

In the Matter Of:

LIFESPAN/CARE NEW ENGLAND HEALTHCARE

PUBLIC MEETING

January 26, 2022



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1 RHODE ISLAND OFFICE OF THE ATTORNEY GENERAL AND
2 RHODE ISLAND DEPARTMENT OF HEALTH

3
4 PUBLIC MEETING

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7 NOTICE OF APPLICATION

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9 HOSPITAL CONVERSIONS ACT INITIAL APPLICATION OF
10 RHODE ISLAND ACADEMIC HEALTH CARE SYSTEM, INC.,
11 CARE NEW ENGLAND HEALTH SYSTEM ("CNE"), KENT COUNTY
12 MEMORIAL HOSPITAL, WOMEN & INFANTS HOSPITAL OF
13 RHODE ISLAND, BUTLER HOSPITAL, LIFESPAN CORPORATION
14 ("LIFESPAN"), RHODE ISLAND HOSPITAL, THE MIRIAM
15 HOSPITAL, NEWPORT HOSPITAL, AND EMMA PENDLETON
16 BRADLEY HOSPITAL (COLLECTIVELY, THE "TRANSACTING
17 PARTIES")

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DATE: JANUARY 26, 2022
TIME: 3:00 P.M.
PLACE: ZOOM CONFERENCE

Casey A. Bernacchio, CSR

1 (RECORDED MEETING COMMENCED AT 3:01 P.M.)

2 MS. WEIZENBAUM: Good afternoon, everyone.
3 It's a little bit past 3:00, so I think we're ready
4 to start. It looks like we have a full slate of
5 people in attendance.

6 This is a joint public informational
7 meeting of the Office of the Attorney General and
8 the Rhode Island Department of Health regarding a
9 proposed hospital conversion.

10 My name's Miriam Weizenbaum, and I'm chief
11 of the civil division for the Office of the
12 Attorney General here in Rhode Island, and I'd like
13 to first welcome everybody who's here and thank you
14 for taking the time to participate in this very
15 important public meeting.

16 Both the Department of Attorney General
17 and the Department of Health are responsible for
18 reviewing the proposed transaction and either
19 approving it, approving it with conditions, or not
20 approving.

21 The transaction or conversion as proposed
22 would place a non-profit Rhode Island parent
23 corporation over both Care New England and
24 Lifespan. And after that, until a system CEO is
25 chosen, the current Care New England Lifespan CEOs

1 would serve as interim co-CEOs during a planning
2 and integration process.

3 Lifespan and Care New England's joint
4 application seeking approval was deemed complete on
5 November 16th and made public on December 30th and
6 is posted at the website of the Rhode Island
7 attorney general.

8 Here from the attorney general's office is
9 Attorney General Peter Neronha; the attorney
10 general's insurance advocate, Maria Lenz; and
11 members of our reviewing team.

12 This afternoon we will initially be
13 hearing from the attorney general and then from the
14 director of the Department of Health,
15 Dr. Alexander-Scott, and associate director, Sandra
16 Powell. This will be followed by a description of
17 the format that we'll be following for this
18 meeting, and then public comments.

19 Again, I would like to thank everybody for
20 participating. And I'll turn it over to Attorney
21 General Peter Neronha.

22 MR. NERONHA: Thank you, Miriam. Thank
23 you for that concise setup of why we're here today.

24 You know, this has been a long-term
25 process now. I'm grateful for the work of our team

1 here and our partners at the Department of Health
2 really getting into what this proposed merger's all
3 about and weighing what's in the best interest of
4 Rhode Islanders.

5 Part of that process is to be informed by
6 the public, and that's why we're here today. And
7 I'm anxious to hear everyone's comments, and I'm
8 grateful to all of you who are going to share them
9 with us for doing so. Thank you.

10 MS. POWELL: Just checking to see if
11 Dr. Alexander-Scott is here. She was joined.

12 DR. ALEXANDER-SCOTT: I'm here. I'm just
13 looking to unmute in a different place.

14 But can you all hear me? Excellent.

15 Thank you for being with us today.

16 Is there an echo? It's just in my ear.

17 So I also want to thank Attorney General
18 Neronha and all the members of the AG's team who
19 are with us, and the RIDOH team today.

20 As he just stated, these public meetings
21 are such an important part of our review of health
22 system and health facility applications. Our whole
23 public health philosophy at the Rhode Island
24 Department of Health, as you know, is about
25 centering the voice of the community, ensuring that

1 the community's voice is a part of every major
2 conversation. In this conversation on this
3 application, the community's voice is especially
4 critical.

5 There are several criteria we are called
6 on to consider as a part of reviewing this process,
7 and, in essence, our charge is to ensure that any
8 health system changes will make it so that Rhode
9 Islanders have access to care that is safe,
10 accessible, and affordable. We cannot take
11 determinations on any of those counts without
12 hearing about your experiences and your needs.

13 To get more specific, the review we are
14 doing is under the State's Hospital Conversions
15 Act. It calls on RIDOH to issue a decision on the
16 application that is a decision to approve, to
17 disapprove, or to approve with conditions of
18 approval. The comments that you share today will
19 be entered into the public record and will be
20 reviewed closely as we work on our decision.

21 There is a big talented team at RIDOH who
22 will be managing the review at RIDOH, along with
23 department leadership. They include Sandra Powell,
24 the associate director for the Division of Policy
25 Information, and Communications, and who will

1 continue to stand in on my behalf through the
2 course of our session today. Thank you.

3 Also includes Michael Dexter, the
4 assistant director for the Center for Health
5 Systems Policy and Regulations at RIDOH; Fernanda
6 Lopes, the chief of our Office of Health Systems
7 Development; Jacqui Kelley and Bruce Tedesco from
8 our legal team; and a group of consultants we have
9 engaged to support the team.

10 So thank you for joining.

11 And with that, I will pass it to Sandra,
12 who will say a few words.

13 MS. POWELL: Certainly, Director. I'll be
14 quite brief.

15 I just want to also offer my thanks to
16 everyone who was here today. Attorney General
17 Neronha and his time are invaluable colleagues, as
18 the director has indicated.

19 Fernanda Lopes is going to give you some
20 of the specifics relative to how people can provide
21 comment. And with that, we will turn it over to
22 the meeting. Thank you.

23 MS. LOPES: Thank you, and welcome all.
24 My name is Fernanda Lopes, and I serve as the chief
25 of the Office of Health Systems Development at the

1 Rhode Island Department of Health.

2 I'd like to review the framework around
3 the administrative and procedural processes that
4 will be undertaken during today's meeting.

5 First, I'd like to note that this meeting
6 is being recorded and will be posted on the
7 attorney general and RIDOH's websites.

8 We also have with us a stenographer, so we
9 hope to establish an audio recording and a
10 transcript of this meeting for the record.

11 We have a large number in attendance
12 today. As you know, this meeting is being run
13 virtually, and in order for it to be conducted in
14 an organized and orderly manner, I'm requesting
15 that everyone please remain on mute until it is
16 your turn to provide comments. Muting will help
17 avoid any feedback and allow us all to hear those
18 speaking one at a time. I really appreciate your
19 flexibility in this virtual environment.

20 As the link posted in the public notice
21 for this joint public meeting is a live link, if
22 you haven't already done so and are interested in
23 providing comments during today's meeting, please
24 sign up. Participants will be called on to provide
25 their public comments according to that active

1 list. It's important that person speaking during
2 the course of today's meeting identify themselves
3 by name, affiliation, if any, and please spell it
4 for the stenographer so that the record is clear.

5 Please refrain from posting reactions or
6 engaging in chats on Zoom.

7 Finally, each participant in this meeting
8 will have up to six minutes to speak. I ask that
9 comments provided by those speaking today please be
10 pointed, succinct, and concise so that we have an
11 opportunity to hear from all who have public
12 comments to share.

13 If you have already submitted written
14 comments, please be advised that those are already
15 part of the record and do not need to be repeated
16 here today. Written comments will continue to be
17 accepted through February 11, 2022, in place of or
18 should you want to supplement your verbal comments
19 today.

20 We're here to listen to public comments
21 regarding the Care New England/Lifespan Hospital
22 Conversions Act application currently under review
23 by both agencies. All verbal and written comments
24 will be considered by our agencies.

25 And with all of that said, I will call

1 upon Attorney Rocha to introduce Applicant
2 representatives for some brief comments. Thank
3 you.

4 MS. ROCHA: Thank you, Fernanda.
5 General Neronha and Dr. Alexander-Scott,
6 again, thank you for hosting this public
7 informational meeting.

8 On behalf of transacting parties, let me
9 introduce the folks you'll hear from this
10 afternoon.

11 First, Dr. James Fanale, Care New
12 England's president and chief executive officer;
13 Dr. Timothy Babineau, Lifespan's president and
14 chief executive officer; and President Christina
15 Paxson from Brown University.

16 So let me turn it over to Dr. Fanale.

17 DR. FANALE: Thanks very much, Pat.

18 So I want to be brief tonight. Thanks to
19 the attorney general and to RIDOH staff and
20 leadership for hosting these events, and I thank
21 you very much for all the work you've done through
22 review of the application.

23 In introducing at the earlier meeting on
24 the 20th, I emphasized our commitment to quality,
25 service, access, equity, and costs, and we continue

1 to pledge that. And since that's in the public
2 record, I won't go on in detail. I won't belabor
3 you with this again, as we were clear about that
4 earlier in the week.

5 However, I hope that we all see the value
6 that this new entity will create. It is the right
7 time to do this, and I will pledge it will work
8 with all parties, if it is approved, to deliver on
9 our promises.

10 So with that, a very brief statement to
11 open, I'll turn it over to Dr. Timothy Babineau.

12 DR. BABINEAU: Great. Thanks, Dr. Fanale.

13 Good evening, everybody. I would like to
14 echo my appreciation for the work that the attorney
15 general's office and the Department of Health has
16 put in and will put in to examine this very
17 important merger. I also want to thank everybody
18 for coming out tonight. We appreciate your time.
19 We know how busy everybody is. But hearing from
20 the public is absolutely critical to getting this
21 across the finish line. I, too, will be mercifully
22 brief.

23 I know many of you who were on the first
24 call are on the call tonight, and I'll just echo
25 what I said on that call, and that's to speak to

1 you more as a physician than as a CEO.

2 And as a physician, like Dr. Fanale, who
3 has cared for patients my entire career -- and I
4 know I speak for Dr. Fanale -- this is absolutely
5 in the best interest of patients. I've spent my
6 whole life taking care of patients. Dr. Fanale has
7 spent his whole life taking care of patients. And
8 my ethics as a physician would not allow me to
9 advocate for this merger if I did not think it was
10 in the best interest of patients. It absolutely
11 is. I said that on the first meeting. I thought
12 it was worth repeating.

13 I'll just close by saying in the first
14 meeting we heard from some doctors about the
15 clinical programs. We're going to shift gears a
16 little bit tonight and focus on an equally
17 important topic, which is the new combined entity's
18 commitment to diversity, equity, and inclusion.

19 As Dr. Fanale said, this is top and
20 paramount to what the new entity is committed to
21 doing to accelerating our efforts in the social
22 determinants health and in the DEI space.

23 And a little bit later, I hope you'll hear
24 from Carrie Bridges Feliz who leads Lifespan's
25 Community Health Institute.

1 With that, I'll close, turn it over to
2 President Paxson. And, again, thank you very much
3 for coming out tonight. Thank you.

4 MS. PAXON: Thank you very much. I'm
5 Christina Paxson. I'm president of Brown
6 University. And I also will not repeat all the
7 comments that I did at the last public hearing but
8 emphasize something that I think is important.

9 You know, Dr. Babineau spoke to you as a
10 physician. I'm an economist, not a physician, but
11 Brown does have the only medical school in the
12 state, and 60 percent of the physicians in Rhode
13 Island are affiliated with the Warren Alpert
14 Medical School.

15 I talk to my physicians. They are our
16 faculty. They are our doctors. And for the last
17 10 years, since I've come to Brown, I have heard
18 over and over and over again that while they're
19 fantastic doctors, they feel like they could do
20 their jobs better, they could provide better care,
21 more integrated care, they could do better for the
22 citizens of Rhode Island if they weren't in a
23 bifurcated system.

24 Right now I think we have two subscale but
25 complementary health systems, and they just aren't

1 set up to provide the best possible 21st century
2 care.

3 You know, again, you can look at the
4 members. You can assess quality. I take a lot
5 of -- I put a lot of value in what I hear from the
6 doctors who work in this state who are -- you know,
7 the ones I talk to, and there are a lot of them --
8 are very, very much in support of this merger and
9 think it will improve the quality of care for Rhode
10 Islanders. Thank you.

11 MS. POWELL: So before we begin the formal
12 calling of members of the public, I just wanted to
13 take one opportunity, which I neglected earlier, to
14 point out that, as many of us know, this is going
15 to be Dr. Alexander-Scott's last opportunity to
16 formally participate with us during this so
17 critical and important review. And I know I say
18 this on behalf of all my colleagues at RIDOH and
19 many in the community, that we just say thank you,
20 Dr. Alexander-Scott, for your tenacity, your
21 commitment, your pushing all of us all the time to
22 think more broadly than we might otherwise, and I
23 just wanted to say thank you on behalf of all of us
24 and all of the team. Thank you.

25 MS. LOPES: Thank you.

1 So as a reminder, please limit your
2 comments to less than six minutes.

3 And I will go ahead and call upon the
4 first person to speak, which is Javier Lozada.

5 MR. LOZADA: Hi. Hello. Can you hear me?

6 MS. LOPES: Yes, we can.

7 MR. LOZADA: Hi. I just had wanted to say
8 first, in the spirit of full disclosure, I am a
9 former Lifespan employee, having worked for
10 Lifespan from 2011 to 2019. My name is spelled
11 J-a-v-i-e-r. Last name is Lozada, L-o-z-a-d-a.
12 And also I currently do work for Care New England
13 intermittently since 2007.

14 I just wanted to speak to the negative
15 impacts I believe this merger would have.

16 Most of the concern is with keeping care
17 here. You know, people are going to Boston, people
18 are going to New York anyway. A recent New York
19 Times analysis in 2018 concluded that hospital
20 mergers banished competition, raised prices for
21 hospital additions, and the average price of
22 hospital stays increased anywhere between 11 and
23 54 percent.

24 Prices rise more steeply when hospital
25 systems buy doctors groups, as Lifespan has done

1 with Coastal Medical. You know, a combined
2 Lifespan and Care New England -- let's say if
3 there's a reimbursement dispute between Lifespan,
4 Care New England, and Blue Cross Blue Shield or
5 United or Tufts, could leave the patients uninsured
6 in the interim or paying out of pocket for services
7 rendered to them in the interim.

8 Lower reimbursement rates as well as from
9 CMMS can lead to higher costs for commercial
10 insurance statewide. And what I mean by that is if
11 Medicaid or Medicare is reimbursing the hospitals
12 as a set rate, a combined Lifespan/Care New England
13 could then say to other commercial employers or
14 folks who subscribe to the private insurance
15 companies at a lower rate, you know, We'll have to
16 increase your rates to make up for what a combined
17 Lifespan/Care New England would charge us.

18 That would be devastating to some small
19 businesses. Other businesses would probably not be
20 able to offer health care to their employees. Not
21 only small businesses, but medium-sized businesses
22 as well.

23 In my estimation, this is not about
24 patient care. This is more about branding and
25 money. And, again, it's not about the patients.

1 And these higher prices that will come will not
2 lead to better care. Competition is good,
3 alternatives are good. A merger of these two
4 systems is not good.

5 Thank you. I yield the balance of my
6 time. Thank you.

7 MS. LOPES: Thank you.

8 Dr. Aidan Petrie?

9 MR. PETRIE: Thank you for that. And for
10 clarity, I am not a doctor. I'm far from it.

11 So my name is Aidan Petrie, A-i-d-a-n
12 P-e-t-r-i-e. I am the -- one of the managing
13 Partners of the New England Medical Innovation
14 Center and a -- the -- formally the chief
15 innovation officer at a company called Synetica and
16 have been working in the health care field, mostly
17 on the product side, for a long time.

18 To tell you a little bit about what NEMIC
19 does, New England Medical Innovation Center does,
20 is we were helped, with a number of people that I
21 can see here, set up a nonprofit with a focus of
22 helping folk innovate in the health care field.
23 And the Rhode Island Foundation, Commerce Rhode
24 Island, Lifespan, Department of Labor & Training
25 helped set us up.

1 We work with a -- the sort of work we do
2 is largely education, networking, leading to
3 funding, preparation for funding, making sure that
4 companies know what they've got to do, and that
5 exposes us, in turn, to a lot of different aspects
6 of the medical field.

7 The folk we work with typically are --
8 they're out of universities. Brown, we're working
9 right now with about five people out of professors,
10 undergrads, PhDs. We're working with people at
11 head of the engineering department at URI and about
12 three, four PhDs out of there.

13 We also give lectures up at Harvard on
14 medical device development, MIT, et cetera. So
15 we're sort of a regional incubator. Call it a
16 venture studio.

17 We work with a lot of folk out of Lifespan
18 who are in various labs or in the surgical
19 departments and so forth and do work with companies
20 overseas and help them bring technologies and
21 innovations to -- hopefully to this state -- we try
22 and make this state as appealing as it can be --
23 with a combination of knowledge, network, and
24 funding.

25 I think, importantly, we've also focused

1 heavily in the last year on some of the communities
2 that are less well served in Rhode Island. So
3 we've been setting up vaccine clinics in Central
4 Falls and helping a pharmacy out of Wiggin Village
5 to expand. We're working with some homeless folk
6 who are looking to transition out of the homeless
7 situation into -- into affordable housing and so
8 forth.

9 And individuals out of high school. One
10 of our favorite individuals right now is at the Met
11 School, and he's come up with a legitimate
12 innovation in a particular area, and we've had him
13 file a patent and so forth.

14 I have a perspective -- over the years,
15 leaving the sort of professional world, I also led
16 a group at The Miriam Hospital looking at the wise
17 and wherefores of wrong site surgery and was -- and
18 did a -- more than a year, maybe a couple of years,
19 at Kent Hospital, hired by the CEO there, to look
20 at why untoward things happened in their emergency
21 department.

22 And as part of that, there is a view of a
23 highly fragmented industry filled with really good,
24 really well-meaning, and really smart people who
25 everybody -- I -- we never ever saw anybody in

1 situations who didn't want to do their best, but
2 the situation was not set up for them to succeed.

3 And so when I think of this -- I'm going
4 to call it a merger. You used a different word --
5 but this merger, I think that it can only benefit
6 the health care indus- -- the health care in Rhode
7 Island if we have a larger system that is well
8 integrated, well informed, well managed
9 appropriately with appropriate controls, we should
10 be able to provide better health outcomes, we
11 should be able to control costs, we should be able
12 to improve the experience of health, and we should
13 be able to lower physician and nurse burnout within
14 that system.

15 And I just think that the basic construct
16 of a larger organization properly managed will be
17 beneficial -- significantly beneficial to the
18 state, and -- I could -- I can talk forever, but
19 that's my personal view right now.

20 MS. LOPES: Thank you. And I apologize
21 for calling you doctor. I had that on my list. I
22 apologize.

23 MR. PETRIE: I will get over it, but I was
24 chuffed for a moment.

25 MS. LOPES: Gregory Allen, please.

1 MR. ALLEN: Can you hear me okay?

2 MS. LOPES: Yes.

3 DR. ALLEN: Thank you. Thank you very
4 much.

5 My name is Gregory Allen. I'm a primary
6 care physician in East Greenwich, Rhode Island. I
7 speak on behalf of the Rhode Island Society of
8 Osteopathic Physicians & Surgeons. I currently
9 serve as their president. Our organization has
10 concerns about the proposed merger between Care New
11 England and Lifespan.

12 I'd like to bring attention to another
13 aspect of these implications, which probably hasn't
14 been discussed so far. It's the impact on the
15 osteopathic medical community and their ability to
16 provide quality care and medical education to my
17 fellow Rhode Islanders.

18 What is an osteopathic physician one may
19 ask. Some may not understand the distinction
20 between osteopathic physicians, or DOs, and
21 allopathic physicians, MDs, and their similarities.

22 Osteopathic medicine was founded in
23 patient-centered holistic care since its inception
24 over 150 years ago, way before these terms came
25 into vogue in recent years.

1 Osteopathic physicians comprise
2 approximately 8 percent of the total active
3 physicians in Rhode Island and approximately
4 10 percent of its primary care providers.

5 In the late 1960s, osteopathic training
6 and education was formally recognized by most
7 states and the U.S. military as equal to allopathic
8 training and education, including the NBOME,
9 National Board of Osteopathic Medical Examiners.

10 By 1970, osteopathic medical students,
11 like me, were recognized as equal and allowed to
12 attend allopathic residencies and sit for
13 allopathic boards. This determination was made
14 over the objections of the entrenched traditional
15 medical establishment at the time. And osteopathic
16 physicians have successfully defended attempts at
17 discriminatory practices over the years.

18 When I finished medical school, there was
19 no local option for an osteopathic student with
20 family obligations to attend an osteopathic
21 residency here in Rhode Island. I instead accepted
22 an offer to attend Boston University's training
23 program at Roger Williams Medical Center in
24 Providence. I completed my training and
25 established my practice here. This meant I could

1 sit for allopathic board certification, referred to
2 as ABIM, which I thankfully attained.

3 In most places, including virtually every
4 major medical institution in the country, places
5 like Harvard-affiliated Mass General, Yale New
6 Haven, Johns Hopkins, Dartmouth, Tufts, the Mayo
7 Clinic, it would not make a difference which
8 program I attended. They all have adopted pathways
9 for equal footing for osteopathically trained
10 physicians to be credentialed to practice at their
11 hospitals alongside their allopathic colleagues
12 with commensurate training, yet two facilities
13 right here in Rhode Island, the Rhode Island
14 Hospital and Miriam Hospital, cling to the archaic
15 and discriminatory policy of not recognizing this
16 equality.

17 They instead keep a separate pathway for
18 osteopathically trained doctors that obstructs
19 their path. Even as the national accrediting
20 agencies from both the allopathic and osteopathic
21 training programs are literally merging, they
22 refuse to acknowledge this truth.

23 Yes, even a hospital like The Miriam,
24 founded on the very premise of inclusivity,
25 continues to ignore national standards and exclude

1 physicians who are trained in osteopathic
2 residencies and fellowships. No other hospitals in
3 our state, or even the Greater New England area,
4 that we could find can lay claim to such an
5 outdated and discriminatory policy.

6 Why is this important to point out?
7 Because osteopathic physicians enter primary care
8 at a higher rate than their allopathic
9 counterparts. We need primary care physicians in
10 Rhode Island. Approximately one-third of our local
11 physicians are greater than or equal to 60 years
12 old. National stats show that 28 percent of health
13 care leaders report that a physician has
14 unexpectedly retired from their organization in the
15 last year. This is not a problem for the future.
16 It's a problem for right now.

17 I've read the claim that the proposed
18 merger to include Brown University will hopefully,
19 quote/unquote, entice medical trainees to stay in
20 Rhode Island.

21 The University of New England College of
22 Osteopathic Medicine, established in 1978, the same
23 year as Brown's medical school, has welcomed
24 students from Rhode Island and other New England
25 states. I'm happy to tell you that currently

1 eighteenth Rhode Island residents are enrolled in
2 their first year of class at their campus in
3 Biddeford, Maine. Mind you, these are not students
4 who, by virtue of their attendance at an
5 undergraduate program at the college, magically
6 become Rhode Island residents over the course of
7 their studies. We're talking about people, like me
8 and colleagues, who grew up here and returned to
9 Rhode Island to practice medicine at a very high
10 rate. University of New England College of
11 Osteopathic Medicine fosters local relationships,
12 and Rhode Island is better off today because of it.

13 Two teaching hospitals in the state have
14 former rotations for osteopathic students from
15 UNECOM in their third year of medical school:
16 Roger Williams Medical Center and Kent County
17 Hospital.

18 Further, the program at Kent, which has
19 received formal osteopathic recognition for their
20 family medicine residency has been a wildly popular
21 training destination for our native sons and
22 daughters to establish themselves in their home
23 state. Students from UNECOM sign up for the
24 opportunity to train in Rhode Island year end and
25 year out at three times the current capacity.

1 Lifespan and Brown have literally blocked
2 osteopathic students from rotations at their
3 hospitals despite local physicians wanting to
4 mentor them.

5 Brown University, set to invest
6 significant revenue as part of the proposed merger,
7 will most certainly seek to take over any and all
8 of the coveted training spots currently occupied by
9 osteopathic students and residents within the Care
10 New England system. This would preclude the
11 opportunity for local training of osteopathic
12 doctors and ultimately be a great loss.

13 In summary, the Rhode Island Society of
14 Osteopathic Physicians & Surgeons ask that you
15 carefully weigh the establishment of such a large
16 entity in our small state. If it should be
17 approved, we would respectfully ask that you
18 consider measures to, A, ensure that the
19 credentialing process for all hospitals within the
20 new system enter the 21st century and include equal
21 acknowledgment of ABOME, or osteopathic board
22 certification, and ABIM, just as the Rhode Island
23 Board of Medical Licensure and every state in the
24 country does; and, B, to ensure that the current
25 training slots allocated for osteopathic students

1 and residents in the Kent County Hospital training
2 program, affiliated with University of New England
3 College of Osteopathic Medicine, remain intact.

4 I thank you for your attention and the
5 ability to address this important issue. I remain
6 available to answer any questions. Thank you.

7 MS. LOPES: Thank you.

8 Brenda Clement?

9 MS. CLEMENT: Good afternoon. Thank you
10 for the opportunity.

11 Can you hear me?

12 MS. LOPES: Yes.

13 MS. CLEMENT: Thank you, again, for the
14 opportunity to speak. My name is Brenda Clement,
15 C-l-e-m-e-n-t, and I'm director of HousingWorks
16 Rhode Island, which is a research and policy
17 organization that looks at the connectedness
18 between housing in both economic growth but also
19 improved health and economic outcome.

20 So I'm here to say -- to remind us all of
21 an obvious fact that we know, that zip code
22 matters. We knew that well before the pandemic.
23 And the great work that Dr. Scott and our
24 colleagues of Department of Health have been doing
25 through HEZ work and other community-based

1 initiatives have tried to engage communities more
2 in this work, but we know that health outcomes and
3 educational attainment and achievement matter
4 depending on where you live.

5 And so it is critically important as we
6 contemplate a merger of any scale in this state
7 that we keep these factors in mind and that we look
8 carefully at social determinants of health and
9 preventive medicine strategies and any merged
10 entity that may come out of this.

11 Again, all of -- both hospital systems
12 have been working in this space a while in
13 different ways, but it's also going to be critical
14 as -- if a merger moves forward that we do this in
15 a better and bigger scale and realize that these
16 upstream investments will not only improve health
17 outcomes for patients, but also improve -- and
18 hopefully reduce costs as well, too, but will all
19 improve our neighborhoods and communities.

20 I also think it's important not only for
21 the merged entity to do this to take care of
22 patients, but also to take care of their employees
23 and to realize that this investment is an
24 investment in retaining -- recruiting and retaining
25 good employees. And it's employees at all income

1 levels within hospital systems and delivery
2 systems.

3 Unfortunately, at least in the housing
4 space, many workers who we consider critical
5 workers, the people who have taken care -- take
6 care of our sickest patients in hospitals and clean
7 the hospital rooms and serve food in the dining
8 rooms and other things are the people who struggle
9 most to keep a roof over their family's heads as
10 well too.

11 In some written testimony that we'll
12 submit, we'll share some examples of other hospital
13 systems who have done some creative investments in
14 their communities into social determinants and
15 housing as well too.

16 But we think it's critical that the
17 Department of Health and the attorney general
18 continue to build on the good work that the
19 individual entities have done if there's any merged
20 entity and make strong, clear requirements for this
21 investment moving forward. Not only requirements
22 to do it, but a strong oversight system to make
23 sure that it gets done as well too. And an
24 oversight board and committee that engages
25 community representatives is also going to be

1 critical as we move forward.

2 Zip code does matter, and our goal,
3 certainly as HousingWorks and with many of our
4 other housing advocates, is to make sure that all
5 of the zip codes in Rhode Island have the same
6 access, not only to good housing and safe housing
7 and health care, but also educational
8 opportunities.

9 We can use this -- this can either be a
10 good time or a bad time to work towards that goal,
11 which I hope is a shared goal. And as I said in
12 written testimony, we'll submit some more examples
13 about -- about this work.

14 But thank you again for the opportunity to
15 raise this issue, and always happy to work with
16 both Department of Health and attorney general with
17 more specific guidance. Thanks again.

18 MS. LOPES: Thank you.

19 Al Charbonneau?

20 MR. CHARBONNEAU: Unmute.

21 Hi. My name's Al Charbonneau. I'm the
22 executive director of the Rhode Island Business
23 Group on Health. My last name is spelled
24 C-h-a-r-b-o-n-n-e-a-u.

25 In another world, I spent 35 years working

1 as a hospital CEO. I want to begin my comments by
2 saying, during that period, we never faced anything
3 quite like the pandemic, so my heart and I guess my
4 best wishes and sensibilities go out to the
5 hospitals for the great work they're doing.

6 Having said that, I want to make certain
7 that people understand that my comments will be
8 about affordability and strengthening hospitals by
9 changes in payment reform.

10 So while forming the goal -- or while the
11 goal of forming an academic medical center is very
12 desirable -- in fact, if I were working at one of
13 those entities or at the medical school, I would be
14 pushing for the same thing -- we must remain
15 focused on the outcomes of this review, should it
16 be approved, which is a formation of what arguably
17 will be the most highly consolidated hospital
18 market in the country.

19 The question is why is that significant
20 and/or important, and the answer is pretty clear.
21 People have said it before. Research on hospital
22 consolidation clearly demonstrates that it raises
23 costs, at best provides mixed results on quality,
24 and academic medical centers are probably the most
25 expensive hospitals in the country.

1 We should be mindful of the following:
2 Lifespan and Care New England were formed as
3 hospital systems in 1994 and 1996, respectively, to
4 address the same goals, that is, raising quality
5 and lowering costs. Forming an academic medical
6 center creates an even more complicated hospital
7 organization, which will attempt to address the
8 same goals: Raising quality and lowering costs.

9 We should also remember that hospitals are
10 often called or noted as the battleships that are
11 difficult to turn, so I find it quizzical that we
12 think of hospitals as an agent of change rather
13 than agents that need to change.

14 There is significant -- there is -- it is
15 significant that we pay attention to the data
16 according to the National Insurance -- National
17 Association of Insurance Commissioners and the
18 Medical Expenditure Panel Survey. Hospital costs
19 are the largest medical expense paid by large and
20 small group commercial premiums here in the state.
21 Hospital costs represent approximately 45 to
22 50 percent. Pharmaceuticals are approximately 18.
23 Specialty physicians are 24 percent.

24 In 2020, family premiums, plus deductible,
25 for Rhode Island indicated that we are the twelfth

1 most expensive state in the country. In 2020,
2 family premiums paid by employers represented
3 29 percent of median family income.

4 In the last 10 years, large and small
5 group commercial subscribers in the state of Rhode
6 Island have declined by approximately 39 percent
7 and 44 percent, respectively.

8 Most people think that the cost of care
9 has something to do with the loss of subscribers.
10 It is significant because the data reflecting
11 expenses for all Rhode Island hospitals -- I'm not
12 saying Rhode Island Hospital -- but a composite of
13 all hospitals in the state of Rhode Island showed
14 that between 1997 and 2019 hospital expenses
15 increased approximately \$2.3 billion. Hospital
16 overhead expenses, otherwise known as "general
17 service expenses," amounted to approximately
18 57 percent or -- of the 2.3 billion.

19 Rhode Island's overhead in
20 non-reimbursable expenses, expressed as a percent
21 of total expenses, is the third highest percentage
22 in the nation. Massachusetts and Alaska are ranked
23 first and second. Most understand what goes on in
24 Alaska is due to the geographical situation there.
25 And Massachusetts has been boiling with respect to

1 hospital costs just in the last few days.

2 Rhode Island's overhead per capita --
3 hospital overhead per capita is the fifth highest
4 in the nation.

5 The reason why I cite these -- these --
6 the three reasons why I cite these data are as
7 follows: The data identify hospitals as a major
8 source of increasing commercial health insurance
9 premiums, which means we should be extremely
10 careful pulling the trigger on another merger,
11 particularly in a fee-for-service environment.

12 The data also suggests that the payment
13 system is not working for hospitals. When you look
14 in 1997, for every dollar charged as recorded by
15 the hospitals, they gained .61, 61 cents, in
16 income. In 2019, once again, as reported by the
17 hospitals, for every dollar charged they gained
18 .31 cents of income.

19 Changing the payment system may make --
20 may actually be enabling for all of the ideas that
21 we're currently examining within this process,
22 because it would make a difference with respect to
23 how hospitals run themselves, how they manage their
24 costs.

25 The Rhode Island Office of the Health

1 Insurance Commissioner has convened a group looking
2 at alternative payment models that would move the
3 state away from fee-for-service payment, which
4 would strengthen hospitals and make commercial
5 health insurance affordable.

6 Thank you for your time.

7 MS. LOPES: Thank you.

8 Karen Malcolm?

9 MS. MALCOLM: Thank you. I apologize. I
10 was having technical difficulties.

11 My name is Karen Malcolm. Last name
12 spelled M-a-l-c-o-l-m. I'm the coordinator of the
13 Protect Our Healthcare Coalition, which is a group
14 of leading Rhode Island non-profits and consumer
15 groups that share a goal to protect and remote
16 quality affordable health care for all.

17 Since filing their application, and
18 including at these public meetings, the existing
19 leadership at Lifespan and Care New England has
20 made many promises that the merger will address
21 fundamental flaws that are existing in our current
22 health care system, but the results of similar
23 mergers in other states don't support their claims,
24 as we've heard from other people speaking this
25 evening. So I won't highlight all of the research

1 that's been done in that regard.

2 The people of Rhode Island deserve a
3 health care system that prioritizes high-quality
4 accessible care to all who need it, regardless of
5 their ability to pay, that provides family
6 sustaining jobs, improves public health outcomes,
7 and that contributes to the economic well-being of
8 the State. We have significant failings in our
9 current system, and we need more than just the
10 trust-in-us assurances that system leaders put
11 forward.

12 That's why we believe that this merger
13 should not be approved without very strict terms
14 and conditions, such as, first, there must be a
15 requirement for diverse representation on the newly
16 merged system, if approved, governance board. The
17 outcomes of the merger will actually be determined
18 by who gets a seat at that decision-making table,
19 and community, patient, and worker representation
20 on the governance board is absolutely vital as
21 decisions on population health, services, the scope
22 of services, community investments, equitable
23 access and mechanisms for access, as well as
24 workforce provisions are being made.

25 At a minimum, we recommend that the

1 attorney general and the Department of Health
2 impose a strict requirement that a community
3 advisory committee be established with paid staff
4 paid for by the newly merged system, and that that
5 committee have designated seats on the governing
6 board to which they appoint their own
7 representatives.

8 That community advisory committee must
9 absolutely include a diversity of Rhode Islanders
10 based on geography, race, ethnicity, health topic
11 areas, housing, food access. All of those issues
12 must be represented on that committee.

13 Second, we believe conditions should be
14 imposed that ensure affordable access to quality
15 care. And Al Charbonneau just talked about OHIC's
16 significant work in this regard. I would point to
17 a paper they just published yesterday on payment
18 models that would maximize affordability and
19 quality. There are recommendations in that that
20 should be a part of any terms and conditions if
21 approval goes forward, and also the recommendations
22 that were already outlined in the Rhode Island
23 Foundation's report that's been submitted to you as
24 the regulators.

25 Additionally, there should be requirements

1 on community investments that are tied specifically
2 to population health and that target existing
3 disparities. The fact is that people with
4 underlying health conditions and those subject
5 particularly to food and housing and security are
6 at greater risk of severe illness not just from
7 COVID, but from diabetes, heart disease, infant
8 mortality, and other significant conditions. All
9 of this takes a heavier toll on low income
10 residents and people of color, and, again, expose
11 the existing failings in our system that need to be
12 fixed regardless of the merger.

13 We absolutely must, as I said, regardless
14 of the merger, put more emphasis on population
15 health, at least as much as on individual
16 treatment, and we believe that there is
17 opportunity, if the merger is to go forward, for
18 the attorney general and the Department of Health
19 to impose terms and conditions that really move us
20 forward as a state.

21 And finally we know that this cannot be
22 addressed by -- in this current process, but we
23 feel it's absolutely necessary to highlight and
24 remind people about the current lack of a robust
25 State oversight system for our health care delivery

1 system.

2 The proposed merger would create a
3 monopoly, a monopolized hospital market with
4 enormous influence. Statutorily, under the terms
5 and conditions of the Hospital Conversion Act, the
6 attorney general and Department of Health are
7 limited to only five years of oversight to oversee
8 the merger in its initial phase. That isn't
9 enough. The fact that we lack a permanent robust
10 mechanism to oversee such a large system is a
11 problem that we think should be considered when
12 evaluating the application.

13 All of this said, thank you for the time.
14 We appreciate the opportunity to provide comment,
15 and have much more detail that we'll be providing
16 in written comments. Thank you.

17 MS. LOPES: Thank you.

18 Is Matt Gunnip available?

19 MS. LENZ: Fern, there are several people
20 on the phone who are identified, so I have allowed
21 those on the phone to unmute themselves.

22 So if Mr. Gunnip is on the phone, please
23 unmute to give your comment.

24 MS. LOPES: I can circle back.

25 We can go to Zakary Pereira, please.

1 MR. PEREIRA: Can everybody hear me?

2 MS. LOPES: Yes.

3 MR. PEREIRA: Okay. Great. Thank you.

4 So, hello. Good afternoon, everybody.

5 Thank you all for being here today, and thank you
6 to Attorney General Neronha and Dr. Alexander-Scott
7 for hosting this hearing. I really appreciate the
8 opportunity to speak on the Lifespan/Care New
9 England merger.

10 My name is Zakary Pereira. It's
11 Z-a-k-a-r-y P-e-r-e-i-r-a. And I am a Rhode
12 Islander, a 27-year-old, just trying to navigate my
13 way through our complex health care system, and I'm
14 a candidate for office where I live in Warwick.

15 I am speaking here today on my own behalf,
16 but I do know many people in my community in
17 Warwick and around our state who agree with me,
18 that this Lifespan/Care New England monopoly is not
19 in the best interest of the Rhode Island public,
20 and that Attorney General Neronha should reject the
21 application.

22 Like many of the people who have already
23 testified, I, too, have tried to navigate my way
24 through our health care system. I'm a proud and
25 openly gay man, and it took me a while to find a

1 primary care doctor -- a DO, in fact -- that I
2 trusted to take my needs and medical concerns
3 seriously. So thank you to Gregory Allen for
4 highlighting the importance of DOs in our health
5 care system.

6 Choice is an essential part of health
7 care: Choice in doctors, choice in hospitals,
8 choice in care. I for one enjoy having choice and
9 the option to choose a primary care doctor that I
10 think is independent and one that will look out for
11 my best interests. Mergers like this have resulted
12 in less and less of those independent physicians in
13 the marketplace.

14 This merger, if approved, will, as we
15 know, create a health care conglomerate that
16 controls about 80 percent of the hospital services
17 in this state. Monopolies like this, as we've all
18 mentioned and the data shows, have been shown to
19 increase costs for patients and depress wages for
20 medical staff.

21 Like others, I have serious doubts and
22 concerns about the merger, the unaccountable
23 conglomerate it will create, and the lack of choice
24 that it will provide for patients in Rhode Island.

25 This merger affects us here in Warwick.

1 Our local Kent Hospital is a part of it and would
2 likely have to raise their prices, because, as we
3 know, by removing competition from the marketplace,
4 there's very little incentive for conglomerates
5 like this and monopolies like this to keep costs
6 low and provide competitive wages.

7 So we know the merger is under review by
8 the FTC, but it's really the people of Rhode Island
9 who's going to be affected by this the most, not
10 people in D.C. So I think Rhode Islanders need to
11 take this seriously.

12 So with Dr. Nicole Alexander-Scott
13 leaving -- and thank you so much for your service,
14 Dr. Alexander-Scott -- Attorney General Neronha,
15 you -- it falls on you. You have before you a
16 choice to reject, approve, or approve with
17 conditions the Lifespan/Care New England merger.

18 For many stakeholders who have already
19 outlined how this merger will affect them, as a
20 resident of Rhode Island and somebody who has tried
21 to make their way through our health care system in
22 RI, I'm heavily urging you to reject this deal
23 because it will create a monopoly, it will increase
24 costs, and it will drive down wages for our health
25 care staff, which -- all of which are not in the

1 best interest of Rhode Islanders. So, please, I
2 urge you to please reject this merger.

3 Thank you so much for your time and your
4 consideration.

5 MS. LOPES: Thank you.

6 Annette Bourbonniere?

7 MS. BOURBONNIERE: Good afternoon. Thank
8 you, Attorney General Peter Neronha and
9 Dr. Alexander-Scott, for hosting this. We're going
10 to miss you, Dr. Alexander-Scott. I think you've
11 done a great job. That's an aside.

12 I am president of the board of -- oh, I
13 should spell my name; right? Annette Bourbonniere.
14 A-n-n-e-t-t-e, and my last name is
15 B-o-u-r-b-o-n-n-i-e-r-e.

16 So I am president of the board of
17 Accessible Healthcare Rhode Island, which is a
18 Rhode Island incorporated non-profit organization,
19 and our focus is on improving accessibility of
20 health care. And we're not talking just financial
21 access. We have the forgotten minority here in
22 Rhode Island. This is people with disabilities.

23 So according to the CDC, 26 percent of
24 Americans have at least one disability, making us
25 essentially the largest minority in the U.S.;

1 however, our health care disparities are
2 significant. When we talk about access, we're
3 often talking about physical access to health care.

4 According to a recently published study,
5 more than 80 percent of surveyed physicians
6 perceive the quality of lives of disabled persons
7 to be worse than average, and that colors their
8 willingness to provide the care that we actually
9 need. This perception can only lead to further
10 health care disparities for the population.

11 The Americans with Disabilities Act was
12 signed into law in 1990, which is 32 years ago, and
13 it prohibits discrimination towards individuals
14 with disabilities.

15 So the concern that we have at Accessible
16 Healthcare Rhode Island is that an organization
17 that will control 80 percent of the health care in
18 Rhode Island has not ever taken this into account.

19 Significantly, there were no
20 representatives of the disability community
21 involved in any of the planning or studying of this
22 merger, and history has shown repeatedly that
23 excluding persons with disabilities results in
24 so-called solutions that represent perceptions of
25 disability by those who are not yet disabled. And

1 as we've already discussed, the perceptions are
2 pretty bad.

3 Sadly, none of the three organizations
4 involved in this proposed merger have a history of
5 significant compliance with the ADA. None of these
6 organizations have considered compliance, or even
7 this population, a priority. If you want to
8 control 80 percent of the health care in Rhode
9 Island, you need to be willing to address this
10 need. We are here. We need these services.

11 Accessible Healthcare Rhode Island wants
12 to make recommendations that have to address --
13 have to be addressed before any such merger is
14 approved. All hospitals involved in this merger
15 should install ceiling lifts in the diagnostic
16 areas for the safe transfer of patients with
17 disabilities. Dropping patients or having patients
18 not being able to get onto equipment because of
19 discrepancies in height is not an accessible -- is
20 not accessible and is not acceptable.

21 A comprehensive plan for accessibility for
22 all persons with disabilities for the three
23 organizations should be submitted and approved.
24 This plan needs to ensure adequate accessible
25 parking, exam tables, scales -- imagine people who

1 go through entire pregnancies without ever being
2 weighed once because there's not a scale available
3 for someone in a wheelchair -- diagnostic
4 equipment, ASL interpreters, adaptive communication
5 who are blind, visually impaired, or otherwise
6 cannot read. In other words, the plan should
7 provide for compliance with all aspects of the
8 Americans with Disabilities Act.

9 There should also be a plan for ongoing
10 cultural competency training for providing health
11 care to disabled individuals. Such training should
12 be provided to all health care providers and
13 ancillary staff, human resources personnel, and to
14 all administrative personnel, including those who
15 make purchasing and facilities decisions.

16 Brown University should commit to
17 recruiting and admitting more persons with
18 disabilities into its medical school and residency
19 programs. It should also commit to providing
20 education in its medical school about disability,
21 because that really does not exist. A plan for
22 hiring and accommodating disabled individuals at
23 all the affected institutions should also be put
24 into place. In other words, before such a merger
25 can take place, compliance with federal law

1 regarding patient population should be established.

2 Those of us who have lived with disability
3 for many years and have really been affected by the
4 discrimination, who have had missed diagnoses,
5 erroneous diagnoses, injuries, and other problems
6 because of the lack of access, know that this is
7 really important.

8 If you're going to control 80 percent of
9 our health care, you need to actually provide it to
10 us, and I think that that has to be on the table
11 before anything can be approved. Not a promise,
12 but an actual accomplishment.

13 Thank you very much.

14 MS. LOPES: Thank you.

15 Edward Fontaine?

16 MS. LENZ: Fern, I do not see
17 Mr. Fontaine, but I am going to allow those on the
18 phone to unmute themselves if Mr. Fontaine is on
19 the phone.

20 Mr. Fontaine?

21 MS. LOPES: I will move on and circle
22 back.

23 Carrie Bridges Feliz?

24 MS. BRIDGES FELIZ: Good afternoon. Thank
25 you, Fernanda. I'm Carrie Bridges Feliz. Last

1 name spelled B-r-i-d-g-e-s F-e-l-i-z. And I serve
2 as the vice president of Community Health and
3 Equity at Lifespan.

4 I am a public health practitioner,
5 previously working at the Department of Health here
6 in Rhode Island, and have also worked in education,
7 locally in the Providence School Department, as
8 well as in other states, and the focus of my
9 professional and volunteer work since the spanning
10 of my career, the common thread and purpose, I
11 spend to create the conditions that allow all
12 people to thrive. And I know that many people in
13 this meeting will recognize that as promoting
14 equity.

15 I was able to listen to a portion of last
16 week's public hearing and heard the concerns raised
17 about how the merger will impact diversity, equity,
18 inclusion, and community health. So thank you for
19 allowing me a moment to share my perspective.

20 I lead Lifespan's efforts to improve the
21 health of populations in our service areas through
22 free health education activities, screening
23 services, clinical interventions, lifestyle
24 interventions, and skill building competencies, as
25 well as programs that mitigate the social

1 determinants of health, like access to food,
2 housing, and financial stability.

3 All of this work is only made possible
4 through the extensive partnerships we enjoy with
5 organizations across the region that share our
6 goals of improving health status, health outcomes,
7 and the experience of care.

8 And I see some of the partners in this
9 work on this call, and I appreciate advancing our
10 efforts together.

11 Through the proposed merger, we are
12 absolutely committed to improving patients and
13 prospective patients access to high-quality care.
14 And I'll say it's not regardless of, but rather
15 sensitive to where patients live, the languages
16 they speak, the social factors they're navigating,
17 and their racial and ethnic background.

18 As Director Alexander-Scott at the health
19 department has said many times, and as Brenda
20 Clement even said earlier on this call, zip code
21 matters, and through a substantial body of evidence
22 we know that one of the drivers of racial and
23 ethnic disparities is racism, and we are growing,
24 at Lifespan, unabashed at naming and -- naming
25 racism and our opportunities to mitigate racism in

1 our work, as you see described in our merger
2 application.

3 So, you know, we are acutely aware of
4 existing health disparities, as well as the
5 opportunity to leverage our resources to reduce
6 health disparities and advance equity. And that is
7 our goal. We want to increase the reach of
8 long-standing programs, like Connect for Health at
9 Lifespan, that screens patients for health-related
10 social needs and, through trained advocates,
11 provides navigation assistance and application
12 assistance to access community-based and public
13 benefit programs.

14 We want to grow workforces like the
15 community health workers that have taken root in
16 Lifespan hospitals and that have the potential to
17 add significant value to improve access to safe and
18 affordable care for patients.

19 We -- through that work, we've identified
20 unstable housing as a significant health risk for
21 too many patients. And as a result, again, through
22 partnership, coordinated a medical respite pilot
23 just last year, and joined a strategy effort
24 launched by individuals at Integra, at Care New
25 England's Accountable Entity, to address housing

1 health care. And it's because of our shared
2 commitment to tackling these challenges that we're
3 ambling these through significant, but not
4 insurmountable, challenges threatening the health
5 and well-being of our neighbors.

6 Again, as described in the merger
7 application, the -- our three parties are coming
8 together and are committed to applying our time,
9 talent, and treasure to improve community health
10 and well-being through collaboration instead of
11 competition.

12 So allow me to be very clear. Our
13 commitment is to do more together, not less, and we
14 see opportunities to glean knowledge and tools that
15 will amplify and frankly expedite our efforts.

16 I also want to address a necessity to
17 diversify our workforces at all levels, especially
18 among clinical and organizational leadership, so
19 that we do come to reflect the communities we
20 serve. We're not where we want to be or need to
21 be, and we see opportunities through the merger to
22 ramp up our programs to train and promote diverse
23 professionals into leadership roles.

24 I've had the honor at Lifespan to help to
25 create the Antiracism and Health Equity

1 Collaborative, and I currently serve as a co-chair
2 of our diversity, equity, and inclusion council,
3 which is a pillar of our 2025 strategic priorities.

4 As large employers are -- we know that our
5 workforces are a slice of life in the region, and
6 we, through that diversity, equity, and inclusion
7 council, are working on human resources strategies
8 relating to recruitment, retention, and promotion
9 of employees. We're developing measures to monitor
10 and report on key performance indicators on
11 diversity, equity -- on the diversity, equity, and
12 inclusion factors in our workforce. And we're
13 engaging community partners, again, to help us
14 understand and shape patients' and employees'
15 experiences.

16 So I am supportive of the merger because
17 of those named documented and expressed commitments
18 to improve the health and well-being of all of the
19 communities we serve. That is what is consistent.
20 That's what we've committed to. That is consistent
21 with what local data share. That's what is
22 consistent with my experience as vice president of
23 Community Health and Equity at Lifespan and
24 consistent with my personal beliefs and values.

25 Thank you for the opportunity to comment.

1 MS. LOPES: Thank you.

2 Laurie-Marie Pisciotta.

3 MS. PISCIOTTA: Thank you so much.

4 My name is Laurie-Marie Pisciotta. My
5 first name is spelled L-a-u-r-i-e, hyphen, Marie.
6 Last name is P-i-s-c-i-o-t-t-a.

7 I'm the executive director of the Mental
8 Health Association of Rhode Island. We are a
9 nonprofit organization. Our mission it to improve
10 Rhode Island's system of behavioral health care
11 through policy development, advocacy, education,
12 and community research.

13 We, too, representing consumers, have
14 concerns about this proposed merger.

15 First, when combined, it's already been
16 noted that the two health care systems would
17 account for 80 percent of the market, and I can't
18 think of a time in recent history when a monopoly
19 has ever benefited consumers. We have concerns
20 that this will raise costs for patients, and we
21 already have a broken system where patients are on
22 waitlists, and we're struggling to get the
23 treatment we need when we need it.

24 Second, if the merger is approved, there
25 must be a permanent and well-funded oversight

1 mechanism to ensure that consumers' rights are
2 honored, that consumers have access to affordable
3 timely high-quality care. And I'm not sure who
4 would pay for that permanent oversight mechanism.
5 Would it fall to the tax payers, or would the
6 combined entity have to pay for that in perpetuity?
7 It must be something that's permanent.

8 Another point is that, does Rhode Island
9 have a good track record of overseeing large,
10 powerful entities with deep pockets? I'm not sure
11 that we do. I can tell you that as a behavioral
12 health consumer, the Office of the Health Insurance
13 Commissioner does an excellent job in their work,
14 but that requires a lot of funding. And when they
15 don't get all the funding needed to hire the staff
16 that they need to do their work, I'm sure they feel
17 that they could be doing more and wish they could
18 be doing more if they only had the right amount of
19 funding.

20 So these are some questions I ask, and I
21 hope that you will think about these concerns. And
22 I also hope that, again, taxpayers won't have to
23 foot the bill for an oversight mechanism that
24 should be paid for by the two merging entities.

25 Thank you for your time.

1 MS. LOPES: Thank you.

2 Michael Sabitoni?

3 MR. SABITONI: Hello. Good evening. Can
4 you hear me?

5 MS. LOPES: Yes.

6 MR. SABITONI: I'm Michael Sabitoni. Last
7 name S-a-b-i-t-o-n-i. Appreciate the time to speak
8 with you here today about the merger and our
9 support of the merger of Lifespan and Care New
10 England.

11 For way of background, I wear a few
12 different hats in my professional capacity. I'm
13 president of the Rhode Island Building &
14 Construction Trades Council, which represents over
15 10,000 construction workers in and around the state
16 of Rhode Island. I'm also the business
17 manager/secretary/treasurer of the Rhode Island
18 Laborers District Council, which represents seven
19 local unions, another 10,000 members, both in the
20 public and private sector.

21 In my capacity as the district council
22 manager for the laborers' union, I am chairman of
23 the Rhode Island Laborers Health & Welfare Fund and
24 have been since 2007. So I've seen market trends.
25 I've monitored the health care industry for quite

1 some time.

2 Unfortunately, in Rhode Island, I've seen
3 the, you know, continuing escalation of the cost of
4 health and welfare. And to provide that for my
5 members and the families that we represent -- and
6 do not come to this decision lightly -- I actually
7 believe that, as one of the largest purchaser of
8 private health insurance in the state of Rhode
9 Island, covering over 6,000 lives in a
10 multi-employer health and welfare fund, with over
11 300 employers that pay into that fund, assets of
12 over \$100 million, and the amount of money that we
13 spend -- real money in the marketplace, numbers to
14 the tune of about \$10 million annually just in the
15 hospitals alone, 5 million through Lifespan,
16 2 1/2 million through Care New England, and then
17 another 2 1/2 million through Massachusetts
18 hospitals just over the line -- quite frankly,
19 because of the care they provide, and Rhode Island
20 does not have the ability to compete in that
21 capacity -- most notably, we all have family
22 members that usually go north for things such as
23 cancer, unfortunately -- those are the real numbers
24 that affect the members that we represent.

25 And, again, we do not come to these

1 decisions lightly and have had a long time to
2 digest what we believe is in the best interest of
3 the marketplace 'cause we are the marketplace and
4 we do have, you know, real-time numbers on a large
5 scale to prove what we're saying and also why we
6 are supportive of a merger such as this.

7 Also, you know, when we do our collective
8 bargaining for both our public and private
9 employees -- the 6,000 members are on the private
10 side of the members that I represent -- the
11 number one cost factor in negotiations have been,
12 since I've been chairman since 2007, is the cost of
13 health care and our ability to, you know, get ahold
14 of it.

15 So anything that we believe can allow us
16 to have a competitive marketplace, which we believe
17 the merger -- we're not a local Rhode Island-only
18 health care economy. We are a regional health care
19 economy.

20 So to allow the merger for Care New
21 England and Lifespan, and then when you combine the
22 assets of Brown University putting forward to
23 really put us in the marketplace so that we don't
24 lose 25 percent of our business to Massachusetts, I
25 think truly is the game-changer that will allow us

1 to make real, hard investments in our health care
2 system in a big way that are long overdue. And,
3 again, we don't come to this decision lightly.

4 I had the opportunity to travel to
5 Pittsburgh with then-Governor Chafee on an economic
6 mission to go see, you know, what could we do to
7 promote the meds and eds in the knowledge
8 district -- but also, for full disclosure, my
9 building is at 410 South Main Street, so I've been
10 looking at this Knowledge District, or lack of it,
11 for quite some time now. We've made great
12 investments in the med school, the nursing school,
13 which I'll get into in a moment.

14 The time is right for us now to combine
15 our efforts and really get into the research and
16 development and attract those type of dollars that
17 a merger like this, when you add Brown to the mix
18 as well, could accomplish.

19 And that's exactly what we saw in
20 Pittsburgh in an old steel town. And when we had
21 come back from that mission and looked around and
22 had seen the impact of what a vibrant health care
23 R&D community, with state-of-the-art facilities,
24 and the ability for them to attract talent, to
25 create good-paying jobs, to invest in their

1 infrastructure, build more buildings, build more
2 R&S space, and have a vibrant economy, well, that
3 was the mindset all along for the Knowledge
4 District and the meds and eds that we wanted to put
5 in the 195 corridor since we relocated the highway.
6 And, you know, we have been, you know, still
7 waiting for that to happen.

8 This is how it happens. This is the
9 catalyst that we believe that will transform the
10 city of Providence and the state of Rhode Island,
11 quite frankly, and put us on the map to compete
12 with, quite frankly, Cambridge and Somerset and
13 other areas that would allow for us to then really
14 seek the vision of what we all -- or most of us
15 that follow this, you know, consistently. Make the
16 investments to -- so that this state and this city
17 and the health care system as a whole in Rhode
18 Island can flourish.

19 Now, we truly believe that there are
20 protections in place to make sure that we ensure
21 quality of care, the cost of care to the consumer.
22 We would never advocate for anything that would
23 cost us more money when we sit down to negotiate
24 our contracts, as well as that would have any
25 impact on the quality of the care of the members

1 and the families that we represent. And that's why
2 we feel so passionate about supporting this merger.

3 Again, doing the diligence with
4 General Neronha and Madam Director
5 Dr. Alexander-Scott. Do your diligence. We have
6 full faith and courage in you. But at the end of
7 the day, have the courage, have the vision. Make
8 the investment into the health care system. Allow
9 these two entities to merge for the future of the
10 quality, the economy, and at the end of the day,
11 the end user in the health care system for the
12 members that we represent and for all Rhode
13 Islanders.

14 I am really, really supportive of this.
15 We've been waiting for a long time for something
16 that would allow for this type of investment in
17 Rhode Island. And I'll give you an example of why
18 we know it will work.

19 It took some vision and courage to also
20 have University of Rhode Island, Rhode Island
21 College, and Brown University come together
22 jointly -- it wasn't easy -- and occupy the
23 building across the river right outside my window
24 and create that joint nursing school.

25 MS. LENZ: Excuse me. Excuse me,

1 Mr. Sabitoni, your six minutes are up. So if you
2 could just conclude succinctly, we would appreciate
3 it.

4 MR. SABITONI: On behalf of the Building
5 Trades and the Laborers District Council and the
6 health and welfare fund, we are confident that we
7 can get this right. Do the diligence. We support
8 this merger wholeheartedly. And I thank you for
9 listening.

10 MS. LOPES: Thank you.

11 Scott Molloy, please.

12 MR. MOLLOY: Good afternoon. Thank you
13 for the opportunity to (indiscernible) today about
14 the value of security offices at Women & Infants
15 Hospital and the importance of maintaining these
16 jobs.

17 My name is Scott Molloy, spelled S-c-o-t-t
18 M-o-l-l-o-y, and I am a lifelong Rhode Island
19 resident, originally from Cranston, now living in
20 Warwick. I'm also a security officer at Women &
21 Infants Hospital and a proud member of my union,
22 32BJ SEIU.

23 Prior to my nearly three years at Women &
24 Infants Hospital, I held other security jobs for
25 nearly four years. It means a lot to me to have a

1 job at WIH as more than five of my family members
2 were born at this hospital, my sister included.

3 Hospital security officers are the first
4 faces that patients and families entering the
5 hospital see. Yeah, people often overlook us.

6 When first responders and health care
7 workers are thanked for their hard work and
8 dedication during the COVID pandemic, people tend
9 to highlight the doctors, nurses, janitors, and
10 even kitchen staff. They are right to thank my
11 coworkers, but they should also be thanking
12 security, as we are the backbone of keeping the
13 hospital safe and secure for all.

14 Many look at security officers as men and
15 women that stand at the front door and act as a
16 deterrent, but this is not even the tip of the
17 iceberg. The goal of a hospital security is to
18 provide safety and support for all patients,
19 guests, and employees in the hospital while also
20 protecting the hospital itself. Without us,
21 Women & Infants Hospital could not function.
22 Period.

23 Our duties at Women & Infants Hospital are
24 wide ranging and require in-depth training and
25 skill development. We help patients get to and

1 from their appointments, escort them to our many
2 off-site buildings, respond to patient and staff
3 panic alarms and calls for assistance, deliver
4 chemo and other medical equipment, discharge all
5 patients that leave the hospital with newborn
6 babies, greet and make badges for those entering
7 the hospital, and protect others by peacefully
8 removing unwanted visitors from hospital property
9 without using any weapons.

10 Our department also has six members who
11 are car seat certified under the Safe Kids
12 Worldwide to assist new parents in getting their
13 newborns into their car seats safely when they
14 leave the hospital.

15 We also safely open and close over ten
16 off-site buildings throughout Providence, often by
17 ourselves and in unsafe neighborhoods.

18 On top of all of those security duties, we
19 help with various miscellaneous tasks around the
20 hospital, from fixing doors that aren't working
21 properly to assisting patients and employees with
22 dead battery jumps and so much more.

23 As 32BJ members, we believe that this
24 merger could be beneficial to the Providence
25 community but only if public health is protected

1 and good quality jobs for all the hospital are
2 maintained. This will take careful oversight.

3 During the pandemic, many of us are
4 working crazy hours and catching COVID. This puts
5 not only our own health in jeopardy, but also the
6 health of our friends and loved ones. All of us
7 have families to take care of and need our jobs to
8 do so.

9 This job gives me the opportunity to work
10 while providing care to my sick father who has
11 survived open-heart transplant and a kidney
12 transplant. He requires weekly visits to his
13 doctors. And without my job, we wouldn't get the
14 care he needs.

15 Please don't merge without us. Women &
16 Infants Hospital needs its security officers, and
17 this community needs good jobs for working
18 families.

19 Thank you for listening.

20 MS. LOPES: Thank you.

21 Dan Cahill, please.

22 MR. CAHILL: Hello. My name is
23 Dan Cahill. I spell my last name C-a-h-i-l-l. I'm
24 a resident of Providence, and I appreciate the
25 perspective of policy folks, heads of unions, and

1 even employees of the hospital.

2 I speak as a patient, and I guess that I
3 would reiterate and emphasize Mr. Pereira's
4 objection. I don't think that this merger should
5 be approved. I think it gives a monopoly status in
6 the provision of health care, which won't be good
7 for patients.

8 I had an unfortunate experience at a
9 Lifespan hospital. I had surgery last summer, two
10 times, on June 22nd and July 13th, and I suffered
11 an injury during the operation because of the
12 positioning on the operating table.

13 Since I have to have a similar operation
14 in the future, I sought information about how that
15 happened, and I spoke to two people in the
16 administration of the operating room,
17 Sheila Caparso and Karen Holt. Both of those
18 people said they would get back to me with
19 information that I really needed to avoid that kind
20 of a problem in the next necessary surgery, and
21 they did not.

22 The impression that I clearly got was
23 that, apart from a specific organ repair relative
24 to the surgery, if there are adverse outcomes, it
25 really didn't matter. And it was just a severe

1 disappointment that speaks to the kind of care
2 offered by a Lifespan facility.

3 The other objection I would have is
4 relative to an action taken by Lifespan dating back
5 to December of 2021 -- December 2019 -- excuse
6 me -- December 2020, when vaccines became
7 available, and board members and trustees of
8 Lifespan each were able to access vaccines ahead of
9 others that really should be given priority.

10 You know, you can't really argue with a
11 priority given to people providing direct care or
12 even those directly involved with the
13 administration of a hospital, but to give
14 preference to trustees and board members, I believe
15 that betrays the trust that the public has in
16 legitimate care that should go to those who are
17 deserving of it rather than those who, perhaps
18 because of their means, are a member of a board or
19 a group of trustees.

20 Other hospitals did not do that, and I was
21 very disappointed that Lifespan did. And with that
22 kind of behavior, I think it disqualifies them for
23 consideration for this kind of merger for that kind
24 of activity to continue.

25 Thank you for the opportunity to speak.

1 And I, again, think that the attorney general
2 should deny the application for merger.

3 MS. LOPES: Thank you.

4 Ian Chernasky, please.

5 Again, Ian Chernasky?

6 I'll circle back.

7 David Morales?

8 MS. LENZ: Fern, he now has the ability to
9 unmute himself. So if he is on, he may unmute and
10 provide comment.

11 MS. LOPES: David Morales?

12 I'll circle back.

13 So, Maryanne Matthews?

14 MS. MATTHEWS: Hello. I am driving. I
15 hope you can all hear me okay.

16 MS. LOPES: Yes.

17 MS. MATTHEWS: I really just wanted to
18 register my concern that there would be then
19 another -- one more inflexible monopoly in our
20 state and our health care system.

21 So here I'm looking at a decrease in the
22 opportunity, if it's approved or -- of needed
23 change. We have a repeated demonstration in our
24 state with being able to address the suffrage of a
25 Bohemic [sic] institution that has great

1 opportunities and resources, but not utilizing
2 those to address the communities in which they
3 serve in an equitable way and in a way that is
4 actionable or accountable.

5 So I am just, again, saying I genuinely
6 support the Lifespan behaviors and actions and
7 programs, but in this case, one more monopoly in
8 Rhode Island will provide another inflexible
9 influential institution that would not serve and
10 provide the resources and access to information
11 and/or services that our underserved communities
12 have suffered for all (indiscernible) years.

13 So I would ask, again, that the attorney
14 general not support the system unless and until we
15 were able to show actionable behaviors or practices
16 in terms of equitable workforce, equitable
17 providers, inclusive in many different ways as
18 recently -- or as just shared with you like some of
19 the other speakers.

20 So, again, I would like to just add that I
21 don't know that at this point we are ready as a
22 state to be able to provide an accountable or
23 compliant system in terms of health care if we were
24 to merge just one more influential Bohemic
25 institution.

1 MS. LOPES: Thank you.

2 Do we see David Morales now? David?

3 MR. MORALES: Hello, everyone.

4 Would I be good to start, Ms. Lopes?

5 MS. LOPES: Yes, please.

6 MR. MORALES: Perfect.

7 Well, hello, everyone, members of the
8 attorney general's office, and the Department of
9 Health. My name is David Morales, and I am the
10 State representative for House District 7 in
11 Providence, which is home to dozens of essential
12 hospital workers and health care patients.

13 Back in November, I released a statement
14 regarding my concerns about this profit-driven
15 hospital merger, concerns which I still share today
16 and will elaborate on throughout my comments.

17 Now, across the country, dozens of
18 hospital mergers have been approved without the
19 proper oversight and regulations which have
20 resulted in severe consequences, hurting working
21 people, communities of color, and hospital workers
22 at the expense -- at the expense of profit and the
23 compensation of corporate executives. In specific,
24 far too often hospital mergers have resulted in
25 higher health care costs, a reduction of medical

1 services, a lower quality of care for patients.

2 Unfortunately, we have not received the
3 legally binding reassurance that these harmful
4 consequences will not happen to our state if this
5 merger is indeed approved.

6 In addition, this merger would essentially
7 create a monopoly, a monopoly within something as
8 fragile as our hospital market, our hospital
9 system, as Care New England and Lifespan would
10 essentially control close to 80 percent of hospital
11 beds, leaving Rhode Islanders with little options
12 when pursuing care.

13 Therefore, at the minimum, we need legally
14 binding agreements that guarantee further
15 accessible and affordable care for all people with
16 no reduction in our current health services while,
17 at the same time, also ensuring that we're doing
18 what we can to protect our frontline workers.

19 Therefore, this includes the following
20 specific standards: The requirement that
21 caregiver, patients, and members of organized labor
22 be members of the board of directors; investments
23 into our health care workforce with well-paying
24 unionized jobs that offer competitive regional pay,
25 benefits, and professional development

1 opportunities, both within the current facilities
2 of Care New England and Lifespan and future
3 facilities; the development of regulatory framework
4 to prevent such a merged system from having too
5 much power and not -- understanding as a
6 legislature, we will definitely have to play a role
7 in making sure that we have that oversight, and I'm
8 prepared to do that work alongside my colleagues;
9 along with limiting annual revenue through revenue
10 caps, because this will prevent this merged
11 hospital system from cutting costs or adopting
12 concerning practices in order to maximize revenue
13 and prioritize the bottom line.

14 So all of this is what we can and must do
15 to ensure that this merger is actually in the best
16 interest of protecting patients, the medical needs
17 of our community, and hospital workers. Anything
18 less must result in the immediate rejection of this
19 merger.

20 And I want to note, if we are in a
21 scenario where this merger is approved with
22 conditions in place and they are not comprehensive
23 conditions, myself and other legislative colleagues
24 are already preparing a legislative agenda to
25 address some of the needs that I just listed here,

1 though I would hope we would not have to go down
2 that route.

3 Therefore, again, I ask that the
4 Department of Health and the Office of the Attorney
5 General seriously consider these proposals when
6 making these decisions.

7 Thank you.

8 MS. LOPES: Thank you.

9 Dee Plumley, please.

10 MS. LENZ: Fern, I do not see that name on
11 the list, but I have allowed those on the phone to
12 unmute.

13 So if Dee Plumley is on the phone, please
14 unmute to provide comment.

15 MS. LOPES: Okay. And I had also noticed
16 that Alison Peservich had her hand raised.

17 Alison, would you like to provide comment?

18 MS. PESERVICH: I would, please.

19 My name is Alison P, as in "Peter,"
20 -e-s-e-r-v, like "Vincent," -i-c-h.

21 This June marks proudly my thirtieth year
22 as an employee of Women & Infants, 29 years as a
23 registered nurse at Women & Infants.

24 I would like to start by commending
25 David Morales who last spoke. I agree with every

1 single thing he said. And I'd like to comment on a
2 few of the other speakers remarks.

3 One thing that's puzzled me within our
4 state, which has currently five nursing programs --
5 and one of the other gentleman spoke to the
6 facility that was created in conjunction with Brown
7 as a learning center for nursing and allied
8 professional students -- is that we need to make a
9 further investment along those lines.

10 It's puzzled me that both hospitals have
11 historically hired traveling nurses, out-of-state
12 nurses, who are not part of our community, to
13 provide care in our state. If we're going to go
14 forth with an educational investment for our
15 nursing staff, then we need to provide jobs for our
16 nursing staff, as David said, benefited positions,
17 not positions that are just part-time, because our
18 community is not just comprised of our patients.
19 We're part of our community and patients ourselves.

20 So I'd just like to say let's commit to
21 our health care workers by not only educating them,
22 but providing them with jobs, because they know our
23 community the best.

24 Thank you.

25 MS. LOPES: Thank you.

1 Dr. Michael Stewart?

2 I'll go ahead and circle back on
3 Dr. Stewart.

4 Jeremy also had his hand raised.

5 Would you like to provide comment?

6 MR. COSTA: Yes.

7 My name's Jeremy Costa. I completely
8 disagree with the merge. It is not in the best
9 interest, not only as -- for patients, but for the
10 employees. There has to be some type of
11 incentification to maintain the current workforce
12 that you do have right now. They are diminishing
13 by thousands across the country in itself. And to
14 have one company or -- control 80 percent of the
15 market is -- you know, is going to affect not only
16 people in their pockets for their co-pays, but it's
17 also going to have collateral consequences, because
18 we're going to be looking at the people that are
19 passing -- you know, unless there's a trust that is
20 going to give every Rhode Islander life insurance,
21 which -- unless they were to give everyone life
22 insurance, which they have the ability to do for
23 five years, it would be -- it's an absolute no, you
24 know. And I think that if it is considered, that a
25 Lifespan policy should be put -- it should be given

1 to every essential worker that works in that
2 hospital.

3 There should also be some incentivization
4 to where they are not just crediting the nurses --
5 for instance, Good Neighbor programs are only given
6 to police officers, first responders, and nurses --
7 they need to be for all essential workers.

8 LPNs, if you're using them in the same
9 capacity as a registered nurse, they need to be
10 incentivized by housing incentives federally since
11 they are a federal institution. They're not paying
12 taxes on 70 percent of their properties right now
13 to municipalities, and municipalities are losing
14 out because of all the tax revenue that they're not
15 paying.

16 You know, that's going to create more
17 damage and put more stress on the taxpayers,
18 because they're going to be spending more money
19 prepaying for their services, and there's not going
20 to be any competition to bring that price down.

21 So I completely disagree unless there's a
22 life insurance policy that's given to all the
23 medical workers and there's some type of -- for all
24 working class, that there's some life insurance
25 policy that is given -- and they have the money

1 now. This would be the perfect time to set up that
2 trust fund -- to be able to, you know, separate out
3 that money to make sure that there's some type of
4 security there, because it doesn't look like
5 they're going to be -- it doesn't look like they're
6 going to be honest with us in the end, and they're
7 going to be able to hide a lot of information
8 because of the HIPAA laws and -- it's just very
9 uncomfortable for 80 percent of one state to go
10 to -- it's just very uncomfortable, and it's not a
11 smart business move, and it's not good for the
12 working-class people. Absolutely not.

13 That's all I'm going to say. Thank you.

14 MS. LOPES: Thank you.

15 I'm going to go ahead and call on those
16 that signed up to speak but didn't speak when I
17 called on them the first time.

18 Matt Gunnip?

19 MS. LENZ: Fern, I still do not see that
20 name, but those on the phone may unmute themselves
21 now.

22 So if Mr. Gunnip is on the phone, please
23 provide comment.

24 MS. LOPES: Edward Fontaine?

25 Ian Chernasky?

1 Dee Plumley?

2 Dr. Michael Stewart?

3 Is there anyone else in attendance who
4 would like to provide comments or additional
5 comments but have not had an opportunity to speak
6 tonight or -- please raise your virtual hands or if
7 you can go ahead and speak.

8 MS. LOPES: Niyoka Powell, please.

9 MS. POWELL: Hi. My name is Niyoka
10 Powell, spelled N, as in "Nancy," -i-y-o-k-a. My
11 last name is Powell, P, as in "Peter," -o-w-e-l-l.

12 I was a nurse for Butler Hospital until
13 the pandemic. I was on the front lines on Block
14 Island all last summer doing all of the COVID
15 testing, and I helped out at a couple of nursing
16 homes during the pandemic.

17 I do not believe that a merger is actually
18 going to benefit Rhode Island at all merely for the
19 fact that everybody else have been putting out
20 there that, you know, 80 percent is quite the
21 monopoly, and the care itself, even before the
22 pandemic, at any of these hospitals needed to be
23 revised before converging into one mega hospital
24 organization.

25 That being said, the treatment of staff,

1 regardless of where they worked, whether they were
2 medical staff or not, security or not, or just the
3 groundskeep, these people are people who devote
4 their lives to these organizations that leave them
5 out in the cold.

6 Merging these hospitals only deteriorates
7 the lifestyle that all these people are living on
8 barely any kind of wage already, only to see upper
9 management or only to see people in corporate get
10 bonuses after bonuses after bonuses.

11 Regardless of where this money is coming
12 from, I think the system itself is already flawed.
13 And in order for us to move forward as a state, in
14 order for us to have some kind of allegiance to the
15 clients that we take care of, we need to make sure
16 that the bone structure of these hospitals are
17 already fixed before you merge to something else
18 and go under some other kind of politics.

19 If that cannot be done, if people who
20 sit at a high level think that they are not
21 accountable for the care that is currently
22 happening in Rhode Island or prior to this merger,
23 if the merger happens, because, you know, nobody
24 listens to the people who actually work on the
25 front lines, then I think that they should

1 probably all be fired, because that's what you're
2 doing to people. You're taking away their
3 livelihood. You're taking away the care that they
4 can provide to people.

5 And not only that, when it comes to the
6 flow of the hospital environment or even the
7 assisted living environment, so many patients are
8 already lacking in so many things that the money
9 you're going to invest into something even bigger
10 makes no sense. The patients are the ones that are
11 going to suffer. The employees are the ones that
12 are suffering. Not corporate, not the merger
13 companies. These are the people that are
14 suffering.

15 And in order for this to even make any
16 sense to me, Rhode Island needs to be bigger. You
17 have to divide the country into a much bigger space
18 for Care New England and Lifespan to make sense in
19 such a small state to think that a merger is a good
20 idea.

21 There's no heart in these people. They
22 need to grow up and realize they're destroying
23 lives of people. And if they can't do that, then,
24 no, this merger is not gonna happen.

25 And that's all I have to say. Like,

1 literally, there's no care in health care anymore.
2 That is all.

3 MS. LOPES: Thank you.

4 Is there anyone else in attendance who
5 would like to provide comments but hasn't had a
6 chance to? Please raise your virtual hands at this
7 point.

8 MS. LOPES: Ann Marie, please.

9 MS. GAUVIN: Hi. My name is Ann Marie
10 Gauvin. I am a cytotechnologist at Women & Infants
11 Hospital.

12 My concern is -- we've just seen it over
13 the border in Massachusetts, that Brigham and
14 Women's and Mass General's huge merger has become
15 significantly a monopoly and it has increased costs
16 across the board, and now they want to impinge and
17 put a surgicenter in Massachusetts to further
18 decimate the community facilities.

19 Are we not looking at that merger as an
20 example of how this one could possibly fail?
21 Because it's not certainly working out great for a
22 lot of patients in Massachusetts with the costs
23 being driven up.

24 And that's all I have to say.

25 THE REPORTER: Ann Marie, could you spell

1 your last name for me?

2 MS. GAUVIN: Sure.

3 G-a-u-v-i-n.

4 And I live in Massachusetts. This has
5 been written up in the Boston Globe as well.

6 MS. LOPES: Thank you.

7 Is there anyone else in attendance that
8 would like to provide comment? Please raise your
9 virtual hand.

10 This public meeting is scheduled to run
11 until 5:00.

12 I see Niyoka. You have additional
13 comments?

14 MS. POWELL: I just had a quick question
15 in regards to employment, because I know that if
16 you're working for Care New England, you can only
17 work for one Care New England hospital.

18 How will a merger affect the employment
19 status of all of these employees who have jobs
20 through Lifespan as well?

21 That's just my quick concern about that.
22 That's all.

23 MS. LOPES: Thank you.

24 Is there anyone else interested in
25 providing public comment?

1 This public meeting is scheduled to run
2 until 5:00 p.m., so we will hold it open until
3 then.

4 MS. LOPES: Dan Cahill, please.

5 MR. CAHILL: Thank you, again. I spoke
6 earlier, but I had a question, and since you had a
7 few minutes, could the representative of the
8 attorney general's office or the Department of
9 Health or both explain where you are in the
10 process? I joined the meeting late, and I'm sorry
11 if this is a bit repetitive, but, you know, in the
12 final minutes of the meeting, maybe you can explain
13 what comes next, and what the attorney general in
14 particular will be considering.

15 Thank you.

16 MS. WEIZENBAUM: Sure. I'm happy to
17 respond to that, Mr. Cahill, and for others.

18 Again, I'm with the Office of the Attorney
19 General, and where we are in the process is still
20 in the review phase.

21 So the -- you know, the process began with
22 the parties filing -- filling out an application
23 that was tailored to this proposed transaction, and
24 it took, you know, several months for us to collect
25 information to complete the application.

1 Once we deemed the application complete,
2 then we follow up with additional investigation,
3 which includes getting statements under oath from
4 people and that.

5 We are now at the point where the
6 statutory deadline, the date by which we have to
7 issue a decision, is March 16th. And when I say
8 "we," I mean the Office of the Attorney General and
9 the Department of Health.

10 So what -- what we're looking at when we
11 review is driven by the language in the statute.
12 So the statute has a provision for transfer of
13 interests for non-profit hospitals. And the
14 Department of Health will -- has their set of
15 criteria that they have to consider that mostly
16 pertain to quality of care and care in the
17 community in very broad brush strokes. We both
18 have criteria that pertain to financial questions.

19 And then the attorney general has criteria
20 that pertain to a number of factors, including sort
21 of due consideration by the boards that made this
22 decision. So we look at their decision and see if
23 it's considered appropriate factors.

24 And then in addition, the Office of the
25 Attorney General considers whether this is proper

1 from an antitrust perspective.

2 MR. CAHILL: Thank you.

3 I'd just make the further comment that I
4 think your website needs to have a little bit more
5 clarity on the process. This talked about the
6 event. You referenced the legal documentation,
7 including the application, but I think it would be
8 good for all of us to know what your timetable is
9 and maybe a little bit about your consideration,
10 including where the comments from these public
11 hearings go and how they're considered. Just a
12 request.

13 MS. WEIZENBAUM: Yeah. Thank you for that
14 comment.

15 MS. LOPES: Jeremy?

16 MR. COSTA: Yes. Real quick.

17 She mentioned that financial -- the
18 financial aspects are also a major consideration
19 and also a line item.

20 Are you looking at the lost revenue in
21 regards to the taxable income that could be coming
22 into the municipalities, as they own 80 percent of
23 the assets of the health care industry? Are you
24 looking -- is that being reviewed at the lost
25 revenue?

1 For instance, they own a parcel of land,
2 which is about 9 acres, down in the center of
3 Downtown Providence, right off of 195 and Eddy
4 Street, and I was just wondering -- because it
5 hasn't been taxed in nine years. So I was just
6 wondering if you have calculated the lost tax
7 revenue from the municipalities because of these
8 federal subsidized corporations that are merging.
9 Has anybody calculated that number? Is there
10 anyone that could answer that question?

11 MS. WEIZENBAUM: Yes. Sorry. It took me
12 a moment.

13 We can't -- we can't speak to the
14 investigation that -- while it's ongoing, so I'm
15 afraid to say that you'll need to wait for the
16 decision to come out.

17 We are -- I will say that the statute
18 requires us to look at the financial condition of
19 the hospitals, but beyond that, I can't really say
20 while it's currently under investigation.

21 MS. LOPES: So I would reiterate that this
22 is a public meeting to hear comments from the
23 public. I can refer you to, or even put on the
24 chat, our -- a link to the Department of Health's
25 website as it relates to the Hospital

1 Conversions/Mergers Program. And the summary and
2 time line and any information pertaining to
3 hospital conversions questions, you can certainly
4 take a look at our website there.

5 Jason Drapeau?

6 MR. DRAPEAU: Yes. Hi. Thank you. I
7 spoke on the 20th, and so I'm not going to take up
8 a lot of time.

9 I would just like to say that the people
10 of Rhode Island are smart. They know who to
11 believe. And for two days now we've heard many,
12 many, many frontline bedside employees from
13 security to nursing, sanitary, housekeeping, all
14 kinds of people, raising grave, grave concerns.
15 And we've heard executives with, you know, great
16 big paychecks saying, Don't worry. We promise to
17 do no harm. I think everybody knows who you can
18 believe here.

19 Thank you.

20 MS. LOPES: Karen Malcolm?

21 MS. MALCOLM: Thank you.

22 Just since there's a few minutes here,
23 do -- is there -- has a date and time been settled
24 on for the third public comment session that you
25 had mentioned last week? And you may have said it

1 and I missed it. I was not on at the opening of
2 the meeting.

3 MS. LENZ: Yes, Karen. That public
4 meeting will be held on February 10th from
5 6:00 p.m. to 8:00 p.m., and we will issue a public
6 notice for that meeting.

7 MS. MALCOLM: Thank you.

8 MS. LOPES: Rosie, would you like to
9 provide public comment?

10 MS. ROSSNER: Hi. Yes. My name is
11 Rosanna, R-o-s-a-n-n-a, Rossner, R-o-s-s-n-e-r, and
12 I've been an employee here at Women & Infants for
13 34 years.

14 And I just basically wanted to share one
15 thought, and that is would any of us want anything
16 that controls 80 percent in our lives? When you go
17 fill up your car with gas, would you want
18 80 percent of the gas stations owned by the same
19 entity and, therefore, controlling the price? When
20 you go to the grocery store, would you want
21 80 percent of our grocery stores controlled by the
22 same person, the same entity, the same company, and
23 thereby controlling all the prices?

24 Just a small thought to kind of share it
25 with the rest of our daily lives. That's all.

1 MS. LOPES: Thank you.

2 We have a couple of minutes left. Again,
3 if anyone would like to provide additional public
4 comment.

5 I see a hand raised. Jeremy again?

6 MR. COSTA: Just one question.

7 Was Kent Hospital run -- during the
8 pandemic, was it run by Lifespan or -- was it run
9 by them? Is Kent Hospital run by -- or run by
10 Lifespan? Is it managed by Lifespan, Kent Hospital
11 currently, right now? Can anybody answer that
12 question?

13 MS. WEIZENBAUM: Kent Hospital is owned by
14 Care New England.

15 MS. LOPES: Michelle Parent?

16 MS. PARENT: Hello. My name is Michelle
17 Parent. I have been an employee at Women & Infants
18 as a registered nurse for 32 years. And I
19 hesitated to ask this question earlier because I'm
20 not sure if this is not the proper forum. If it is
21 not the proper forum, I do apologize.

22 Both Lifespan and Care New England have
23 separate unions. In fact, within Care New England,
24 there are separate unions; one for Women & Infants
25 and another for Kent.

1 How is it being proposed that they are
2 going to handle the merger with these different
3 unions, and how are they proposing that there's
4 going to be enough money left to fund pensions and
5 whatnot and to do it equally? Is everybody going
6 to be put to the lowest common denominator, or are
7 the others going to be brought up to, you know, the
8 higher level?

9 I don't know if this is the proper place.
10 If it's not, I do apologize, but I have been
11 concerned about this question. Thank you.

12 MS. LOPES: Thank you.

13 We can take your question as a comment,
14 but this is not a forum to ask and engage in
15 questions and answers. So I appreciate your
16 questions into the record.

17 And, Maria, would you like to give some
18 comments?

19 MS. LENZ: I would, but I do see one
20 hand, and given the time, this will be the last
21 comment.

22 MS. LOPES: And the person's name? Was it
23 Brun- --

24 MS. LENZ: It was Bruni. I will unmute.

25 MS. LOPES: Thank you.

1 MS. BRUNI: I've got a question.

2 I'm sorry, but I agree with the lady that
3 asked before. Where we can ask those type of
4 questions? Like, how's it going to work? Because
5 unless they -- if they merge -- like, some jobs
6 make more money in one hospital, some make less
7 money on a different hospital. We are concerned,
8 because in some of these hospitals, people have
9 been there for years. Like, what is going to
10 happen? Are they going to -- are -- do we to have
11 to reapply for the job? We get really concerned
12 on -- we need somebody to hear us too.

13 MS. WEIZENBAUM: Again, this isn't the --
14 this is a forum for public comment, and thank you
15 for expressing your concern. That will be included
16 in the record as a public comment, and -- even
17 though it's not a question-and-answer forum. So
18 thank you for that.

19 MS. LENZ: And, Fern, just for the record,
20 I wanted to point out that we have had well over
21 200 participants today at this afternoon meeting,
22 peaking with 283 participants at 4:10 p.m. --
23 excuse me -- at 4:10 p.m. And right now, at
24 5:02 p.m., we still have 189 participants.

25 Thank you all for your comments today.

1 MS. LOPES: Attorney General Neronha?

2 MR. NERONHA: Yes. Thank you.

3 I just wanted to thank everybody for
4 participating in this public comment session, and
5 also to reassure those of you who have asked
6 questions.

7 Those are questions that we will consider
8 asking ourselves. So I don't want you to think
9 that because we're not answering your questions
10 that we don't take them seriously. We very much
11 do. This, for me, has been an exercise, among
12 other things, in identifying issues that we can
13 then follow up on.

14 So I thank you for raising all of these
15 points, even in the context of a question that we
16 can't answer in this space, but it is a question
17 that we will take to heart and perhaps ask
18 ourselves. So thank you for bringing those
19 questions to our attention.

20 And thanks so much to everybody who
21 commented today or just listened in to the
22 conversation. Thank you very much.

23 MS. LOPES: Thank you.

24 Thank you, all, for participating today.
25 This concludes our public meeting regarding the

1 CNE/Lifespan HCA application. Again, thank you for
2 your participation. Have a good night.

3 (MEETING CONCLUDED AT 5:03 P.M.)
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C E R T I F I C A T E

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned matter.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of February, 2022.



CASEY A. BERNACCHIO
SHORTHAND REPORTER

MY COMMISSION EXPIRES:
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