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December 5, 2018

COMMENTS OF SHELDON TOUBMAN BEFORE THE OFFICE OF HEALTH STRATEGY IN OPPOSITION TO CURRENT PROPOSAL OF YALE-NEW HAVEN HOSPITAL TO CLOSE OUTPATIENT PRIMARY CARE SERVICES

via email (Kimberly.Martone@ct.gov)
Kimberly Martone, Director of Health Systems Planning
Office of Health Strategy
450 Capitol Avenue, MS #51OHS
Hartford CT 06106

Re: Docket # 18-32231-CON, Yale-New Haven Hospital Proposed Termination of Outpatient Primary Care Services

Dear Ms. Martone:

I am an attorney in the benefits unit of New Haven Legal Assistance Association, which serves low income individuals in the greater New Haven area. I have focused on access to health care for low income individuals over the last 27 years. I primarily represent Medicaid enrollees, and, as such, I am very familiar with the challenges these individuals face, compared to other health care consumers, and how small changes in delivery systems and locations can have major impacts on access to care. I wish to comment in opposition to the proposal of YNHH to close its outpatient primary care services at its current Primary Care Clinic (PCC) and have these services be provided instead by the two Federally Qualified Health Centers (FQHCs) at an isolated location on Long Wharf (Sargent Drive). This opposition is based on the harm that will be visited upon health consumers in New Haven, with little if any countervailing benefits to them.

There are several serious access problems that will result from this major change, including (1) new transportation difficulties, (2) higher out of pocket costs for low income individuals not eligible for Medicaid, (3) greater difficulties filling prescriptions, and (4) serious restrictions on access to the full range of reproductive health care. Each of these are discussed below.

Most significantly, there is either no or sharply limited public transit to get to the proposed new location for primary care services. Right now, these services are provided by YNHH at an area to which many patients can walk or propel wheelchairs, because it is in a residential area. If they cannot walk, patients can reach YNHH via bus from other areas of the city, with just one bus ride. By contrast, no one lives near the proposed location, and many individuals will be required to take two buses, scheduled at less frequent intervals, to get to and from it. Inevitably,

this will mean greater difficulty in getting to the facility, increasing the chances of no-shows for people in great need of medical attention.

The hospital emphasizes the greater parking availability at the new location, asserting that only 1/3 of patients do not drive to their current PCC visits. While that appears to be a low number for the 78% of PCC patients who are so low income that they qualify for Medicaid, even if accurate, the focus needs to be on that 1/3. They are the most vulnerable and the ones most likely to be harmed by the new location's physical access issues. It is their access issues which should be the focus of your office's review.

The hospital has put forth no clear, long-term plan to ensure patients have access to reliable transportation to and from the new facility at all times. It has talked about advocating for better public transit, which at best would possibly result in some improvement many years from now. It has also talked about contracting with Uber, but again with no firm commitment. It also offers nothing for those with mobility impairments who are unable to use either a sedan provided by Uber or a regular shuttle bus, or who do not have or cannot use a smart phone due to a disability. In fact, Uber is the subject of multiple lawsuits around the country under the Americans with Disabilities Act for failing to have wheelchair accessible vehicles and refusing service dogs. Absent a firm, concrete long-term commitment by the hospital to provide regular reliable transportation service to all current PCC patients, including those with physical disabilities, access will as a practical matter be directly harmed by the closing and the movement of these patients to Sargent Drive.

A second area where access will be harmed is pharmacy. Right now, at the St. Raphael location, there is a pharmacy at which individuals can immediately go to get their new prescriptions filled. Again because of transportation issues affecting low income Medicaid enrollees, if a pharmacy is immediately available, they are substantially more likely to fill their prescriptions and in a timely way, with such compliance often being critical to successful primary care treatment. For non-Medicaid low income patients, the current YNHH pharmacy assistance program can mean the difference between getting treated and not being treated at all. Since access to medications, as currently available at the PCC locations, is important in ensuring quality care, the move to Sargent Drive, with the termination of both physical pharmacy access and pharmacy cost protections, will mean poorer outcomes and expensive complications for many patients. In the case of the 78% on Medicaid, this will be at the cost of the state's taxpayers.

Third, for those women who need the full range of reproductive health services, including pregnancy termination, the move will mean sharply diminished access to health care, whether they are on Medicaid or not. While YNHH says that the full range of such services will continue to be available through its York Street location, there will in any event be a loss of integrated family planning services for patients. In addition, as a practical matter, very few women will get these needed services at the York Street location. The new primary care facility will be run by the two New Haven FQHCs, both of which take Title X family planning money from the federal government. This money is likely to be subject to an onerous Trump Administration gag rule, blocking all providers at the new facility from making referrals to York Street or any other abortion provider, due to be finalized in the next few months. Already under Title X rules, these

providers cannot help patients to access abortion providers by scheduling appointments or arranging transportation. Absent a commitment from the two FQHCs to jettison this funding, and thus lift the restrictions and the soon-to-be gag rule, which do not and will not apply to the services currently provided by YNHH at the PCC, this will present a significant access issue.

Finally, for many low income uninsured patients—those over the 138% income limit for the HUSKY D program or who are recent immigrants subject to the five year Medicaid bar—the current cost protections at YNHH for all patients below 250% of the poverty level will be replaced with the higher cost-sharing imposed by the two FQHCs. Without these protections, some patients will not go to appointments, fearful of a bill they cannot pay, whatever actual collection practices are followed by the FQHCs. While it should be possible for YNHH to ensure that these individuals would be held harmless with the same cost-sharing protections at PCC carried over to the new facility, by contracting with the FQHCs to provide this protection and reimbursing the FQHCs accordingly, it has not definitively committed to doing this.

As explained above, in each of these four areas, YNHH's proposal significantly jeopardizes low-income patients' access to care. The only countervailing arguable benefit of the major change is the promised access to behavioral health services under the same roof. While we can see some benefit to this in a few cases, the patients who need referrals to **other** kinds of specialists at YNHH, a more likely scenario, will no longer be able to simply walk across the street to get there. Instead, patients will have to navigate complex and unreliable arrangements to make appointments, replacing the current easy physical access to all outpatient specialists for PCC patients. The other benefit to patients claimed by YNHH and the FQHCs, an increase in quality of services, is not borne out by the current data; the FQHCs have worse outcomes on most measures, including with respect to Emergency Department usage.

We also note that, in light of the lack of any meaningful improvement in care, coupled with the above harms to it, it appears that the proposal is motivated by the YNHH desire to cut its costs, as explained in its proposal. However, one of the ways this is accomplished is by having Connecticut taxpayers pay more under Medicaid for the 78% of visits covered by that program. This is because FQHCs by law are entitled to higher reimbursement rates than currently are received by YNHH. To fund these higher costs for the same services, other harmful cost-cutting steps could be imposed on Medicaid enrollees by the state.

Accordingly, as currently configured, the proposal of YNHH to terminate primary care services and require that they be provided at the isolated Long Wharf location instead should be rejected. We urge your office not to approve the plan—conditionally or otherwise—until each of the above access issues affecting low income patients are fully addressed.

Thank you for your attention to these comments.

Olejarz, Barbara

From: Martone, Kim
Sent: Thursday, December 06, 2018 12:27 PM
To: Riggott, Kaila; Mitchell, Micheala; Carney, Brian; Walker, Shauna
Cc: Olejarz, Barbara; Greer, Leslie
Subject: FW: comment on the women's clinic move

OHS CONNECTICUT Office of Health Strategy

Kimberly R. Martone
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From: Spiesel, Christina <christina.spiesel@yale.edu>
Sent: Wednesday, December 5, 2018 3:27 PM
To: Martone, Kim <Kimberly.Martone@ct.gov>
Subject: comment on the women's clinic move

Dear Ms. Martone,

I have read written statements by the Yale Community submitted regarding Title X funding's restrictions on women's health care in the light of Yale's plan to move its Women's Health Service off site to Long Wharf. While I believe that it would be far better to leave it in place as a more centralized location, if a move is necessary, then it is incumbent on all concerned to protect women's access to full health services at the new facility which means separating out Title X funds. The Yale group has presented this issue well. I want to address another dimension of the problem.

Those who oppose abortion and now, also, contraception, do so out of religious conviction, not out of any scientific understanding of what promotes women's health and family health. The United States was formed after a prolonged period of religious conflict in Europe and the Framers sought to insulate the new country from religious conflicts. Hence, they separated church and state. Under current law, those who do not wish to have an abortion are not forced by law to have one. Likewise, women are not forced to bear children against their will with all the attendant risks to their life and health. It is wholly inappropriate for the State to promote one side of this religious debate about conception and fetal life or another. This is not just a women's issue – fathers, too, have an interest in how many children they wish to support and what risks their wives and daughters should be asked to run. It is far more dangerous for a woman to carry a pregnancy to term, dangerous to her life, than to have an abortion. Right now, abortion and contraceptive services are legal and business arrangements of institutions ought not to make it difficult for women to access care they need.

Please make sure that in the permitting processes for the changes in the Yale clinic's location, basic rights for care are preserved. These are loaded issues best left to matters of individual conscience. Institutions need to protect rights, not make them impossible to exercise.

Thank you,

Christina Spiesel

Written Testimony Expressing Concerns Regarding the Impact of Yale New Haven's Primary Care Clinic Closures on Reproductive Health Care Access

Presented by Ahmad Maaz, Sarah Jane Bever-Chritton, and Rachel Kogan
Students at Yale Law School and Members of the Reproductive Rights and Justice Project Clinic

Via email: Kimberly.Martone@ct.gov
Kimberly Martone, Director of Health Systems Planning
Office of Health Strategy
450 Capitol Avenue, MS #51OHS Hartford CT 06106

Re: Docket # 18-32231-CON, Yale New Haven Hospital proposed relocation of the Primary Care Center (PCC)

Dear Ms. Martone:

We are testifying to urge the State Department of Public Health, Office of Health Strategy and Yale New Haven Hospital to consider the impact of the planned closure of the Primary Care Center, including the Women's Center on access to reproductive health care, particularly for low-income New Haven women. As many others have expressed, the new location is much harder to access generally for New Haven residents without a car or ability to drive. Even for those those who are able to surmount these transportation barriers, the new location imposes additional hurdles to accessing medically necessary and Constitutionally protected care since the Federal Qualified Health Centers proposed to take on YNHH's patients are bound by federal abortion restrictions that do not apply to YNHH. Under Connecticut's Certificate of Need law, the Office of Health Care Strategy is required to consider whether an applicant has "satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care." Conn. Gen. Stat. § 19a-639. If the state decides to approve the proposed termination, it must ensure that access to *all* medically necessary care is protected, including abortion.. Our concerns are the following:

I. The Proposed "Fix" to the Restrictions on Care at Cornell Scott Hill by Separating Abortion Services from Other Reproductive Care Stigmatizes Abortion and results in a fragmentation of reproductive health care with negative consequences for the health of patients.
II. Federal restrictions on FQHCs like Cornell Scott Hill will Jeopardize Access to Abortion even if YNHH maintains abortion services at its York Street location.

III. Given the likelihood of the domestic gag rule going into effect, in order to protect access to abortion, we request that the state require YNHH condition its block payment to Cornell Scott Hill on the complete physical and financial separation of Title X funds such that no Title X funds will be spent at Hill's new Sargeant Drive location.

We will now provide additional information on each of these concerns and our suggestions to mitigate the potential harm that YNHH's closure would pose to reproductive health care access.

Section I:
Oral Testimony Provided by: Ahmad Maaz, a formerly undocumented, low income, second-year law student at Yale Law School and a member of the Yale Law Reproductive Rights and Justice Project legal clinic.

Under YNHH's proposed plan, YNHH adult medicine and women's center patients will become patients at Cornell-Scott Hill Health Center. Cornell Scott Hill is a Federally Qualified Health Center, and a grantee in the Federal Title X Family Planning Program. As YNHH noted in its October 8th, 2018, response to the Office of Health Strategy's request for more information, federally qualified health centers, like Hill, are subject to the Hyde Amendment—a federal law restricting the use of federal dollars to pay for abortion services. Yet, Connecticut recognizes that abortion is a medically necessary service, which is why it is covered by state Medicaid dollars. Under the proposed plan, YNHH will facilitate transferring patients to a provider that does not provide all medically necessary care as defined by the State. In response to this issue, YNHH states that it will "maintain a clinic on its York Street Campus after the opening of 150 Sargent Drive to continue provid[ing] [family planning] services...." While we applaud YNHH's continued commitment to provide the community it serves with all medically-necessary care, it must be noted that segregating these services may nonetheless decrease access. With the clock ticking on their pregnancy, patients who will have already gone to the new NHPCC site will have no choice but to make another appointment, on a later date, at a different place. In other words, by having to schedule another appointment, cash-strapped patients may likely incur further loss to essential income.

In addition, physician services supported by Title X funding currently cannot include taking so-called "affirmative actions" to help patients obtain an abortion. Doctors and staff may not help to schedule or arrange transportation for the procedure. Currently, at YNHH, low income women with positive pregnancy tests have routinely received same-day referrals to abortion counseling services at Yale Family Planning. This ease of access to care will be lost should the termination of services at YNHH proceed as proposed. In addition to logistical barriers to care, this segregation of one component of comprehensive women's care perpetuates stigma surrounding a woman exercising her right to choose if, how, and when to have children, further jeopardizing access.

Yale New Haven Hospital's decision to terminate its primary care clinic already decreases the amount of community benefits the hospital provides. Those benefits are a prerequisite to maintaining the hospital's non-profit status. Worse yet, by impeding financially disadvantaged women seeking to access abortion services, the Hospital's community benefits plummet further. With that in mind, the state must ensure that Yale New Haven Hospital continues to provide the requisite community benefits after terminating its primary care center.

Section II

Oral testimony provided by Sarah Jane Bever-Chritton, a second-year law student at Yale Law School and member of the Reproductive Rights and Justice Project legal clinic:

In addition to the existing restrictions on access to medically necessary care imposed about Cornell-Scott Hill, Title X's restrictions are likely to become sharply more severe in the near future.

In addition to the existing restrictions on access to medically necessary care imposed on Cornell-Scott Hill, Title X's restrictions are likely to become sharply more severe in the near future.

A new Trump Administration proposal to revive what is popularly known as the "domestic gag rule" would prohibit Title X funding from supporting *any referrals* for abortion care. Under the new rule, which is almost certain to take effect as proposed, Title X programs may not "directly or indirectly facilitate, promote, or encourage abortion in **any** way." Cornell-Scott Hill's providers would be prohibited from helping their patients contact abortion providers, including YNHH. Under the new proposed rule, even if a patient is adamant in her choice to terminate her pregnancy, the most a provider could do is provide a list of "comprehensive health care providers"—without identifying which facilities on the list provide abortion services. And though doctors would be forbidden from directly referring patients seeking an abortion to an abortion provider, they will be ***required*** to provide referrals to prenatal services— even if the patient does not ask for or want these services.

If these new restrictions go into effect, Yale-New Haven's commitment to continue to provide abortion services at its main campus is clearly an inadequate solution. In order to ensure that the New Haven community Yale-New Haven serves will continue to have meaningful access to reproductive care, they must also take affirmative steps, consistent with their values of patient-centered care, to see that patients will truly have that access. This cannot be accomplished if physicians at the new site are gagged from referring patients for the services that Yale-New Haven will continue to provide.

Section III

Oral testimony provided by Rachel Kogan, a third-year law student at Yale Law School and member of the Reproductive Rights and Justice Project legal clinic.

As discussed above, the proposed Title X funding restrictions pose unacceptable barriers to access to abortion that previously were accessible in one integrated facility at YNHH's accessible downtown location that does not use Title X funding. If the domestic gag rule goes through, and Cornell-Scott Hill uses its Title X funds at the new Long Wharf facility, providers at the new facility will no longer be able to refer patients to the York street clinic. Additionally, rather than providing "non-directive counseling" on all of a pregnant patient's options, clinicians would not be required to provide information on abortion but would be required to to refer patients to prenatal services even if the patient has not asked for them. Gagged health care is bad for patients and bad for trainees who will be learning in an environment that teaches them to undermine patient choice.

Ensuring that the new facility does not use Title X funding would satisfy the domestic gag rule's new requirement that Title X funds be physically and financially separated from any facility that provides abortion as a method of family planning. Planned Parenthood clinics have demonstrated the feasibility of separating funds in order to comply with existing federal regulations. In order to fulfill its pledge to ensure that patients in the community continue to receive comprehensive reproductive health care, YNHH must commit to a similar model. This would free providers from the gag the federal government seeks to place on medical practice. Patients who assert their constitutional right to an abortion can be referred directly to a provider, rather than be misled and shamed with an incomprehensible list of clinics and a referral to prenatal care she does not want.

We request that if the state approves the Certificate of Need that the approval be conditioned on YNHH including a requirement that Cornell Scott Hill not use Title X funds in the new Long Wharf location. This is consistent with YNHH's mission of excellence in patient care, teaching, research, and service and the state's obligation to address accessibility to care in considering the application.If this deal is to go forward, Yale New Haven Hospital must do more to ensure that the move to Long Wharf will not jeopardize access to necessary, constitutionally protected care. It is imperative that Yale New Haven live up to its vision and values, and continue to provide medically necessary care to its most vulnerable patient population.

Olejarz, Barbara

From: Martone, Kim
Sent: Tuesday, December 04, 2018 10:52 AM
To: Mitchell, Micheala; Riggott, Kaila; Carney, Brian; Walker, Shauna
Cc: Olejarz, Barbara; Greer, Leslie; Lazarus, Steven
Subject: FW: Comment on proposed YNHH consolidation / move to 150 Sargent Dr.

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From: Abigail Roth <abigailroth1234@gmail.com>
Sent: Tuesday, December 4, 2018 10:50 AM
To: Martone, Kim <Kimberly.Martone@ct.gov>
Subject: Comment on proposed YNHH consolidation / move to 150 Sargent Dr.

4 December 2018

To Whom It May Concern:

Thank you for holding a hearing last week, and for continuing to accept testimony, about Yale-New Haven Health's (YNHH) proposal to relocate its three existing primary care services (including its Women's Center) to a building it owns at 150 Sargent Drive, and to turn over management to Fair Haven Community Health Care and Cornell-Scott Hill Health Center, two Federal Qualified Health Centers (FQHS).

While I appreciate that there are benefits to consolidating the clinics at the new Long Wharf location, I have two serious concerns with the proposal which I hope the Office of Health Strategy's Health System Planning will ensure are addressed before granting approval. I know you have heard from others expressing these concerns as well: (1) the impact on women's reproductive rights; and (2) access to care for those who do not own cars.

Reproductive rights: The representatives from Yale Law School who presented on this topic at the hearing made a clear and strong statement, so I will not take a lot of time repeating their excellent arguments, but I want to highlight what I view as the most significant points.

Under Connecticut's Certificate of Need law, your office must consider whether an applicant has "satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care." Conn. Gen. Stat. § 19a-639. The proposed plan adversely affects accessibility to care, specifically, the right to constitutionally-protected abortions. Under the proposed plan, YNHH adult medicine and women's center patients would become patients at Cornell-Scott Hill Health Center, an FQHC and a grantee in the Federal Title X Family Planning Program. Accordingly, Hill is subject to the Hyde Amendment—a federal law restricting the use of federal dollars to pay for abortion services. YNHH says it will address this problem by "maintain[ing] a clinic on its York Street Campus after the opening of 150 Sargent Drive to continue provid[ing] [family planning] services...." While I am glad YNHH hopes to protect a woman's right to choose, this is not an adequate solution for two reasons.

First, it will be logistically difficult for women to seek access to abortions, because they will have to make a second appointment on a later date. This will be especially difficult because Title IX restrictions do not allow doctors and staff to take "affirmative actions" to help patients obtain an abortion, such as helping to schedule appointments or arrange for transportation to them.

But there is an even more significant problem with this plan: Under Federal regulations likely to go into effect very soon, Title X programs will not be able to "directly or indirectly facilitate, promote, or encourage abortion in any way." In other words, even if a patient says she wants an abortion, the most a provider at Cornell-Scott could do is share a list of "comprehensive health care providers"—and so would not be able to refer patients to the York street clinic.

I want to echo the Yale Law School students' proposal that YNHH commit that the new facility does not use Title X funding, in order to satisfy the proposed regulatory requirements that Title X funds be physically and financially separated from any facility that provides abortion as a method of family planning.

Transportation: Turning to transportation, I want to thank the hearing moderators for requiring there to be more specifics on YNHH's transportation plan before approving this move. While it is nice that 2/3rds of the patients will now more easily be able to find parking, it must be assured that the other 800+ patients who do not own cars can easily get access to healthcare at the new facility. When someone needs healthcare, it often when they are most vulnerable, so imposing long trips on public transit or by foot to get to a doctor is not a good solution.

I do not drive and so greatly appreciate the need for easy access to a doctor. I live in Downtown New Haven and so can easily walk to most medical facilities, but know that is not the case for everyone.

It seems like YNHH easily could study where their patients without cars are coming from and establish shuttle routes in the neighborhoods with the most patients, if there was not already CT Transit availability from there on a regular schedule with a direct route to Long Wharf. The other alternative would be for YNHH to donate funds to CT Transit to expand their routes between areas with lots of patients without cars and Sargent Drive.

Thank you very much for considering my views on this issue.

Sincerely, Abigail Roth (New Haven resident)

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December 3, 2018

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Via email: Kimberly.Martone@ct.gov
Re: Docket # 18-32231-CON, Yale New Haven Hospital proposed relocation of the Primary Care Center (PCC)

Dear Ms. Martone:

I did not know about the important hearing you held on the plan to move the PCC to Long Wharf until I read the article about it in the local paper. I appreciate that your office is still accepting comments, and offer these.

We share the concerns voiced by many people regarding the lack of adequate transportation options to support moving this important clinic to Long Wharf. There are many other factors, as well, which make this a less-than-ideal location for a PCC.

Background

The New Haven Urban Design League has been engaged in a broad community discussion about the development of the Yale New Haven Hospital / Yale Medical Area since our organization was founded in 1998. The medical sector is a major part of the local economy and its facilities have a major impact on the thousands of people who work there, receive treatment there, and live in the adjacent neighborhoods. Recognizing the importance of the area, we held a charrette in 2011 to discover ways to improve the hospital zone as a healthy, attractive urban space that had a harmonious relationship with its host community.

A highlight of the charrette was having Dougal Hewitt, then V.P. of Community Relations for Bon Secours Hospitals, discuss the best thinking on how hospitals can succeed in their mission of promoting health and healing through their campus plans as well as through their services to patients. Since this time, the League has continued to work to bring these best practices to bear on various individual planning projects in the area, as well as in the Hill-to-Downtown Plan of 2014 and the Mobility Study of 2015.

The League has worked for many years to encourage the City and medical area developers to adopt a "healthy hospital / healthy community" standard for planning medical centers and their adjacent neighborhoods. Basic to this model is walkability, clean air, public safety, green space, shared public spaces, and a walk-to-work environment joined with a good transit system.

Transportation challenges for the proposed PCC relocation

In all these various planning efforts, transportation issues were a central topic. Residents understood that the massive parking structures and surface lots devoted to Medical area uses brought pollution, noise and congestion to their neighborhoods, while at the same time diminishing the viability and availability of convenient, frequent public transit to meet their needs, and the needs of patients and employees. Both the Hospital and University operate private shuttles. While the shuttles reduce some traffic, the private system does not serve either residents or patients. A "Universal Transit" system is needed to build a high-quality transit network, and to allow the retirement of the private transit systems, which by being a 'separate and unequal' undermines civic cohesion and opportunity.

The combination of parking facilities and arterial roadways with high Vehicle Miles Traveled (VMT) counts has also effectively separated the Hill neighborhood from the rest of the city. Building and maintaining parking facilities requires the Hospital to make enormous financial investments in projects which are harmful to human health and take up land which could be devoted to useable buildings for treatment, administration, research and laboratories – and clinics such as the PCC. The Medical Area has a great deal of underutilized land (see fig.1) including the current site of the PCC. With proper land stewardship, the PCC could remain in the hub of the Medical Area, which would be the best option for both patients and employees.

Currently, patients seen at the PCC can easily access the YNHH specialists whose offices are organized around the central campus. This convenience is especially important for people dealing with multiple illnesses, who may need to see more than one doctor in a day. The Hospital has shown that there are not feasible and viable alternatives to a plan that would have a negative impact on these vulnerable populations and minority groups. No alternatives have been proffered.

The Hospital has stated that 66% of patients use cars to come to the PCC. An important question to consider is whether driving, and the expense of operating and parking a car is a first choice, or the only viable choice due to inadequacies in the transportation system –- inadequacies which are compounded by the Hospital's private transit system.

Even if we were to accept that 66% of patients are driving to their appointments are drivers by choice, the remaining patients, or 1/3 of all visits, are made by people using public transportation. These are the poorest of the Hospital's patients, the ones with the fewest options. Currently, these patients can access the PCC by riding the CT Transit 265 line, which runs every 6 – 15 minutes and stops at the corner of Howard and Congress where the PCC is located. CT Transit 261 line, which also operates on a frequent (10-15 minute) schedule, has stops near the current PCC as well.

Moving the PCC to Long Wharf would leave the poorest people, or people who cannot drive due to a disability, shouldering the greatest transportation challenge. Taxis are expensive, and My Ride and other medical taxis require at least a two-hour wait from the time a patient calls and asks for service to when the medical taxi arrives. Many patients miss appointments this way.

A central question for the Office of Health Strategy is to judge whether a plan proposed by a medical institution **reduces** access to health care by increasing medical costs or simply by locating in a hard to reach place. The hospital has not presented a plan to address the transportation problems that the relocation to Long Wharf would create for both low-income patients and staff earning lower incomes. We ask that the Office of Health Strategy consider the barriers to medical care that would be created by the combined impact of increased transportation costs (a patient's time and money) with the impact of changed fee structures and billing policies to be instituted by the new PCC.

Solving the transportation problem will take time, and certainly more time than is available if the Hospital's current development timeline is followed. The City is currently working with the Greater New Haven Transit District and the Connecticut Department of Transportation to revise bus routes for the region. This study is incomplete, and its findings and recommendations will be based on current use patterns. The City is also working on a plan for the development of the larger Long Wharf area. The plan, which will need to go through local and State review, is focused on creating the robust storm water management plan necessary for building in this low-lying coastal zone. The actual build-out of the area could take 20 years or more. This timeline is important to consider: until the area is rezoned and more buildings and activities are established, **there will not be sufficient demand to justify expanded CT Transit service, based on the PCC alone**. As a stopgap, the Hospital has proposed operating shuttles for patients, but YNHH has not committed to any specific plan or to maintaining it long-term until such time as alternative transit options should become available. The Hospital's current shuttles, unlike CT Transit buses, also do not accommodate wheelchairs or strollers, which raises an issue of compliance with the Americans with Disabilities Act. The Office of Health Strategy will need to evaluate whether transportation can be provided at the same or better level of service and cost than what patients are afforded in the current location.

Urban Context challenges for the proposed PCC relocation

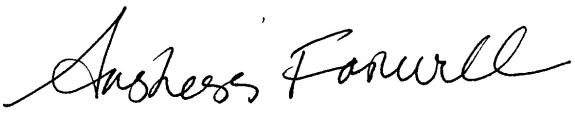
A central tenant of the "healthy hospital/ healthy community model" is that people need well-designed urban places if they are to thrive as citizens, heal as patients or be supported as employees. Beauty, utility, and convenience are essential. The Office of Health Strategy has heard testimony from patients that they want the PCC to remain in the Medical District, or be located in a "neighborhood business zone" and scaled to that kind of residential setting, as the Fair Haven Health clinics are today. This testimony goes to the heart of good planning: Are we designing an isolated single purpose facility, or building an urban place for people? The Long Wharf land mass was created in the 1950's to support the Interstate I-95 Highway. It was built out with uses related to the highway: factories, hotels, warehouses all

oriented to vehicular traffic. At this point, the Long Wharf area is something of a “no-man’s-land” without typical urban form or activities, and with a still-to-be-determined future.

Not having the PCC in the Central Medical area, or subdivided to fit into neighborhood settings, does put a burden on people, and not only for transportation. Patients often have long waits between appointments, and an isolated place like Long Wharf would not offer the convenience of finding restaurants, retail or other services which could make a trip to the doctor easier and more convenient to manage. Or simply more enjoyable. This would be especially true for parents with young children. Being in a place where they could find a variety of restaurants offering food at different prices would help, as would being able to take children outdoors for a walk around the block between appointments.

The University of Miami has been a leader in thinking about planning health medical districts. At this juncture, when the Hospital and Medical School are moving towards major new plans (for the current site of the PCC, the site of Connecticut Mental Health Center, rebuilding the Hospital East Wing, and building out the vast area between Congress and Columbus Avenue) it would be reasonable to evaluate this plan in a larger context, and evaluate if there is a much better way to build a place to serve PCC patients. There is a dual task here, to review more thoroughly a seriously inadequate plan, and too lay the foundation for better medical planning in our community.

Yours,



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Statement of Belief
The New Haven Urban Design League believes the quality of the built environment is critical to human happiness and a civil society.
Mission
The New Haven Urban Design League was founded by citizens devoted to protecting and enhancing New Haven's natural assets and urban design through research, education, and advocacy. The League works to improve the quality of life in New Haven by supporting projects that sustain the culture, beauty, utility, and economic health of the city -- both in its neighborhoods and in its region. The League seeks to strengthen the civic culture that is the foundation for good government, good planning, and good development.

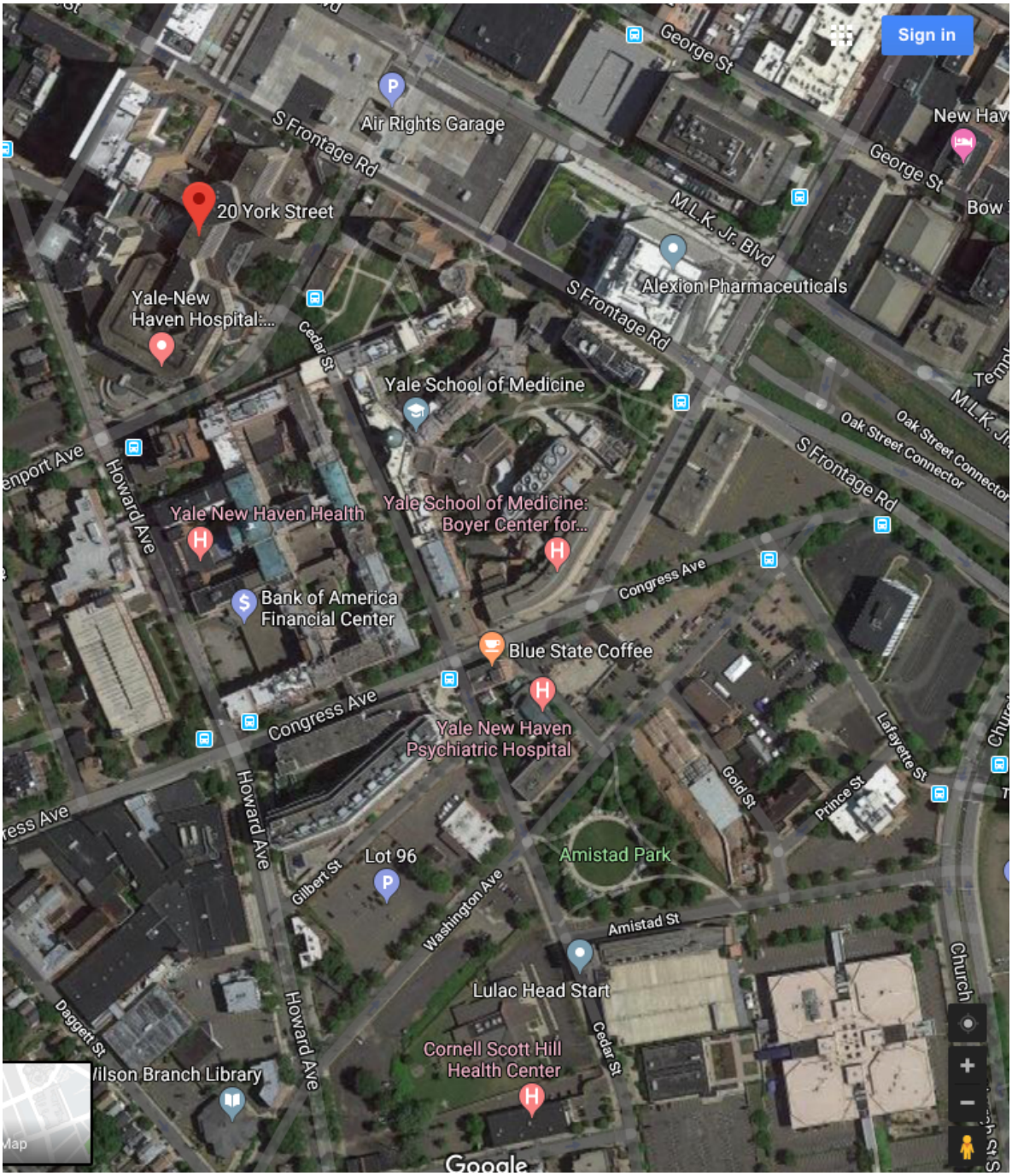

Figure 1. Satellite view of Medical Area, showing surface parking lots and underutilized properties

Fig. 2. CT Transit system map, showing the higher level of service in the Medical District versus the low level of service in the Long Wharf area.

Olejarz, Barbara

From: Riggott, Kaila
Sent: Wednesday, December 05, 2018 11:45 AM
To: Olejarz, Barbara; Walker, Shauna; Carney, Brian
Subject: FW: Primary Care Move to 150 Sargent Drive

Kaila Riggott, MPA
Planning Specialist
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-----Original Message-----
From: OHS.CONComment
Sent: Wednesday, December 5, 2018 10:09 AM
To: Martone, Kim <Kimberly.Martone@ct.gov>; Lazarus, Steven <Steven.Lazarus@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>
Subject: FW: Primary Care Move to 150 Sargent Drive

_____
From: Annamalai, Aniyizhai
Sent: Wednesday, December 5, 2018 10:09:15 AM (UTC-05:00) Eastern Time (US & Canada)
To: OHS.CONComment
Subject: Primary Care Move to 150 Sargent Drive

With the proposed primary care merger with CS-HHC taking over adult primary care for YNHH, why can't the care locations be kept as they are now? The PCC locations on Howard Ave and Chapel St. can still be managed by CS-HHC without a physical move. Keeping primary care location at 150 Sargent Dr. will make it difficult for patients as many live in the immediate neighborhood of the hospital area. Taking the bus, even if successful wis more expensive than walking. The move will also make it extremely inefficient for trainees and attending physicians who have to travel back and forth from YNHH to the 150 Sargent Dr. site.

Ani Annamalai, M.D.
Director, Yale Refugee Clinic

Olejarz, Barbara

From: Martone, Kim
Sent: Wednesday, December 05, 2018 7:50 AM
To: Riggott, Kaila; Mitchell, Micheala; Carney, Brian; Walker, Shauna
Cc: Olejarz, Barbara; Greer, Leslie; Lazarus, Steven
Subject: FW: YNHH primary care move to Longwharf

Kimberly R. Martone
Chief of Staff, Office of Health Strategy
Director, Health Systems Planning
Mailing Address: 450 Capitol Avenue, MS#51OHS, P.O. Box 340308, Hartford, CT 06134-0308
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From: Angoff, Nancy <nancy.angoff@yale.edu>
Sent: Tuesday, December 4, 2018 9:08 PM
To: Martone, Kim <Kimberly.Martone@ct.gov>
Subject: YNHH primary care move to Longwharf

Dear Kimberly,
I am feeling somewhat under time constraints as I just learned that tomorrow is the deadline for comments on this move. I am writing to you as a long term resident of New Haven (over 40 years) and a physician who cares for disadvantaged and often marginalized populations. I am also affiliated with Yale and YNHH but do not write in that capacity. I write as a private citizen and a physician.

I am dismayed by the lack of real attention to access to the Longwharf clinics. I say "real" attention because I suspect that anyone associated with this move would say that they have paid a lot of attention to it. But no real attention because it is clear that the site was chosen and all was in place before there was any conversation about whether or not patients could or would get there. My patients all have HIV and are treated in a clinic in the heart of New Haven reachable by public transportation. I know that many of them would not be able to get to Longwharf and therefore would not get treated and therefore, not only they but their sex partners and families would suffer. This is not good. What about people and children/adolescents with diabetes, hypertension, early warning signs of cancer? If they do not find access easy and do not go, they will suffer and by extension the community will suffer. YNHH has a deep obligation to attend to the issue of transportation and access. It is a social determinant of health. It has been shown to affect health outcomes.

The second issue of access to complete reproductive health services is also very important. If we are really to allow patients full support in their reproductive health decisions, we must ensure that they have access to and support for reproductive decisions whether that comes to ending an unwanted or unhealthy pregnancy or supporting a pregnancy to a successful birth.

I feel rushed and unable to fully express my dismay at this move which is counter intuitive. Access, access, access. Choice, choice, choice. Support, support, support. These are the ways that we ensure the health of our community. We know that the social determinants of health more than the medications we prescribe will lead to health or to progression of disease. So

we need to go to the patients. Not expect them to have to figure out how to get to us without adequate public transportation, side walks, people in their midst who can care for them.

Sincerely yours,
Nancy Angoff