

Raising consumer voices as the health system transforms

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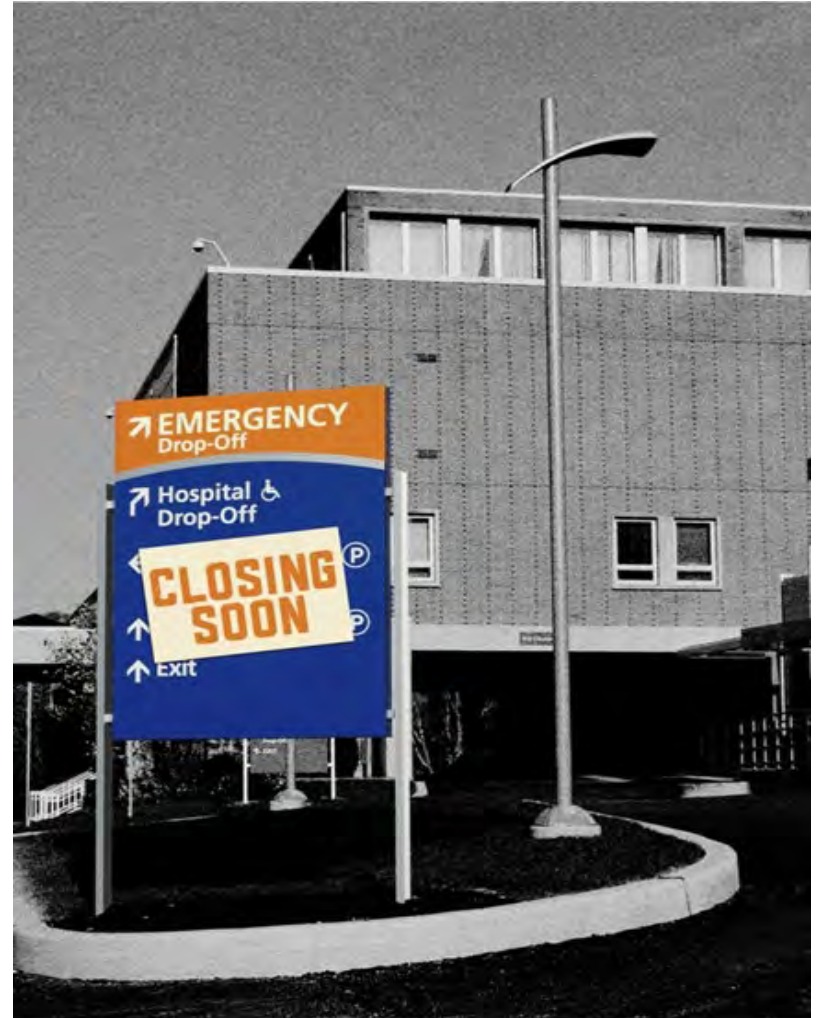
Community Catalyst

StateWide Senior Action Council Conference

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The health care delivery system is changing rapidly

- Over the last 20 years, **more than 40 hospitals have closed** all across New York State.
- **Remaining hospitals have joined large health systems**, such as Northwell, Mount Sinai, NY Presbyterian, NYU Langone, Trinity.
 - Often, these systems will downsize acquired hospitals by closing maternity, ICU, psych and other units, and directing patients to system “hub” hospitals.
 - Decision-making shifts away from local hospital boards to system execs.
- **Nursing homes** have been closing, downsizing and/or changing ownership.

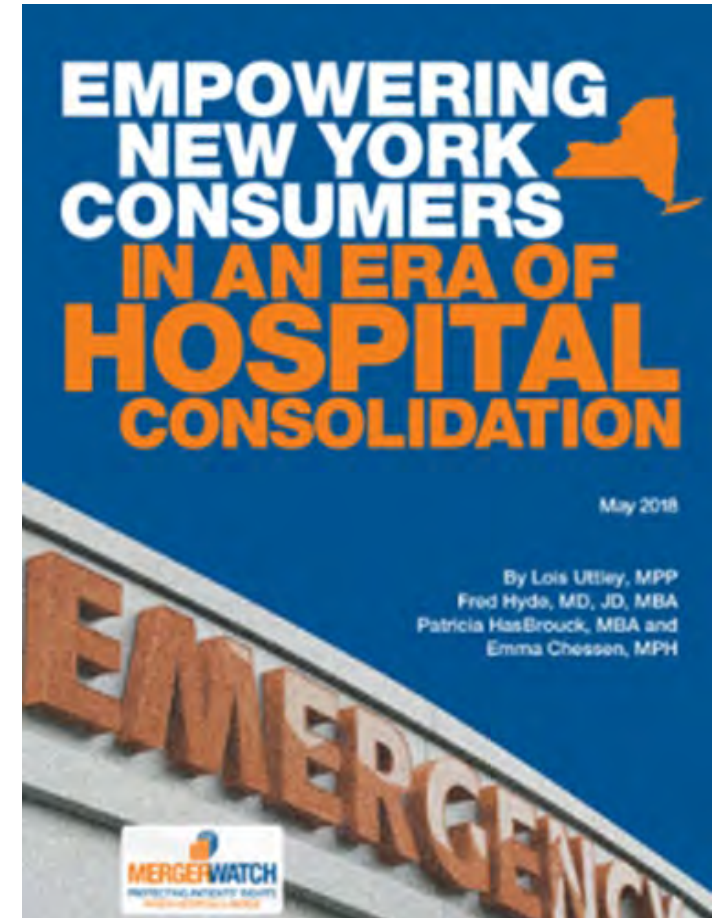


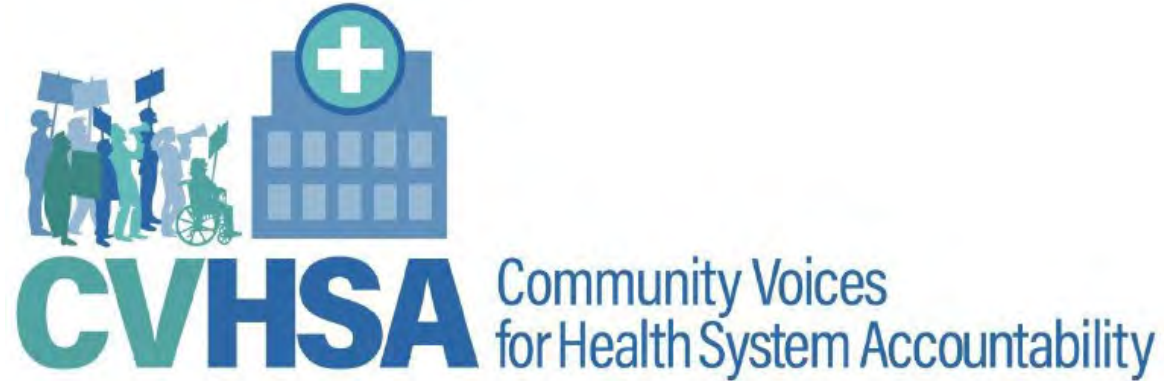
Who decides how many hospitals, nursing homes and other health facilities are needed, and where?

- **Big health systems and corporate owners of nursing homes** are the primary initiators of proposed changes.
- **There is no system of regional health planning** to forecast the need for beds and encourage/reward proposals that meet those needs.
- **State health officials largely respond** to what health systems and owners propose. State review occurs through a Certificate of Need (CON) process.
- **Urgent care centers and retail health clinics** have been assuming an increasingly important role in the health delivery system, but are not subject to review under the CON system.

State oversight through CON is inadequate to serve community needs

- State oversight of consolidation through the Certificate of Need (CON) process **lacks transparency and consumer engagement.**
- Consumers have **little or no notice or say** when their local hospitals are downsizing, closing or joining large systems.
- **Representatives of big health systems dominate state review board, the state Public Health and Health Planning Council** (Chair is VP of Northwell Health System)





Raising community voices through coalition work

- Statewide Senior Action Council
- Medicaid Matters -- NY
- Children's Defense Fund-NY
- NY Immigration Coalition
- Empire Justice Center
- March of Dimes NY
- Community Catalyst
- Metro NY Health Care for All
- Community Service Society-NY
- Center for Independence of the Disabled
- Commission on the Public's Health System
- Neighbors to Save Rivington House
- Schenectady Coalition for Healthcare Access

Getting consumers more seats at the table

- After a 3-year struggle, we won the addition of a second “consumer” seat to the state Public Health and Health Planning Council (PHHPC).
- Denise Soffel (former NYS Senate Health Committee ED and Community Service Society policy analyst), appointed by Gov. Hochul.
- She now joins Ann Monroe, retired President of the Western NY Health Foundation



Policy Victory: Enactment of the Health Equity Assessment Act!



IT'S TIME TO SIGN
THE HEALTH EQUITY
ASSESSMENT BILL
INTO LAW

Community needs
must be considered
before for-profit
takeover of
nursing homes

Signed into
law by Gov.
Hochul in
December of
2021

What will the HEA Act do to change the process?

- Amends NYS Certificate of Need (CON) process by which health facilities seek approval for proposed transactions, including change of ownership. They will be required to submit **an independent assessment of what the impact would be on medically-underserved people.**
- This process would **identify potential negative consequences, such as reducing or eliminating services and/or requiring people to travel elsewhere for care they now can get nearby.**
- It would also **reveal whether new proposed facilities that would actually improve access to care for medically-underserved people.**
- In theory, it could lead to **disapproval of proposed transactions or to attachment of conditions to address predicted negative effects.**

Who are the medically-underserved New Yorkers whose future access to health care would be assessed?

- People with low incomes
- Racial and ethnic minorities
- Immigrants
- Women
- LGBTQ+ people
- **People with disabilities**
- **Older adults**
- Persons living with a prevalent or infectious disease or condition
- **Persons living in rural areas**
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care

What are the key provisions we need to influence?

- **What constitutes a “substantial reduction” in health services**, which would trigger a requirement for a health equity assessment? For example, does a 25% reduction count as “substantial”?
- **What type of organization could do an “independent assessment”** of the likely health equity impact? How do we avoid having these done by consultants already being paid by hospitals to do their CON applications?
- The law requires **“meaningful engagement” of stakeholders**, including the affected community. What should that engagement look like? Community forums? On-line surveys? How else?
- **How should the state DOH and PHHPC “consider” what the health equity assessment finds?** What weight should it carry in evaluation of the CON application? Should it cause disapproval, or require attachment of conditions to address negative projected impacts?

What's the timeline on rulemaking for the HEA Act?



How can you and Statewide weigh in?

- CVHSA, including Statewide, will get an advance look at final draft of the rules prior to December.
- Once the rules are published in the state Register, Statewide (and individual members) can submit comments.
- Once the proposed rules go to the Public Health and Health Planning Council in January, there will be an opportunity to send written comments and present brief testimonies in person.
- We will keep you posted, through CVHSA members Gail Myers and Marcus Harazin!

Some future new directions

- Interacting with the new NYS Deputy Commissioner for Health Equity and Human Rights.
- Restoring some type of regional health planning that would better guide potential consolidation, relocation and other changes in services.
- Trying again to pass the hospital closing bill, which passed the Assembly last year. It would require advance notice and public hearings in the affected community before a hospital could close.
- Focusing attention on the lack of state regulation of urgent care centers and retail health clinics.