
Associate Pastor, Gospel Tabernacle Ministries International, Waterbury

The Rev. Eduardo Garcia
Senior Pastor, Arc of Praise Church, Waterbury

The Rev. Madalyn Garcia
Pastor, Arc of Praise Church, Waterbury

Bishop T.C. Brantley
Restoration Spring Church, Waterbury

Jackie Brantley
Pastor, Restoration Spring Church, Waterbury

The Rev. Willie Days
Associate Pastor, Gospel Tabernacle Ministries International, Waterbury

The Rev. Gloria Rivera
Pastor, Return to Pentecost Church, Waterbury

The Rev. Daniel Edwards
Senior Pastor, Macedonia Church of God, Waterbury

The Rev. Bertinia Kee
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