

Public Comment of Deborah Chernoff  
Public Policy Director  
New England Health Care Employees Union, District 1199, SEIU  
CON Task Force Meeting  
Monday, November 21, 2016

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Thank you for the opportunity to offer public comment today on the Certificate of Need process for nursing homes in Connecticut.

Although the focus of my comments is on nursing homes, with respect to the hospital CON process, I would like to echo and support the comments of my colleagues in the AFT and of Lynn Ide. As an organization of health care workers, we share their concerns about access, transparency and cost of health care services.

I would also like to respectfully but vehemently disagree with my friend Matt Barrett with respect to changing or eliminating the CON process for voluntary closures of nursing homes in Connecticut.

Over the past 17 years I have been deeply involved in multiple CON hearings regarding the closure of skilled nursing facilities. While these hearings are always painful, they are necessary to protect vulnerable nursing home residents by examining *all* facts and considerations in permitting a closure, not simply the interests of the current owner.

In one case, the CON process resulted in keeping a nursing home in Stamford open—it is operating to this day—when the hearing revealed that the nursing home operator’s primary motivation for closure was not financial distress but a potentially lucrative real estate deal.

In the case Matt cited, he failed to include the fact that the process took months to gain approval to close because the operator refused to give the state necessary financial information, thus creating their own delay.

The members of the Task Force should know that **Consumer Voice for Quality Long Term Care**, the leading national advocacy organization for nursing home residents and their families, just released a major research study titled *Successful Transitions: Reducing the Negative Impact of Nursing Home Closures*. That study named Connecticut as

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one of only three “Best Practice” states, based largely on our CON process which includes a mandatory public hearing. We are leading the way for other states and should continue to do so and preserve our current CON practices as they apply to nursing homes.

You should also be aware that nursing home ownership in Connecticut is in a state of tremendous volatility. Since the beginning of 2014, Department of Public Health records list 35 skilled nursing facilities that have changed ownership, some more than once. That represents 17% of the total number of CCNH-licensed facilities in the state. There are, in addition, three facilities currently in bankruptcy that may either close and/or change ownership as well.

This volatility is likely not only to continue but to increase as we transition more residents to home care. The population that then remains in nursing homes will be older, require more medical or behavioral care and will have fewer choices based on their socioeconomic status. Currently, the Department of Public Health does review such changes in ownership but there is no public hearing process as there is for termination of services.

We are also concerned about making it easier for nursing homes to relocate or build new facilities in the absence of any study of the community impact or input from stakeholders in low-income urban and rural areas. Closures or relocations have a disproportionate impact on residents who have few choices due to their economic status and families who must rely on walking or public transportation to visit loved ones.

We would urge this Task Force to be mindful of the impact on residents and workers beyond closures and to consider strengthening the current Certificate of Need process in the future to include significant changes in ownership and conversions of non-profit facilities to for-profit status.