

**Certificate of Need Task Force
Minutes
May 16, 2016**

Members Present: Lieutenant Governor, Nancy Wyman (Chair); Commissioner Raul Pino (Department of Public Health); Commissioner Roderick Bremby (Department of Social Services); John Canham-Clyne (Unite Here Union); Tekisha Everette (Health Equity Solutions); Anne Foley (Office of Policy and Management); Gary Havican (Middlesex Hospital); Fred Hyde (Columbia Business School/ Consultant); Margaret Morelli (Leading Age); Robert Patricelli (Women’s Health USA), Gary Price (Center for Aesthetic Surgery); Jennifer Smith (SEIU District 1199); Keith Stover (CT Association of Health Plans); Jeff Walter (CT Non-profit Alliance); Joseph Wankerl (ConnectiCare); and David Whitehead (Hartford Health Care)

Members Absent: Alan Kaye (Radiological Society of CT)

Meeting called to order at 1:00 p.m. by Chair, Lt. Governor Nancy Wyman

- I. **Welcome and Introduction of Members:** Members introduced themselves.
- II. **Public Comment:** One individual provided public comment.
 - Representative Susan Johnson requested that the Task Force address how the Office of Health Care Access (OHCA) reviews reduction in access to health care services. Within her [letter](#), jointly submitted with four other legislators, Representative Johnson suggests: (1) adding certain reduction of services to certificate of need (CON) review; (2) requiring public notice for the proposed reduction of services in a substantially circulated newspaper; (3) allowing three community organizations or individuals in the catchment area to request a hearing; (4) subjecting OHCA determinations to superior court appeal; and (5) requiring that hospitals planning reductions in the level of emergency services provide notice and an impact evaluation report.
- III. **Vote on April 12, 2016 Meeting Minutes.** Approval of the April 12, 2016 [minutes](#) was properly moved (Keith Stover) and seconded (Gary Havican). Minutes were approved unanimously on a voice vote.
- IV. **Consultant Presentation on the CON Process in Other States:** Kim Martone, Director of OHCA, introduced Thomas Piper, the Chief Executive Officer of MacQuest Consulting. Mr. Piper provided a remote electronic [presentation](#) on his research of other states’ CON programs and how they operate, including the scope and number of regulated services. Highlights of the presentation and following discussion included:
 - Currently, 36 states have a CON program; of these states, all include review of long-term care facilities.
 - Mr. Piper presented information on the few studies related to CON effectiveness that have been conducted and noted that their results indicate a correlation between CON and lower health care costs. He cautioned that there are several mitigating factors that were not controlled for that may have had an effect on results.
 - Major changes in Connecticut’s CON program over the last 10 years includes the removal capital expenditures and additional function or services from CON review.
 - Mr. Piper identified 30 categories of health care services regulated nationally by CON programs to varying degrees. Connecticut currently regulates 12 out of the 30 categories.

- Connecticut is unusual in that it has two state agencies – Department of Social Services (DSS) and Department of Public Health (DPH) – conducting separate CON programs. Mr. Piper recommends reviewing Michigan and North Carolina as states with exemplary CON programs.
- For the majority of states, there is a reduced relationship between a CON application fee and the funding of CON programs. Most programs are now relying on specific state appropriated revenue streams. States are also seeing high turnover in CON directors and lower amounts of staff comparable to the required workload.
- In general, other states do have skilled nursing bed moratoriums, which has been the impetus for the elimination of some CON programs (e.g. Wisconsin).

V. Brief Update on Related Efforts: State Innovation Model (SIM), All-Payer Claims Database (APCD), and Health Care Cabinet: Vicki Veltri (Office of the Healthcare Advocate) provided a [presentation](#) on three current initiatives that relate to the work of the Task Force. Highlights of the presentation and following discussion include:

- *SIM* - Through this effort, Connecticut is seeking to establish a whole-person-centered healthcare system that meets a quadruple aim: (1) healthier people and communities; (2) improved affordability by reducing cost; (3) superior access, quality, and care experience; and (4) empower consumers and health equity. Key reforms include care delivery reform through the advanced medical home program and community and clinical care integration and value-based payment reform through shared savings programs based on quality.
- *Cost Containment Study* – Public Act 15-146 charges the Healthcare Cabinet to conduct a review of successful cost containment practices in other states, particularly Massachusetts, Maryland, Oregon, Rhode Island, Washington, and Vermont. Stakeholder interviews, a comprehensive study of past reports, and presentations on each state have been completed. Recommendations based on these efforts will be completed December 1, 2016. Anne Foley (OPM) requested that a periodic update on this study be added to the Task Force’s agenda so members are informed about its progress.
- *APCD* – The APCD is anticipated to have commercial data for roughly 1.5 million lives by the end of June 2016. Efforts to mitigate the resulting actions of health plans due to the recent Supreme Court decision, [Gobeille v. Liberty Mutual Insurance Company](#), are ongoing. John Canham-Clyne (Unite Here Union) asked if the APCD was still on schedule to meet its deadline; Vicki Veltri will follow up with a response.

Fred Hyde (Columbia Business School/ Consultant) asked for a status update on a data request from the Department of Social Services regarding diagnostic-related groups (DRGs). Commissioner Roderick Bremby (DSS) anticipates the data will be available by next month’s meeting.

VI. Next Steps: Anne Foley provided an overview of the planned agenda item for next month, which includes a group discussion on the purpose and goals of the current CON program, and the role Task Force members envision for the CON program in the future. A [summary](#) of the intent of CON programs, and of common supporting and opposing arguments from the National Conference of State Legislatures was provided for members to review. Highlights of the discussion include:

- Fred Hyde, Commissioner Bremby, and John Canham-Clyne remarked on including preserving competition as one of goals of the CON program. They commented that if competition is a factor the Task Force is considering, the basis of the competition should be on metrics the Task Force supports, such as quality and access.
- Mag Morelli asked if the elimination of the CON process would be considered. Lt. Governor Wyman responded that every policy consideration was open for discussion and exploration by the Task Force.

- Tekisha Everette, in response to Anne Foley’s query about what other information the Task Force would find useful for the next meeting, asked for detail regarding how CON programs in other states achieve their stated goals.
- Bob Patricelli remarked on the work of the Healthcare Cabinet and how it interrelates with the work of the Task Force. He asked the Chair for a confirmation of the Task Force’s charge. Lt. Governor Wyman responded that current state health care initiatives such as the Health Care Cabinet and the CON Task Force should coordinate rather than duplicate efforts. Therefore, any potential changes to CON must be made by examining the universe of possibilities for CON in relation to the other healthcare initiatives that are underway.

VII. **Adjournment:** Tekisha Everette motioned to adjourn, which was seconded by Keith Stover. The meeting adjourned at 2:52 PM.