

# Raising consumer voices as the health system transforms

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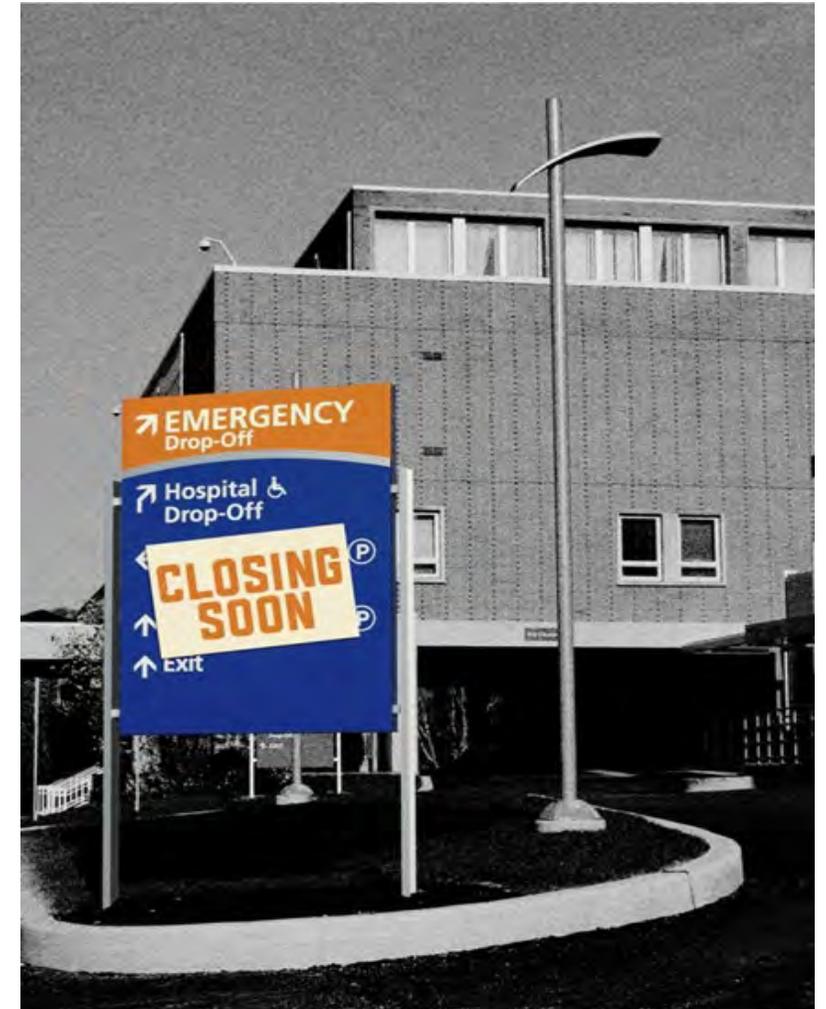
Community Catalyst

**StateWide Senior Action Council Conference**

**September 13, 2022**

# 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.

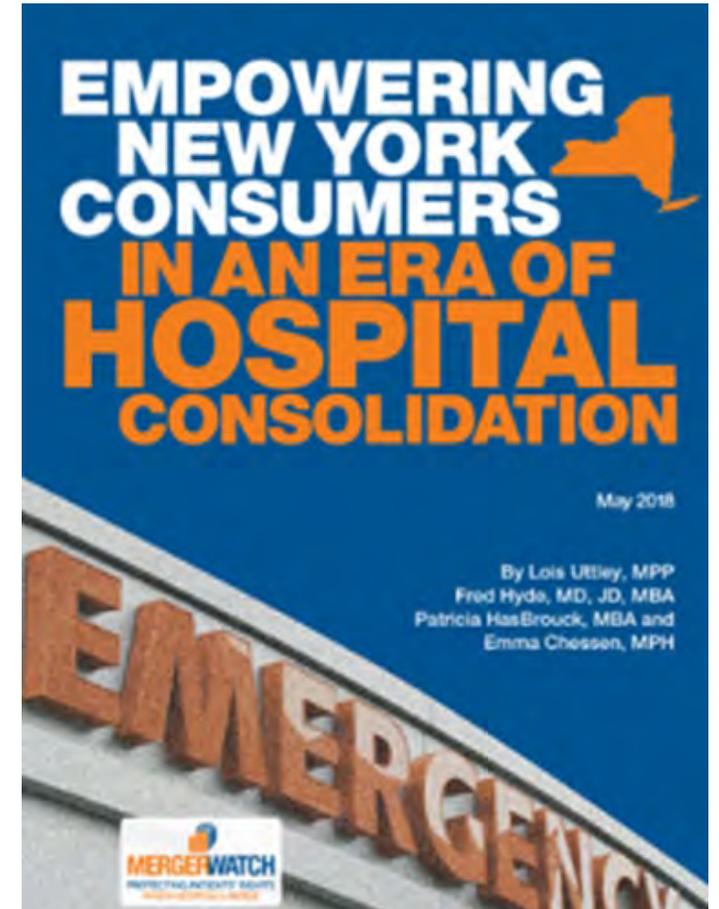


# Who decides how many hospitals, nursing homes and other health facilities are needed, and where?

- **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.