In the Matter Of:

LIFESPAN/CARE NEW ENGLAND HEALTHCARE CONV.

PUBLIC MEETING

January 20, 2022

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

PUBLIC MEETING

NOTICE OF APPLICATION

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

DATE: JANUARY 20, 2022
TIME: 5:00 P.M.
PLACE: ZOOM CONFERENCE

Casey A. Bernacchio, CSR

(RECORDED MEETING COMMENCED AT 5:04 P.M.)

MS. WEIZENBAUM: My name is Marianne Weizenbaum, and I'm the chief of the civil --

(Audio recording started.)

MS. WEIZENBAUM: And we're being recorded --

THE VIDEOGRAPHER: Sorry. I thought the meeting was started.

Do you want me to record, ma'am?

MS. WEIZENBAUM: Yes.

THE VIDEOGRAPHER: Okay.

MS. WEIZENBAUM: Okay. I'm going to start again so that we have an accurate recording.

So, again, we're going to get started -- even though I think there are people still signing on -- so that we can stay on schedule and make sure that we have an opportunity -- that everybody who wants to speak has an opportunity to do so.

This is a joint public informational meeting of the Office of the Attorney General and the Rhode Island Department of Health regarding the proposed hospital conversion; in re, Academic Health System, Inc., Care New England, Health System, et al., and Lifespan Corporation, et al.

My name is Miriam Weizenbaum, and I'm the

chief of the civil division at the Office of the Attorney General.

I'd like to first welcome everybody who's here and ready to participate and really thank you for taking the time out of your busy lives to fulfill this civic responsibility and comment on this application.

The proposed application -- the proposed transaction or conversion would place a non-profit Rhode Island parent corporation over both Care New England and Lifespan, with Care New England and Lifespan each designating that parent corporation as its sole corporate member. And after that, until a system chief executive officer is chosen, the current CNE and Lifespan chief executive officers will serve as interim co-CEOs during a planning and integration process.

The Lifespan/CNE application was deemed complete and accepted for review on November 16, 2021. Prior to being made public, the application and all the attached documents were subject to a confidentiality review, which is required by the Hospital Conversion Act.

As part of this review, Lifespan and Care New England requested that documents or parts of

documents they considered confidential be withheld from public disclosure. Those requests were reviewed by the attorney general.

And anything deemed to be confidential, such as confidential business and proprietary information and personally identifiable information, was redacted and withheld from public disclosure.

Here from the attorney general's office this evening is Attorney General Peter Neronha; the attorney general's insurance advocate, Maria Lenz; as well as other members of the team reviewing the application; and, again, myself, Miriam Weizenbaum as chief of the civil division.

Tonight we will be -- we will initially be hearing from Attorney General Neronha, and then from Director Dr. Alexander-Scott and Associate Director Sandra Powell of the Department of Health.

That will be followed by a description of the format that we will be following for this meeting, which will then be followed by public comments.

So, again, I would like to thank everybody for participating, and I'll turn it over to Attorney General Peter Neronha.

MR. NERONHA: All right. Should be good to go now.

Welcome, everyone. On behalf of this office, I am looking very much forward to the input that we're going to receive tonight. This is obviously an important transaction that has the potential to impact every single Rhode Islander and nearly every single Rhode Islander in a really significant way.

You know, I can assure members of the public and the parties that our office and the Department of Health, working very closely together, have expended a great deal of time and resources to make sure that we fully understand what is being proposed, but it's equally important that we hear from the public regarding their thoughts and concerns and comments, and that's what we're looking to obtain tonight and also in the forthcoming public hearings that we're going to have over the next several weeks.

So welcome, everybody. I look forward to hearing from all of you this evening.

MS. WEIZENBAUM: Dr. Alexander-Scott?

DR. ALEXANDER-SCOTT: Thank you.

Can you hear me okay? There was a delay

in allowing me to unmute.

So, good evening. Thank you all for being with us today. Thank you, also, to Attorney General Neronha and the members of your team who are with us this evening.

These public meetings are such an important part of our review of health system and health facility applications. Our whole public health philosophy at the Rhode Island Department of Health is about censoring the voice of the community and ensuring that the community's voice is a critical part of every conversation. In this conversation, on this application, the community's voice is especially critical.

In this process, our charge is to ensure that any health system changes will make it such that Rhode Islanders have access to care that is safe, accessible, and affordable. We cannot make determinations on any of those counts without hearing about your experiences and your needs, hearing it from you.

To get more specific, the review that we are doing is under the State's Hospital Conversions Act, and it calls for the Rhode Island Department of Health to issue a decision on the application

that is a decision to approve, to disapprove, or to approve with conditions of approval.

I want to just talk for a minute about the criteria that we are called on to consider specifically as a part of this process.

They are what the applicant's character, commitment, competence, and standing are in any communities where they currently exist. They are having sufficient safeguards, including to ensure continued access to affordable care, particularly access for traditionally underserved populations. They are also assessing will the public interest be served by the change that's proposed.

We try to answer this question by looking at essential medical services needed to provide safe and adequate treatment, appropriate access, and balanced health care delivery.

We're also called to assess are procedures and safeguards in place to ensure that ownership interests will not be used as incentives for hospital employees or physicians to refer patients to the hospital, as well as have the transacting parties made a commitment to collective bargaining rights and workforce retention. Also, have the transacting parties accounted for employment needs

and workforce retraining needed due to potential restructuring that's being proposed.

Finally, we look at issues of market share, especially as they affect quality, access, affordability of services, and certainly health equity.

The comments that you share today will be entered into the public record and will be reviewed closely as work on our decision -- as we work on our decision.

And in addition to the AGs, there is a big talented team -- a mighty -- not so sizeable -- but a noted talented team as RIDOH who will be managing the review, along with department leadership.

And so I wanted to just share a few of the members of that team, is Sandra Powell, who's been introduced, the associate director for the Division of Policy Information and Communications. She'll be staying on through the entirety of this discussion -- thank you, Sandra, and representing on my behalf -- Michael Dexter, the assistant director for the Center for Health System Policy and Regulations; Fernanda Lopes, the chief of our Office of Health Systems Development; Jacqui Kelley and Bruce Tedesco from our legal team; along with a

group of consultants that we have engaged.

So we are ready and eager to hear from all of you, along with the AG. And with that, I'll pass it to Sandra, who will say a few words.

MS. POWELL: Okay. There we go. I had a little trouble unmuting.

So, Director, thank you very much. General Neronha, everyone who's here, we look forward to hearing from you.

You've heard the outlines of this review. I am going to actually, again, say thank you, and I'm going to ask Fernanda Lopes just to give you the rules of the road. We'll talk a little bit about how you can provide your comment as we go through. As Miriam said, there are many people here, so we want to make sure we have the opportunity to hear as many people as possible.

So, Fernanda, please, if you would, just outline for the attendees.

MS. LOPES: Sure.

Thank you and welcome all. My name is Fernanda Lopes, and I serve as the chief of the Office of Health Systems Development at the Rhode Island Department of Health. I'd like to review the framework around the administrative and

procedural processes that will be undertaken during today's meeting.

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

We also have with us a stenographer. So we hope to establish an audio recording and a transcript of this meeting for the record.

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

As the link posted in the public notice for this joint public meeting is a live link, if you haven't already done so and are interested in providing comments during today's meeting, please sign up. Participants will be called on to provide their public comments according to that active list. It's important that the person speaking during the course of today's meeting identify

themselves by name, affiliation, if any, and please spell it for the stenographer so that the record is clear.

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

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

If you have already submitted written comments, please be advised that those are part of the record and do not need to be repeated here today. Written comments will continue to be accepted through the end of the comment period, which is February 1, 2022, in place of or should you want to supplement your verbal comments today.

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

And with all of that said, I will call upon Attorney Rocha to introduce applicant

representatives for some brief comments.

Thank you.

Pat?

MS. ROCHA: Thank you, Fernanda.

General Neronha and Dr. Alexander-Scott, we want to thank you and your teams for facilitating this public meeting.

On behalf of the transacting parties, I'd like to introduce our first speaker, Dr. James Fanale, the president and CEO of Care New England.

DR. FANALE: Good evening, everybody. And thanks to those for attending tonight, and thanks for allowing me to speak.

I'm going to be pretty brief, because there's been a lot of -- a lot of work being done in the application. We spoke with a lot of community agencies. I just want to focus on, you know, why we think this is so important, you know.

And we're in the twenty-first month of a pandemic that has obviously done quite a bit of -- quite a bit to the system, not only the social system, the health care system. We in the health care sector realize that the response to this pandemic has only -- has been done really on the backs of all of our staff that have done a great

job. So I know Tim usually says this, but I'm going to say it now. I know that everybody on the floor or everybody that works with us just are so thankful to the resilience of our staff in terms of caring for all the patients we had to care for during this most recent uptick.

That said, "resilience" is a word. "Resilience" is a word in order to -- and one of the main reasons for us to come together is to ensure that we have a financial resilient health care system in the State of Rhode Island.

Care New England and Lifespan are a bit unique in that we provide essential services to the State, unlike the rest of the state.

Lifespan is the area's single Level 1 trauma unit, a lot of specialty services; and Care New England has the women's health hospital in the state, the birthing center, the NICU, and the adult behavioral health hospital; and Bradley has a children's behavioral health hospital. So we have unique services that, coming together, complement each other, and allows us to make sure we have a resilient health care system going forward.

I would say that as we've gone through the pandemic, we did get some help in terms of

financial resources. At this point in time, the financial support we're going to derive from the public entities is somewhat questionable. I'm not sure it's going to help us get through this. So I would say that the financial resilience is extremely important for us in terms of moving forward.

That said, what this is all about -- this is all about coming together to ensure that we can deliver great quality health care to our -- the citizens of Rhode Island, make sure it's the highest level of service we can provide, access, and equity.

And access in underserved populations, we've made some commitments there. We've also made some commitments in terms of definitive specific measures of quality, service, access, and equity.

So I would say early on we said, Believe us. We're going to deliver this. We tried to put our money where our mouth is in putting specific measures and metrics around our performance, but we'll dedicate ourselves to those and live by those promises.

I think, lastly, an integrated academic health system in the State of Rhode Island, for

which there is none, provides a hell of an opportunity for the State to innovate, grow our research efforts, and also provide a substantial boom to the economy.

As far as labor goes, with over 3,000 available jobs right now in both of our systems, we think the impact of labor is quite minimal. Yes, we have to review all these things as we move along to make sure we're as efficient as we can, but we don't think there's any impact on most of the workers, especially the frontline caregivers, since we have so many open jobs. And we're working with the union coalition to satisfy some of the questions that they have.

So in closing, you know, I really think -- we really think this is really strong for the state. We think it will do great things for the state in terms of providing resilient health care and a better product than currently exists. So we dedicate ourselves to that as clinical leaders, and I thank everybody for allowing me to speak.

I think Tim would probably go next.

But I don't if -- Fernanda, if you're going to go -- or if you're in control of list, or Pat, or who. So I'll stop.

MS. LOPES: You're correct.

Tim Babineau, please.

DR. BABINEAU: Good evening, everyone. Thank you. Attorney General, Nicole Alexander-Scott -- Dr. Nicole, thank you so much for hosting this night and everyone for joining the call. This is a very, very important transaction, as stated, for the citizens of Rhode Island.

And I want to echo what Dr. Fanale said, first and foremost, to thank our caregivers who have literally been at war for this pandemic for 20 months. I know many of you are on the line tonight, and a heartfelt thank you.

I'm going to be very brief, because as the attorney general said, Dr. Fanale and I are really interested to hear what's on folks' minds tonight.

And I'm going to speak to you not primarily as the CEO of Lifespan, but as a doctor. I agree with everything Dr. Fanale said, and quite frankly, the technical aspects of the merger have been well articulated on in the application that's now publicly and on our website.

So I grew up in a small town called Fitchburg, and my dad was literally the town doctor, and I was one of those weird little kids

who knew he wanted to be a doctor when he was little. And like Dr. Fanale, I've been taking care of patients for 36 years. I've been taking care of patients for 36 years. And as many of you know, there's a credo in medicine that we all live by that says, first, do no harm. First, do no harm. People think it's part of the hippocratic oath. It's actually not. But it's a credo we take when we graduate from medical school.

My ethics as a doctor would not allow me to advocate for this merger as strongly as I am advocating for it if I thought in any way it would do harm. It won't. Just the opposite. This merger is in the very best interests of the patients and the communities that Care New England and Lifespan have served over the years. I believe that with every fiber in my body as a doctor, and I think I can speak for Dr. Fanale as a physician. He feels the same way.

So we appreciate you coming on tonight. We look forward to hearing your comments and your concerns. But in closing, as a doctor, this is in the best interest of the patients we serve. Thank you.

MS. LOPES: Chris Paxson?

MS. PAXON: Thank you very much.

And, yes, my name is Christina Paxson. I am the president of Brown University. And let me just add a few points to what you've heard from Dr. Babineau and Dr. Fanale.

You know, I've been at Brown now for almost a decade. I've gotten to know a lot about the health care system mainly through our school of medicine and our school of public health, the only school of medicine in the state, the only school of public health in the state. And we're very much involved through those two organizations in the provision of health and health care to the state of Rhode Island.

One thing that I want to make clear is that Brown is not a legal party to this merger. We don't have any ownership interest in the health care system. But we really want it to be successful. We want to have integrated health care that prevents disease in the community, that improves the quality of care, that controls cost growth, improves access. And the issues around equity and health disparities are very, very important to Brown and to many of our faculty as well.

And another goal related to that is just driving economic growth in the state through the expansion of research, biomedical research activity, commercial development, things like that, that all come out of a great integrated system.

So, you know, I see some real benefits to this, to the state of Rhode Island, to the people who live here. We're going to be able to attract even better physicians to come to this state. About 60 percent of the physicians in the state now are currently affiliated with Brown; support collaborative research that's going to create the cures and the treatments and prevention methods for diseases.

I think there's a wonderful role for the school of public health. One thing we've learned coming out of this pandemic is that public health matters. And integrating public health practices into medical care is an opportunity that we can do something really interesting and really great, and we contribute to educating the health care workforce in collaboration with other institutions around the state.

So, you know, I feel strongly, as Dr. Babineau said. I'm not a doctor, but I talk to

my medical school faculty a lot, and the one thing I've heard over the last 10 years is, one, I've seen that they're fabulous and dedicated and they care about what they do, but what I've heard from the beginning is that they believe that they could do their jobs better, they could provide better clinical care, they could generate more new discoveries, scientific medical discoveries, that come back and help Rhode Islanders if these systems weren't bifurcated the way that they are now.

So, again, I thank you for the opportunity to speak, and I really just want to add my complete and unreserved support of this merger. Thank you.

MS. LOPES: Dr. Powrie?

DR. POWRIE: It's a privilege to be able to speak to you, General, and to Director. I -- and to the esteemed members of their team.

I am the chief clinical officer for Care New England and a professor of medicine in obstetrics and gynecology at Brown University, but I'm here mostly as an internal medicine physician who, for the last 30 years, has worked hard to care for women in this state who have medical illness during pregnancy or associated with gynecologic cancers and based at Women & Infants Hospital.

And I speak on behalf of all of us who are working in this field, but particularly some of the esteemed leaders, like Shannon Sullivan, our president at Women & Infants Hospital; Method Tuuli, our chair of OB-GYN at Women & Infants Hospital and Brown; and also Peg Miller, an exceptional leader at the Women's Medicine Collaborative at Lifespan.

I can tell you that if you are a woman in this state, it is likely that you've had gynecolog- -- if you've had gynecologic surgery or born a child, that you did so within the Care New England system. But if you've been admitted to hospital with a heart attack or stroke or non-gynecologic cancer, it's probably been, more likely than not, at one of the Lifespan hospitals.

This creates a fragmentation of health care that women experience in this state. If they're going to have their care throughout their lifetime, it's unlikely they're going to get away without having to have two medical records, two different distinct provider networks, two different sets of laboratory tests, and any other aspect that you think about their care.

At the minimum, this is an inconvenience,

a hassle for women. It's not right. It's not fair. Women shouldn't have to make those kind of choices, toggling back and forth between systems. But at its worst, it leads to poor communication, missed opportunities, and actually errors, misdiagnoses, harm, morbidities, mortalities.

The good doctors and nurses on either side work hard to bridge these gaps, and I think most of the time we achieve it, but it shouldn't be happening on the basis of people's goodwill and effort. It should be part of a structural system that ensures that women in this state can have their care throughout their lifetime, coordinated back between their obstetric needs, gynecologic needs, their medical and surgical needs, which is not an option for every woman in this state.

And if you are a middle-class English-speaking woman, it's possibly possible for you to make this toggle back and forth. But if you are a minority woman, a new person of this country, a woman where English is not your preferred language, if you don't have financial security or housing security, the idea that you can go back and forth readily and advocate for yourself is something that we need to fix in this state. And I

can see no more important move for equity for women in this state than to bring these two complementary systems together.

I think no one on this panel and no -- I saw -- here tonight isn't here dedicated to equity. I couldn't think of no more important move for the women of this state than to bring these two complementary systems together, and I plead with you all to make that move. I have spent 30 years negotiating how to make sure our women get care between these two systems, and I would like the next people who take on the next generation to have an easier structural time with it.

It's more than just a lost opportunity for the women in this state in terms of their care, but it's a lost opportunity for training up a whole new generation of providers with the right exceptional team from both sides working on how to solve problems for women in this state related to their health care and to create new knowledge.

And I think this question -- and I'll close with the idea -- has to be contextualized to the fact that the United States is in a crisis related to women's health care. Deaths from heart attacks are increasing among young women in this

state. How is that happening in one of the richest nations in the world? We have the worst maternal mortality rate in the developed world. Shocking statistics.

Rhode Island needs to take a role in terms of leading the change. And what is the heart of that change? To stop fragmenting women's health care. Women are just more than reproductive individuals. Their care needs to be integrated across their whole spectrum: their hearts, their lungs, their are brains, as well as their ovaries and their uteruses and breast, and we can do that together. And I plead with you all to allow this merger to go forward on behalf of the women of this state.

MS. LOPES: Dr. Wazer?

DR. WAZER: Good evening. I'm Dr. David Wazer. I'm the director of the Lifespan Cancer Institute, and I'm professor and chairman of radiation oncology at Brown University.

I am profoundly excited about the proposed integrated academic health system, as it presents an extraordinary opportunity to create a model of -- for national cancer care excellence, particularly related to complex management of

cancer cases, by combining the strength of the Lifespan Cancer Institute with the exceptional primary care services offered by Care New England.

The new system will extend preventive care and screening to all communities, especially to those that have been historically underserved, and will increase ease of access to state-of-the-art cancer care to all Rhode Island residents.

With Brown as a partner, the new system can advance cancer research and improve access to advanced treatments and technologies.

We envision the following key milestones in the path to implement this initiative to be overseen by the oncology service line leads in collaboration with our academic partner at Brown.

In Year 1, we will work hard to develop standardized care protocols, care pathways, and care models across the system to ensure quality and value. We will also integrate comprehensive oncology support services into the delivery of care, such as palliative and psychosocial care, home health care, and Hospital at Home, which is critically important for cancer patients.

We look to develop cancer screening programs to reduce the disparities in breast,

colorectal, and lung cancer screening that is conducted in disadvantaged communities; and we look to create stronger linkages between care providers and cancer specialists to promote early diagnosis and coordinate systemic care management; and we'll work with Brown to develop community outreach and engagement programs targeting the underserved population.

In Year 2, we will again work with Brown to create a centralized clinical trials office with a single clinical trial management platform system.

And it's so important as a -- quality cancer care in my mind is defined by access to clinical trials. The more that we can streamline our clinical trials management services, the more resources we can devote to bringing state-of-the-art clinical trials to patients.

We'll develop a clinical trials strategic plan and a robust portfolio of trials to match the needs of patients focusing on cancers that are most prevalent in Rhode Island. And we have a serious problem in this state with cancers like bladder cancer and breast cancer, and we need to specifically target these terrible diseases.

And we will launch an initiative to expand

clinical trial participations amongst disadvantaged groups and communities that have historically had less access to clinical trials.

And this is a problem across the nation, but I think it is a problem that we have a great opportunity to make inroads in the state of Rhode Island.

In Year 3 and beyond we'll be looking to secure funding and begin construction on both the cancer care and cancer research infrastructure, which go hand in hand.

And with Brown, we plan to apply for something called a National Cancer Institute designation for our cancer program. This is bestowed on very few centers in the United States and will allow us to compete with programs in neighboring states and access federal funding opportunities to support research and advance cancer care.

Thank you very much for your attention.

MS. LOPES: Dr. Underwood?

DR. UNDERWOOD: Hello, and thank you for giving me the opportunity to speak with you tonight. My name is Dr. Jody Underwood, and I am the chief of psychiatry at Lifespan.

I'm delighted to speak on behalf of my patients and my team in support of a new integrated academic health system which will bring together the behavioral health science services of Lifespan, Care New England, and Brown.

As someone who's on the front lines and devoted my life to the health of Rhode Islanders, I'm passionate to deliver the best care possible.

Working as a system, we will provide opportunities and seamless access and the delivery of critically needed behavioral health and addiction medicine services to our Rhode Island community. Together we will have more capability to attack the growing problems we see firsthand.

Prior to the pandemic, approximately one in five Americans suffered from a mental health disorder. New predictions from the CDC and what we're currently experiencing in Rhode Island, we have seen that at least two to three out of five people require some type of mental health treatment. To meet this need, we need improved access to mental health treatment and coordination of care across our systems.

I'm sure you know someone who has attempted to access care and has been met with

frustration. Currently patients are waiting in the ERs. They're waiting for a psych bed, for day hospital treatment and outpatient treatment. They're experiencing long wait times with minimal same-day services. Teen suicide and overdoses have increased. From my perspective, as we're emerging from a pandemic and our services are up 40 percent, mental health has never been more important than it is right now.

An integrated health care system will provide opportunities to face growing challenges of those suffering in our Rhode Island communities. And the future can be bright. With this new behavioral health care system, our statewide and geographical presence will increase. Our providers at Lifespan will join with Butler and Care New England and together provide high quality, collaborative, seamless care across all levels from outpatients to day hospital to inpatient and across all diagnoses. The experts will be under one system collaborating with each other, as many diagnoses have overlapping symptoms and complementary treatments.

A newly coordinated health system can better partner with the State to meet the needs of

patients with severe and persistent mental illness and developmental disabilities.

We can tell you that many of our patients experience inequities in behavioral health care. Working together with community partnerships and our mental health centers, The Providence Center and Gateway will better enable us to provide a more dignified treatment experience for our most vulnerable. Greater integration creates greater value on many levels.

Currently there are too many silos of care and not enough resources alone to meet these patients needs. Together we can create a robust safety net for the most vulnerable.

And prevention is one of the best strategies for improved health. Studies demonstrate that early identification and intervention improves both mental and physical health. By integrating behavioral health care and primary care offices and medical specialties, timely treatment will ultimately reduce suffering for our patients and reduce the cost of care for the population.

As you know, we are currently experiencing challenges with staffing. A newly integrated

academic health system will be better able to attract and retain physicians, nurses, and staff to this new unified vision and collaboration. Opportunities will increase for our workforce and together more successfully expand our diversity, equity, and inclusion efforts.

For Rhode Island this is an exciting time in history. A new integrated academic health system by Rhode Islanders, for Rhode Islanders. It's a win-win. Together, in a coordinated effort, we can provide the critically needed behavioral health and addiction care services for all of Rhode Islanders. Let's keep our talented health care providers and our patients in Rhode Island. Let's get this right for our patients and for the people of Rhode Island. Now's the time.

Thank you. It's truly an honor to speak with you tonight.

MS. LOPES: Thank you.

Dr. Sullivan?

DR. SULLIVAN: Hi. Good evening, everyone. Certainly pleased, and this is indeed a pleasure to be here, as well as a privilege.

You know, it's interesting. My colleague, Dr. Underwood, certainly supports this venture as I

will as well.

I currently am the executive chief of psychiatry for Care New England. I also serve as the chief medical officer for the Care New England Medical Group. I am a psychiatrist. I have been for the past 25 years. And I continue to provide care both at Butler Hospital and at The Providence Center.

You know, for me, I clearly am passionate about my work and inpatient care and have very much been so during this pandemic. Undeniably, the mental health crisis is in front of us in this state. We simply do not have enough services or providers to meet the challenges for all those citizens of Rhode Island who are currently suffering from mental illness and addiction.

I truly believe that an integrated health care system that brings Care New England and Lifespan together in partnership with Brown University will really very much benefit the health status of our Rhode Island community, but it, in particular, will improve treatment options for those individuals who suffer from mental illness and addition.

How so? Simply by bringing together the

program strengths of both of our systems, we can gain efficiencies in the delivery of care to all individuals who suffer from mental illness and addiction throughout our state with focusing on delivering the right type of care in the right clinical location and at the right time.

When suffering from any illness, it's really hard sometimes to know where, how, and when to seek treatment, and this is particularly so for those who suffer from mental illness and addiction. Our current vision for a combined health system is one that will improve access and care for all of those in Rhode Island.

Currently CNE offers mental health and addiction services through Butler Hospital, The Providence Center, Women & Infants Hospital, as well as Kent Hospital. Lifespan offers services via Rhode Island Hospital, Bradley Hospital, Hasbro Hospital, Miriam, and Newport Hospital, as well as the Gateway Mental Health Center. Imagine pulling the strengths of these varied operating units together to stand strong with quality program best practice to deliver care to our citizens of Rhode Island.

Our future focus is to do that to provide

equitable and available care to every citizen of Rhode Island that would need it; however, the success of delivering those services will depend on access to care.

All too often, about 20 or 30 patients wait daily in our emergency rooms waiting for care, and these are adults, as well as kids and adolescents who wait at Hasbro, who are awaiting for treatment at Bradley or Butler Hospital. All too often, same-day services and other partial or outpatient programs are really impossible to obtain, and these challenges exist at a time when you just heard the rates of suicide are on the increase, particularly in preadolescent and adolescents, and also the rates of opiate overdoses are again, unfortunately, on the increase.

I believe that with an integrated academic health system we are better equipped to face these challenges. We have a real shot at improving access by centralizing a front door, as you would, services on a 24/7 triage location so individuals can call in, be evaluated, and directed throughout the myriad of different treatment options of the combined academic health center. Providing efficient early access of services can prevent a

need for higher level or more extensive care. Effective advice and aversion will free up needless waits in emergency rooms.

Beyond access, the goal then is to streamline and coordinate ongoing treatment. All too often, patients get lost between care of systems, and an integrated system can prevent that from happening.

Additional benefits to the health care system, as mentioned, an integration of behavioral health into primary care and medical specialties for early identification proves for better health outcomes.

Also, from an academic point of view, we are a system that train learners, and I do believe, as Dr. Paxson alluded to, that a coordinated health care system in coordination with Brown will attract these learners to remain beyond their training to help serve the citizens of Rhode Island.

Also, we have a real advantage right now to work with our State partners. There are tremendous challenges for mental health delivery on the part of BHDDH and the State agencies. And a combined academic health center will further foster the already existing good rapport and perhaps build

co-development of programs to treat all citizens of Rhode Island, including the chronically mentally ill and those individuals suffering from disability -- developmental disabilities.

So I appreciate the opportunity for me to share a few words with you tonight. I'm hoping that you will join my personal enthusiasm for this venture for an academic integrated health care system. Thank you very much.

MS. LOPES: Thank you.

Dr. Diaz?

DR. DIAZ: Thank you, and good evening.

My name is Dr. Joseph Diaz. I'm a primary care physician based in Pawtucket where I've been caring for patients for the past 20-plus years. I also serve as the chief health equity officer for Care New England and as the associate dean for diversity and multicultural affairs at the Warren Alpert Medical School at Brown University.

I'm also here to support the creation of the proposed integrated academic health center. I'm very excited about the benefits of the proposed merger and specifically the opportunities it provides to group health equity across Rhode Island.

First, the new integrated health system will create infrastructure that promote a culture that prioritizes and imbeds health equity as a core value throughout the system. The proposed merger will promote health equity by identifying health disparities, by developing strategies and initiatives to address those disparities, and by using a health equity lens to continually monitor the quality of care provided throughout the system.

To achieve health equity, a primary step is reliably and consistently identifying disparities in care. The new health system has committed to developing a uniformed registration and data collection system so that patient outcomes can be consistently measured by relevant demographics, such as race, ethnicity, and language, as well as additional social factors. The system will also ensure that staff are trained at how to gather the information in a culturally sensitive manner. This data collection system will allow the new integrated health system to better identify health inequities, set performance goals, and measure against these goals.

To this end, the new health system has committed to develop platforms to evaluate clinical

outcomes and review quality metrics across the system. This will then lead to analysis that will lead to the development of initiatives and programs to address disparities and direct resources to communities and populations where resources are most needed.

As such, Care New England and Lifespan have committed $10 million over three years to address social determents of health, including lack of affordable housing, food and security, insufficient transportation to and from medical appointments, social isolation, and unemployment.

The new integrated health system plans to engage community leaders and partner organizations, as well as researches from Brown's medical school and the school of public health, to identify priorities and develop a three-year investment plan to implement interventions with these funds that address specific social determents of health.

As another example of the new system's commitment to health equity, the system recognizes that underserved populations often lack the care settings necessary to treat acute, nonemergent medical events.

So many in these communities rely on

emergency rooms to get care that could be provided in other settings. The new health system is evaluating opportunities to improve access by expanding express and urgent care services for communities in Pawtucket and Central Falls.

Using expertise of Lifespan in operating urgent care centers and the experience of Care New England in the surrounding area, the new integrated health system will expand the services at Care New England's exiting express care center in Pawtucket, thus improving access to care for the community.

In summary, I'm excited to support the creation of the new integrated academic health, as health equity is a core value to the new system. The system is committed to working closely with community organizations and leaders across the state to reduce health disparities and provide high quality and equitable care.

Thank you for your time and attention.

MS. LOPES: Thank you.

As a reminder, there is a six-minute limit for each individual to provide comments.

And I'd like to call on Dr. Frank Savoretti, please.

DR. SAVORETTI: Good evening. Thank you

for allowing me this opportunity to make my observations.

I am a humble country doctor. My office is in Johnston, Rhode Island. I've provided primary care for the past 36 years. I also attended law school 50 years ago, and I passed the bar exam in New York, and then I decided to go to medical school.

And if I were the attorney representing the other side from my learned colleagues to have spoken until now, I would submit for summary judgment against this merger. It clearly will create a monopoly of medical care in the state of Rhode Island.

This monopoly, which is illegal on its face, would allow them to quickly put all the little guys like me, who represent only their patients and do not -- are not employed by a huge corporation like Lifespan or Care New England -- it would take very little for them to create a situation that would put me out of practice.

There are six of us in my practice. I do not speak for them, but I do know that they are opposed to this merger also.

If I were to apply for permission to

organize all the doctors in Rhode Island into one organization to bargain with Lifespan, Care New England, and the health insurers, that would be illegal too. How could this huge monopoly be possibly permitted?

All the assertions that they have made until now are merely hypotheses. Why would they be able to attract more doctors if it's one company instead of two? It's difficult enough to attract. Why would more nurses want to work for one company instead of two? They say it, but it doesn't necessarily mean it's true. Where is the evidence that supports their assertions?

In other parts of the country, when large hospitals have merged, costs have only gone up, not down, because they have the power to raise prices. They're the only game in town.

I do not wish to bore the audience. We've listened to an hour's worth of promotion, and I may be one of the few people opposed to this, but it's in the patient's best interest if the doctor is independent, as we are in my practice, and not beholden to a company that signs their paycheck and they have to follow the directives of those in charge because their mortgage payment depends on

it. No.

My only boss are my patients. They are my direction-giver, and I advise them on their medical care.

As far as mental health goes, we had quite a few comments on that. Half of my patients suffer from some sort of mental disease, and I take care of them. I'm very skilled in mental health care. I refer as necessary. And it is, as -- was alluded to by the psychiatrist, it's almost impossible to get a private psychiatrist in Rhode Island, which is how I got into it in the first place. And as difficult as it is, it's also very difficult to get the services of even therapists, who are all overwhelmed for reasons that one of the previous speakers outlined, because the pandemic has caused a lot of anxiety and depression. And we're dealing with that, too, in Johnston.

I think that's about all -- I could go -- you know, would the Attorney General Neronha permit, if he had the power, 80 percent of the car companies in the United States to merge? What do you think the prices of cars would look like then?

Would he permit all the supermarkets in Rhode Island to merge into one company? Oh, it's

more efficient, you know. We can buy better. We can attract more employees if it's all owned by Stop & Shop, 80 percent. No more Dave's, no more Whole Market, no more -- you know, you get the picture.

So all of a sudden, this merger is legal? I really don't think so. And that's why I would've submitted for summary judgment. It's clearly, on its face, illegal.

Thank you for your time and for listening.

MS. LOPES: Thank you.

Edward Fontaine, please.

MR. FONTAINE: Hi. My name is Edward Fontaine, and I am a -- I would have to say a former patient of Lifespan and Care New England, and I wanted to bring up some things -- obviously we've already had doctors. I'm actually a first patient who's experienced the systems as they are.

I don't want to bore people, but for the last two years I've been doing plenty of research, and I don't -- and a lot of times I don't understand why our media and the health systems, why we don't know the information about how deadly our health care system is. These are the facts. And why do we rate last among all countries? We

are the worst health care system. We spend the most of any country, and we rank the last as far as quality. These are facts.

As Dr. Savoretti just had mentioned, what we've been presented with and what has been being presented for the last two years or so has been marketing material. Marketing material, it's not facts. I can put anything I want in there and say, Oh, we're gonna have this, we're gonna have that. It's not factual.

So there's plenty of literature -- factual literature that talks about the quality of health care, how deadly it is, and that's one of the things that we have to realize.

Health care is the deadliest industry on the entire earth. And people don't realize, from preventible harm, it's the third leading cause of death in the United States. That's not talked about.

Well, if we start looking at that as a cause of harm, how can we allow one system to care for us? When we talk about the thin blue line of the police department, the white wall of health care is much thicker. And now you take one system, Lifespan Physician Group, which they have been

doing for the last number of years, is recruiting and gathering all of the physician groups. So try and go and find a physician that is not part of Care New England and the Lifespan. You can't do it. They basically have a monopoly already on primary care by the acquisition of Coastal Medical. So they've been quietly doing that, acquiring the physicians, and now they want to merge the hospitals in a dangerous market.

What I've experienced is -- I have to say it's shocking for this state that there's no place for a patient to go in this state when they have an issue with health care. And when -- and when something is discovered, that's what, you know, bothered me from Lifespan when I asked for help and pointed out something that had happened to me and has been around for a while.

Lifespan, the attorney general's office, the Department of Health told me that they're not -- they don't deal with the quality for patients. That's not their job. They license doctors. They wouldn't help me. So who -- now we're going to have this monopoly that can basically do what they want without any repercussions.

My health care right now is done out of Boston. I'm going there because I'm forced to go there because of Lifespan, because of Care New England. I don't want to have to travel to Boston to go seek care. I warned my doctors that what has happened to me over the past few years, a symptom of it is aneurisms. It took two years -- they found the aneurism because they looked for it. They couldn't understand why I had headaches, why I had vision problems, why I've lost executive function.

Care New England, they just put down that I was a hypochondriac. Well, I've already had a judge for disability rule against my medical records going by the facts of just blood work.

So if we have doctors that can now ignore blood work, can ignore testing, make errors on diagnostic imaging, where do we go -- who is going to help us when we just have a monopoly?

When you have physicians that are already cover- -- and I'll say cover each other's butts, how is a patient supposed to get beyond that if you don't have a doctor who's willing to come out and say, Oh, this is wrong?

And I'm not talking -- and we're not even

going to get into the whole thing about, you know, malpractice and -- that's ridiculous about some of these awards. That is.

But what we're talking about is how do we get care to a patient who's obviously been wronged?

So when you're in a state like this, I can't go any- -- it's very difficult for me to find a doctor that is not connected with Lifespan or with Care New England.

And I had one doctor from the Lahey Clinic, a neurologist. All I sent him -- I didn't send him any of my records from Care New England or Lifespan or the Rhode Island Quality Institute, which is supposed to have one record. That was supposed to be the solution. I sent him only blood tests which were from my Lifespan records, sent him only other things that were actually diagnosed for me, and symptoms and things that I was having and things that were already, you know, diagnosed.

And we had a call. On a 45-minute call, he actually diagnosed me. From that call, he said, Yes. He said obviously from the blood work he could tell that I've had chronic disease for years. I've had chronic inflammation for years. The blood work has been saying this. Well, he gets that. He

saw it from speaking with me.

After that phone call, my sister and I, we actually cried because I finally got help that I needed out of state.

Well, when that doctor said -- they said, I can't determine what's causing it, but what I'll have to do is I'll have to have an inpatient appointment. And when I went up there for him, the difference was he now had access to my medical records. He now had my Lifespan records.

And when I got up there, it was like Dr. Jekyll and Mr. Hyde. Now he's up there, Oh, I don't know why you're here. There's nothing wrong with you.

Well, without having my records, just having blood work and testing, you determined there's something.

So there's a big issue that we've got to discuss that, yes, we know, without a doubt -- nobody can dispute it -- that it is a monopoly. We cannot dispute that, you know, health care is dangerous. We cannot dispute that.

If the powers that be -- which the only way this could go through is the Rhode Island legislature would have to force it through, which

that's what Rhode Island does. If that goes on, we have to have some type of oversight, and it can't be doctors for doctors. We're talking about getting people the care that we need.

I have a dear friend who's dead because she had cancer which was found on the original imaging and was actually -- that was missed.

So --

MS. LENZ: Good evening, Mr. Fontaine. I don't mean to interrupt you, but your time is up.

MR. FONTAINE: Okay.

MS. LENZ: If you'd like to conclude, we can give you a few seconds to do so.

MR. FONTAINE: Absolutely. Great. Thank you.

So obviously that's my biggest care, is where do we go? What do we have to protect patients?

And then the other things we would have to address is why is Rhode Island ranked last for doctors to practice? So it has nothing to do with merging. That's another thing we need to address. But there's plenty of literature. I'd be glad to forward it on.

Thank you for the time. And by the way,

thank you all health care professionals. I know it's been a difficult time, but this is a very, very important issue for Rhode Island.

MS. LOPES: Thank you.

Dawn Williams?

MS. WILLIAMS: Hi. Good evening, everybody.

My name is Dawn Williams. I have been a registered nurse for fifteen years and at Butler Hospital for seven years working on the intensive treatment unit. Additionally, I serve on the health and safety committee as a delegate of my union, SEIU District 1199 New England.

I'd like to take just a second to thank Dr. Alexander-Scott for her leadership for the last two years. It's been very difficult, and her leadership has been invaluable.

Tonight I'd like to focus on the impact unionized workers have on the health care system they work in.

Unions are often the only thing that stands between total corporatization and patient and worker interest. The fact is when capitalism failed early in this pandemic, so many individuals stepped up to care for each other, but the system

is still set up to make surviving this pandemic an individual undertaking.

The exception has, and always has been, the unity, strength, support, and support created by workers in the union. It is our leadership as union caregivers that created the best protection for our patients and staff, even though we, as frontline heros, have been the most vulnerable to infection. Through our union, we have a voice that we use to protect our patients and advocate for the highest possible care in a crisis like this and on a daily basis.

While preparing for this opportunity to speak to all of you today, I had a thought. Imagine that this organization, Butler Hospital, with its inspiring history, became a place where active engagement throughout the health care team promoted positive patient outcomes as well as creating a culture of positivity and inclusion, a hospital where open communication and collaboration among administrators and those doing the actual work were used to overcome potential barriers.

I don't have to imagine it. I've seen shining examples of what unionized workforce and Butler Hospital can do together when the only

motivation is about health, safety, and quality of care for the community we serve and the employees that serve it.

During this pandemic, we worked collectively with leadership, including Dr. Sullivan, who is on this call today, as we rigorously moved to make modifications to the way we work and give care as safely as possible. Every single day union leadership on the units of Butler Hospital studied the newest guidance from the Rhode Island Department of Health and advocated on behalf of our staff and patients to quickly adopt protocols. We were able to create a psychiatric COVID-positive unit with policies and protocols that are still being used today.

Recently we've collaborated to create a psychiatric field hospital to meet the ever-growing mental health needs of Rhode Islanders using the Rhode Island National Guard and Butler Hospital staff.

We union members, with the unity of our voices, are able to counter the worst tendencies of the profit drive of large health care systems. We use our voices to demand anything from adequate patient and staff ratios to proper PPE, COVID

tests, to patient-centered care plans, and safety.

Our daily efforts focus on raising the standard of living for all workers while protecting the rights and best interest of our patients. Through the use of effective communication techniques, we designed the most up-to-date policies for our coworkers at a time where trust in authorities had diminished.

Our health care system greatly benefits from a highly unionized workforce, and CNE's high-quality patient outcomes is the direct result of high-quality jobs where people tend to stay for their entire careers. Any merged entity needs to ensure that at the end of it there will be more union workers than there are now in healthcare; otherwise, a system will simply be too big with too much power and too little accountability.

The hospital systems are currently saying that they want this merger to happen because they want to invest and improve patient care in the lives of all Rhode Islanders. We know the only way patient care becomes a primary focus is when health care workers have a voice. If patient care is really the priority of Drs. Babineau and Fanale, then they will surely agree that they should not be

spending any resources or time opposing unionization efforts.

If they do not agree that there will be as many or more union workers after the merger, then the State should only approve this merger with strong conditions that encourage union growth.

I thank you all for your time.

MS. LOPES: Thank you.

Kelli Price, please.

MR. PRICE: Hi. I'm Kelli. I have worked at the hospital, Women & Infants Hospital, for the past 30 years as an -- as an RN since 2001. My family has worked at Women & Infants Hospital. Many of them still work at Women & Infants Hospital. Some work at Rhode Island Hospital. So this is, as you can imagine, as an employee, a real -- a very important thing that's happening that -- that's important to me, my family, to all of us.

I'm also an SEIU 1199 member and a union liaison for the past couple of years.

I know that most people have on their mind job security. That's one of the biggest things that people are talking about. And so I'm going to not discuss that because I'm sure many other people

are going to talk about that.

What I want to talk about is there's been a lot of discussion about equity for our patients. My concern is will this equity, as well as diversity and exclusion, also extend to hiring practices, not just in the hiring of employees, but in the hiring of management, administration, the board.

What will the board of directors look like? Is there going to be labor representation? I get financially the bottom line is important, but we need the input of people who will look beyond that. We need frontline workers helping make decisions.

How about the community representation? That's one of the things the union has -- our Union 1199 has been working on, keeping the hospital accountable to the community. Will upper management, administration, the board, will they look like our community?

As a woman of color -- and I have to tell you, people of color make up a huge part of the surrounding community. Will the people that are making decisions about my health care, will they understand my needs? You're not representing my

interest if you don't have women or people of color in key positions making those decisions.

We have a large LGBTQ committee. Will they have representation?

This will be one of the largest employers of the State, the one setting the wage standard. We need to make sure that the bar is set high, who are able to not only hire diverse candidates but keep them here.

What about our union protections and the chances to grow our union? If I lose my job for whatever reason once this is in place, it's going to be really difficult to find another position as a nurse in a hospital. This system pretty much encompasses most of the hospitals in the area. So I want to make sure that I don't lose any of my union protections.

As an 1199 member, we believe that with the ongoing good-faith dialogue, we can address these issues with our respective employers and work out our concerns to achieve the best outcomes for employees, our community, and all Rhode Islanders.

MS. LOPES: Thank you.

Nicholas Esposito, please.

MS. LENZ: Fern, I don't see that name

listed. Why don't we move to the next person, and we can call him back.

MS. LOPES: Sure.

Sarah Gallo Weinreich.

MS. WEINREICH: Hi. My name is Sarah Gallo Weinreich. I'm a registered nurse at Butler Hospital.

My passion for mental health care was inspired in large part by my father, who's a psychiatrist in Rhode Island. He has been for over 25 years.

I am -- I work on the intensive treatment unit at Butler Hospital, and in 2016, I also was a nurse at Bradley Hospital on the children's inpatient unit, where I worked for four years.

Having worked in both leading psychiatric hospitals in Rhode Island, I'm here to tell you that neither system has the capacity to meet the growing critical mental health needs of our state.

As Dr. Underwood and Dr. Sullivan spoke to earlier, the rates of children and adolescents experiencing psychiatric crisis are up; rates of depression and anxiety in adults are up; alcohol abuse, drug overdoses, and suicide for adults and adolescents are at an all-time high and have

affected many of us here.

We know that the financial motivations of hospital administrators are to reduce redundancies, and we've already seen that happen. Butler Hospital used to have 40 beds dedicated to patients under 18, but that was considered redundant due to Bradley Hospital's pediatric beds.

I've seen the consequences of that firsthand. Children across the state are held by themselves in general hospital beds or in emergency rooms, waiting for beds for days, sometimes weeks, in order for a bed to open up at Bradley Hospital. When the spots finally do open up, lack of resources make it nearly impossible to meet patient needs, to provide basic dignity, education, or effective treatment for their illness.

The domino effect, then, is that children remain acute and stuck for sometimes months, even years, on what is supposed to be a short-term stabilization visit because there is nowhere to place them.

Imagine if that was your child or grandchild sitting alone in a hospital room for weeks, especially in today's reality of limited or no visitors with minimal support.

Then once they're finally placed in a facility that's supposed to help them get better, away from their home and family, they can't get access to education, they stay hospitalized, they grow out of their clothes, and they still are not getting the services that they need to get better.

I'm a mother to a three-year-old boy, and I'm currently six months pregnant with my second child. As a mother and a caregiver, I'm here to make sure that we do better by our children and all Rhode Islanders who need psychiatric care in our state.

At Butler, where we have a union and a voice, we are able to advocate for more resources, and the difference in our ability to successfully provide care is night and day. We have shorter patient stays, better patient outcomes, but the demand for mental health services is growing exponentially without the physical space or qualified caregivers to keep up.

Butler recently opened a 25-bed psychiatric field hospital, as Dawn Williams had mentioned, on our campus. It's manned by National Guard members where patients are housed in a conference center, showering and toileting in

outside trailers. This is not because of COVID-19. None of these patients are COVID positive. This is simply because our general hospitals no longer have the capacity to hold patients while they wait for care they desperately need.

I'm terrified about the impacts of this merger. Our community has more mental health needs than ever. We need guarantees that there will be absolutely no elimination of services.

If a single, quote/unquote, redundancy is eliminated, like our adolescent programs, partial hospital and outpatient programs, and other inpatient services throughout both systems, you would see even more vulnerable patients going without proper treatment. The State needs to focus on building a more resilient health care system with more capacity while expanding services and access to all Rhode Islanders.

Thank you.

MS. LOPES: Thank you.

Alan Bullock?

MR. BULLOCK: Hi. My name is Alan Bullock. I work at Women & Infants Hospital for about 25 years, and I also work at Lifespan Hospital for about five -- at Rhode Island

Hospital.

My concern is that if we were to merge all together as one, what happens to me holding two jobs at two different facilities. As it stands now, I wouldn't be able to have my second job, which would be detrimental to me, you know, trying to keep hours and make money, but also to the places that I work, as my years of experience are very useful to them. And especially now, with staffing shortages, just trying to find people to replace people that work at two different hospital groups would be hard.

So I'm not sure what type of assurances we can get from the two groups of what will happen to people that do, and if we will have the ability to work at two different organizations if we're one or if that no longer will be possible.

Thank you.

MS. LOPES: Thank you.

Neil Steinberg, please.

MR. STEINBERG: Thank you.

Good evening. Thank you very much. My name is Neil Steinberg. I'm the president and CEO of the Rhode Island Foundation.

The Rhode Island Foundation has long been

committed to health and healthy lives and health care in the state of Rhode Island, and, in fact, a couple of years ago, with many leaders in the state, including Dr. Alexander-Scott, convened a group to do a long-term plan for health in Rhode Island. And one of the outgrowths of that as the growth continued to meet was when this was announced, the integrated academic health system. And a lot of questions came up of how does this benefit the community, how do we make sure this is good for all Rhode Islanders.

So we raised that issue, and Dr. Fanale and Dr. Babineau formally asked us to pursue that and to come back with recommendations, and so that's what we did. We have submitted to this group and to the attorney general, to the Department of Health, as part of this process a document called "Ensuring the Integrated Academic Health System Benefits all Rhode Islanders."

For six months last year, we had a steering committee. It was 100 percent independent. This effort included no one that represented or worked for or was affiliated with Lifespan, Care New England, or Brown University. It was a diverse group, and it very much got and

received and sought community input. I'm going to summarize it quickly.

The idea of this was, as we've been told by both the Department of Health, by the attorney general's office, this could be approved, this could be rejected, or it could be approved with conditions. Our focus was on if it's going to be approved, what are the conditions that most benefit the entire community in the State of Rhode Island, and that's what this report was designed to and we think provides information on.

We had four guiding principles: Equity, independence, impact, and sustainability.

The independence was what I talked about. We had groups that were not affiliated with the three parties.

Equity, extremely important. Taking into the account the need to address root causes of systemic inequities, or disparities that exist in the community, and how do we address this to be beneficial for all -- and "all" in capital letters -- including historically marginalized communities.

Impact, short- and long-term. We don't want to do a transaction that just has a quick hit

and then does not benefit every one of us for the long-term, and that their work can be sustainable.

This report addresses both the technical merger proposed between Lifespan and Care New England, as well as the integrated academic health system, which includes Brown University.

In forming this, we had a steering committee of 25 people that met every other week for six months. We had focus groups, community conversations, other community input, and targeted research that was done to inform this report.

There are eight areas where we provided recommendations, eight priorities.

The first and foremost was what I mentioned before: Equity. How will this be equitable for all employees of the combined organization, all patients or potential patients, people served in the community, and everybody affiliated with this providing services that provided opportunity for all?

The second priority was oversight. That's been referenced. There has to be good oversight for this.

I do want to mention that this report was done and completed prior to the final completion

and submission of the application by the parties. In fact, we announced this result the same day that that came out. So I heard Dr. Fanale earlier reference that many of these areas have been addressed and, in fact, may be included in the application.

So what type of regulatory oversight? We don't think it exists right now. It needs to be developed.

Access. That the system will be accessible to everybody in all geographies, primary care, behavioral health, specialty areas, transparent about duplication of services, if there are any, and with a real collaborative approach.

And I'm just highlighting this.

The next one is cost. Needless to say, there's been concerns about cost, as these have been done in other areas of the country. We do believe that done right, that costs can be controlled, costs can be overseen, and that this entity, done right, can be a model for the rest of the country.

Quality. Making sure that the merged system ensures higher-quality patient experiences, that key quality measurements are adhered to and

measured over the long-term.

Workforce. That's been referenced by several folks here. Needs to detail. We need to know how will decisions be made on jobs. What will the impacts be? How will we make this equitable when somebody loses a position in one area and needs retraining? How can Brown play a role in that on the integrated academic health system for the workforce?

The next one, and second-to-last, is community responsibility. I feel very strongly that the merged system, as well as with Brown, needs to make direct community investments, direct institutional purchasing goals with women- and minority-owned businesses, have an equity lens on everything that's done and a stronger culture of collaboration of partnership.

We even recommend, as part of the next one, which is governance, that there be a community advisory board, and that members of that community advisory board be named to the corporate governance board. We do think it needs to reflect the community, which I've heard mentioned. We do need to look and have national caliber leadership for this combined organization.

So overall you can access the report, I believe, through the Department of Health and attorney general, because it's been formally submitted. It's also on the website of the Rhode Island Foundation.

But we believe that this proposed merger, that this propose the integrated academic health system, done with the consideration of many recommendations to make it best for everybody in the community, can be a model for the United States.

Thank you very much.

MS. LOPES: Thank you.

Laurie white, please.

MS. WHITE: Good evening, General Neronha, Dr. Alexander-Scott, and members of the committee.

My name is Laurie White, and I'm speaking in my capacity as president of the Greater Providence Chamber of Commerce.

The Chamber is pleased to provide select commentary tonight on aspects of the proposed merger between Care New England and Lifespan to form a new integrated Academic Health Care System with the Warren Alpert Medical School at Brown University.

Many stakeholders and interested parties have weighed in on the key considerations of cost, competition, and quality. We wish to reenforce these themes, as well as provide a separate set of observations on how deeper integration with Brown University and other academic research partners might vigorously enhance Rhode Island's economic development performance.

The Greater Providence Chamber is mindful of new societal dynamics since the last round of merger discussions.

The pandemic, as we've talked, has laid bear the need for the entire health care system to look anew at its financial underpinnings and the depth of its capabilities to manage public health crises.

Digital innovation and digital integration among systems and providers now takes on heightened urgency as virtual care and telehealth become the expected normal.

Urgent vaccine production is driving a reinvention of life sciences, manufacturing, and creating a ripple effect of accelerated production to meet demand.

Against this backdrop and given the

competitive attributes was Rhode Island's economy, the Chamber board has given this matter great consideration and diligence, and we feel confident expressing an optimistic view about the economic development implications of this proposal.

Specifically, Care New England, Lifespan, and Brown have come forward with new approaches that indeed will provide a needed jolt to Rhode Island's innovation landscape. Among them, a designated cancer center, a comprehensive women's health network, and a renewed focus on research and development that leads to commercialization.

We welcome the opportunity to help position Rhode Island as a vibrant place for the introduction of new medicines, new medical devices, diagnostic and digital health platforms, and treatment solutions. We urge regulators to add these economic development considerations to their overall assessment of quality, value, and access.

Thank you for affording me this opportunity to share the Chamber's point of view on this important matter.

MS. LOPES: Thank you.

Greg Mancini, please.

MR. MANCINI: Thank you.

My name is Greg Mancini. I represent a group called Build Rhode Island. We're a coalition of seventeen construction unions and four contractor associations representing the largest contractors in the area.

I first want to thank the attorney general and Dr. Scott, as well as Associate Director Powell, for having this meeting. I appreciate the opportunity to be heard.

I also want to give a big shout out to the health care providers and the workers for getting us through this pandemic. You really are the heros of our community. And on behalf of our organization, I want to thank you very much.

I am here tonight to support this potential merger because of the following reasons: Our contractors provide first-class health care benefits on our union workers, and having these benefits -- and we compete regionally. And we want to make sure we continue to have these benefits.

We believe that this merger will provide increased resources for our members with maintaining the same -- having -- also having stability of costs. And that will keep us competitive in the region, 'cause we work not only

in Rhode Island, but we work throughout New England, and some of our contractors even work further away.

So we also think that it will allow us to provide better range of services to our members and provide more health care -- access to health care providers to our members also.

So we full heartedly support this initiative.

Lastly -- sorry -- we also think it will stimulate some economic development for both -- well, for the entity that will create new business opportunities for our contractors and new work opportunities for our members.

So for those reasons, we fully support this initiative -- this merger. Thank you.

MS. LOPES: Thank you.

Dave Langlais?

MR. LANGLAIS: Thank you.

My name is David Langlais, and I am the business manager of the ironworkers union in Rhode Island. I am also the vice president of the Rhode Island Building Trades Council.

The Rhode Island Building Trades Council is made up of sixteen Rhode Island unions. These

member unions provide medical coverage for over 10,000 covered lives.

I'm here tonight to speak in support of the Lifespan/Care New England merger on behalf of the member affiliates.

Each affiliated union offers separate health insurance plans, but all currently utilize hospitals and physicians for both networks as in-service providers. Cumulatively, I believe our membership is one of the largest purchasers of health care services in Rhode Island.

We believe this merger will not diminish services but make it easier to access these services by attracting additional physicians and medical professionals. We also believe it will stabilize health care costs for our health care trust funds and membership.

In addition, we believe this will lead to investments in higher acuity care provided locally. Our members in the Rhode Island community will receive a greater range in vying with health care services locally.

This merger will also stimulate economic development and strengthen the Rhode Island economy, especially with Brown University's

involvement as an academic partner. The merger, we believe, will attract research and development and laboratories to the state and bring both temporary construction jobs, as well as permanent jobs in the health care sector that will also stimulate the local economy.

So for those reasons, the Rhode Island Building Trades Affiliates Union support the proposed merger of both Lifespan and Care New England.

Again, thank you for the opportunity to speak tonight.

MS. LOPES: Thank you.

Amanda Michaud, please.

MS. LENZ: Hi, Fern. I don't see that name on the list, so let's call her back at the end.

MS. LOPES: Sure. Thank you.

Darrel Lee? Darrel Lee?

We'll call him back as well.

Roberta B. Feather?

MS. FEATHER: Hello. We hear over and over the terms "improvement" and "quality of care," "decrease in costs." We don't hear very much about how. How is that just going to happen?

Whenever you get into a monopoly situation and you remove the competitive aspect that goes on between various companies, you almost destroy the concepts of improved care and decreased costs.

Research -- the majority of research, statements from the FTC, statements from the Department of Justice all say that claims regarding decreased products and increased quality are not true. Many research studies have been done that indicate that that does not happen following the provision of a merger within a state.

In terms of expense -- expenses, very little has been said about what this would do in terms of increased insurance. We have many different plans available in this state. What is it going to do to them? Maybe it's an open field day, because there'd be only one game in town.

This merger has gone on for a number of years. The costs now have been astronomical and amazing.

I'd like to pose a question. Has this been because of a lack of knowledge, experience in terms of the leaders in the health care system, the leaders of the two health systems, the CEOs of various hospitals, the boards of trustees? It

seems as though there's something missing in knowing how to do a merger that works.

How many of these people actually know antitrust law? That is crucial. And members of these different boards and administrative -- in administrative positions need to have a better understanding of this.

My feeling is that the people with the backgrounds necessary to do a good merger, if there is such a thing, such as economists, public health people, bankers, attorneys, MBAs, graduates of health administration programs, such as the one at Duke University, need to be cultivated for the purposes of this board, and if a merger is granted, implementing the merger.

Thank you.

MS. LOPES: Thank you.

Go ahead and call on Matt Gunnip.

MS. POWELL: Difficult to hear you, Fernanda. If you'd say it again.

MS. LENZ: So sorry.

Matt Gunnip. Matt Gunnip.

I don't see that name, so maybe we can move on and try again later.

The next person signed up to speak is

Suzanna.

Again, Suzanna? There was no last name.

Okay. Patrick Quinn?

MR. QUINN: Hello, everyone. Thank you for the opportunity to speak tonight. Thank you, Attorney General Neronha and Dr. Alexander-Scott. Best wishes to you, Dr. Alexander-Scott. Thank you.

I'm the executive vice president of 1199 New England here in Rhode Island, and we represent members at Butler, Women & Infants, the VNA, and multiple other health care facilities around the state.

There's a lot that we like and value in this approach of having a Rhode Island-based system. We believe local control is very good and desirable. We believe that non-profit status is very good and desirable. We can see many, many of the benefits that have been laid out in terms of a seamless system, the electronic medical record, and many other positive aspects in terms of the integration of care, and we recognize those as something that will add value.

What we're -- what our concerns are -- and we've been engaged in what we think is a

constructive dialogue with the merging parties, and we appreciate that -- is some issues that have been addressed tonight, which is governance. We think it's a very different situation than we've had in the past.

The role of the board is different in this type of system. It's not solely simply philanthropic to have a merged system that's basically the dominant player. Not only the largest employer in health care, but the largest employer period. We have to take a different approach, and we have to take a different approach on governance.

So we think it's proper and respectful of everything that has been done throughout this pandemic to include front-line workers and their representatives in the board, and we think it's important that community members be represented on the board, and they -- that it be a very diverse board, not simply functioning as a philanthropic group, but as a planning group and a strategy group.

We've touched on it a couple of times tonight, so I'll be very brief.

Simply stated, we need a comprehensive

workforce strategy. We know that if the population health issues that has been itemized and spoken about in the applicant's application is something that we want to achieve -- which we think we should, not just providing heroic care in hospitals, but also managing population health -- we're going to need a different workforce, a different set of skills.

And the unions, as part of our coalition, want to be part of that. Our members want to be part of that. We need to honor and respect the service and the dedication of all the health care workers to make sure that everyone has a seat at the table when this is all done, and there's a job for everyone who wants one.

So vacancies are important and how many vacancies, but also what are the skills, what are the career paths, what are the things that we can teach our health care workers in order that we serve our community better. We think that that's really important.

We -- it's in the statute. It's not a secret. All union rights -- you know, all collective bargaining relationships is directly addressed in the statute. They need to be

protected.

There's a lot of public money, whether it's Medicaid, whether it's public employees, whether it's individuals who work for municipalities. There's quite a bit of money in the post-Obamacare era that is paid to these facilities. It's public money. It cannot be used to thwart people who want to exercise their right to have a union . And we need to understand that basic building block of, you know, our community is a good job, preferably a good union job, that deals with the disparities of health. We need to make sure that the workforce itself continues to diversify to more reflect the diversity of our community.

So we do believe that this has some significant benefits down the road. We've talked a lot about monopoly. Our concerns are monopsony. Only one seller is bad. Only one buyer can be worse. The only effective hedge against one employer. Think of the company-town situation is collective bargaining and a union.

So that's really important to us, not only for the people that we represent, but for the rest of the entire community. We think that that's

really important and should be included directly in these -- in the oversight.

I think there needs some attention to be paid to what is the post-merger oversight. It needs to be significantly more robust to contain costs to, you know, prevent some of the difficult situations that were itemized earlier by other people: Can I work at another job? Can I get access and privileges at a hospital or from a physician? Et cetera.

So, in summary, we can see that there are some positive things here, and we're going to continue to engage in this process, both directly with the employers who we feel have been operating in good faith with us, and we look forward to working through this. But we really want to make sure that people understand that the only way to truly recognize and honor the service of everyone who's been helping us through this pandemic is to respect their rights on the job and make sure that they are part of an organization that stands up for quality and for patients.

Thank you very much.

MS. LOPES: Thank you.

Miguel Sanchez, please.

MR. SANCHEZ: Hi. Good evening, everyone. My name is Miguel Sanchez. I'm here as a board member of (indiscernible).

(Zoom technical difficulties.)

MR. SANCHEZ: Before I get started out, I would like to (indiscernible) -- you guys have been doing in the past two years, keeping our lives going.

And I would like to note as well, at the beginning of the call, a lot of the Lifespan and Care New England New England representatives kept mentioning the word "equity." Something that caught my attention is that none of them were people of color. So that's not very encouraging to see them talking when no one that was speaking -- unless I missed someone. I know Dr. Diaz spoke too. I don't think he was an employee of any of the organizations. I think he mentioned that he worked in the past.

But that's something that I would like to note on record, is that they kept mentioning the word "equity," but when I was seeing and listening, no -- I didn't see a person of color speaking. So that definitely is something that caught my attention.

And the reasons that ONA specifically opposes these -- this merger proposal is that we are strongly against any monopoly in the state, especially when it comes to health care. Our community is already struggling in the current system as it is, and we believe that if this merger goes through, our communities will struggle even more. So we definitely strongly oppose it.

And thank you for giving me the time and place to speak.

MS. LOPES: Thank you.

Marjorie Waters, please.

MS. WATERS: Good evening, everyone, and thank you for this opportunity. My name is Marjorie Waters, and I work with the Rhode Island Organizing Project, and for the past eight years we have been working on voices of better health -- sorry. I have -- I'm babysitting for my grandchildren, and they don't respect Zoom.

So I have been working for Voices of Better Health and really working with members of the community to teach them how to self-advocate and also to organize around health care issues that are important to them.

The Lifespan and Care New England proposed

merger provides a tremendous opportunity for Rhode Islanders to examine and reshape health and -- health care in our state; however, to achieve positive change with improvements in healthy equity, access, and quality, we must include the brisk voices, put the public health and the public trust at the forefront of defining the system we need.

A merger of this scale proposed by Lifespan and Care New England will affect every Rhode Islander, whether it's for annual exam with a family physician, an urgent care visit, or a hospitalization. The merger will affect -- will have an affect on the quality and costs of your experience.

The newly merged system would also become the State's single largest employer and would have significant power over what services are available and how and where people can access them. In all, if combined, Lifespan and Care New England would make up approximately 80 percent of health care services and infrastructure in the state and be the recipient of the largest share of Rhode Island's Medicaid and Medicare spending.

The partnership of Brown and its Warren

Alpert Medical School of Medicine adds expanded teaching and research into the mix. All of this demands close scrutiny by regulators and policymakers with an open and robust public input process.

The rationale behind the growth in health care system mergers across the country is that consolidation will improve efficiency, access, and quality. This could be true for Rhode Island, but only if we avoid the pitfalls of previous mergers that studies have shown most often lead to higher health care costs and unsatisfactory patient experiences without quality improvements.

The lessons for Rhode Islanders is to engage in advocating for strict terms and conditions for the approval of the merger that would result in a system that contributes to correcting inequities and access to care and that would add to, not detract from, the economic social and physical well-being of a community.

What would this system look like? One of the priorities -- one that prioritizes building and keeping the public's trust, led by a governing board that operates openly and is made up of diverse representatives, including those from

underserved communities, patient groups, policymakers, workers, and businesses; a system overseen by a transparent robust and permanent state oversight structure with the resources needed to hold this system accountable to the public and to the terms and conditions of the merger; a system that is responsive to patient needs is easy to navigate, honors and promotes racial, ethnic, cultural, and linguistic competency and accessible to every Rhode Islander regardless of health care coverage or income; a system that acknowledges systemic racism as a health care risk and acts to alleviate it with its own practices; a system that is resilient in preventing, identifying, and responding to public health crisis in a measurable way; and a system that serves the community through investment and facilitating innovation to address the social risk factors that underlie people's health and well-being, like safe and affordable housing, access to public transportation, living wage jobs, and improved access to healthy food.

Thank you very much for your time.

MS. LOPES: Thank you.

Luis Daniel Munoz?

DR. MUNOZ: Yes. Hi. Thank you so much

for the opportunity to speak.

Dr. Luis Daniel Munoz, member of the Rhode Island's Equity Council.

I want to start by just thanking Dr. Alexander-Scott for all of the great -- the service and the leadership that Dr. Alexander-Scott provided us on the equity council over the past year.

I also just want to say that -- you know, I'm listening, I'm sitting back, and I'm looking at my own lived experience. I'm also thinking about my own professional experience and the data and wondering what everyone means around, you know, making things more efficient and making things more financially sustainable when consolidations and mergers have often led to easily an average of about 20 percent in total increase in costs, especially if you look at the Yale-New Haven mergers.

I hear a lot of equity and talk of equity, and I know that it's the thing to say, but, look, starting from the obvious history of how marginalized communities have been treated, black and brown communities, seeing the poor health outcomes, this merger should not be the start of

equity. You know, we've been hearing these words for years now, and certainly when I was in medical school.

So this merger, from my perspective, shouldn't be the thing that provides the groundwork for health equity. Frankly, we should've been working on health equity. We should've been expanding community health infrastructure. This merge is not going to do that.

And we have many individuals, who -- thank you for your great work and service -- that are promoting this merger from within an academic medicine institution, knowing fair well that they are employed by players in this merger, also that they are contracted by the State. And if this is not an extreme conflict of interest, then I don't know what is. I really don't.

You know, we should be thinking about ways to bring -- like everyone has been talking about, at least from the community side -- bring more community leaders in to the discussion.

Thank you to the Rhode Island Foundation for the work that's been done, but I was with community leaders that were on that commission, and more diversity would've been better. Earlier

involvement of community members would've been better. More involvement of women of color would've been better.

So here we are, a decision's about to be made. The community was an afterthought. Equity is being mixed up with this idea of academic research and cancer, and all these things are being brushed up into this pot, trying to convince everyone that good things will happen, but a little good does not mean that the very communities that are marginalized today, the very communities that continue to experience medical racism will not continue to experience that; and that the consequences of that, the lack of mental health resources for certain communities in terms of how much is allocated towards, you know, clinics serving those communities, you know, there's no indication that that's going to get better. There's just none.

And I'm just concerned that if we don't challenge this merger now, if we don't talk about how this institution of Brown University that had gentrified Providence for a long time, that continues to have women of color employed within its facilities, expanding their hours of work

within the medical component, within Brown Medical, are not getting paid extra, if we don't start to talk about the history of Brown University, then it's going to be really hard to challenge this endorsement by Brown University and what that might mean for the economy of Rhode Island or medicine in Rhode Island.

You know, overall, I would say we need more doctors, yes. We need more doctors from Rhode Island. Rhode Island needs a medical school. It needs a state medical school that's affordable. Rhode Island needs community health infrastructure, Not large hospital mergers that are going to increase medical prices.

We're in the middle of a pandemic. The governor has provided liability protection for hospitals, and Care New England and Lifespan did not challenge that. They didn't say, No, no, wait. Let's hold up and not consider some form of protection -- liability protection, because we want to be accountable for the fact that there are communities that have been left behind. That's not what they said.

And that's an indicator for me that at the end of the day money is the only thing that matters

for the executives in these institutions. And it is unfortunate, and I wish it were not true. I truly wish it were not true.

But staff, as much as patients, should be skeptical about whether any of the things being said today in terms of benefits, especially around equity, will truly manifest, because history has shown that they don't, and certainly not through mergers.

Thank you.

MS. LOPES: Thank you.

We'll try again. Nicholas Esposito?

Amanda Michaud?

Sorry. Was that Nicholas trying to speak? Are you able to raise your hand? Anything? Nope?

Darrel A. Lee?

Matt Gunnip? Matthew Gunnip? No?

Suzanna?

MR. DEXTER: Excuse me, Fernanda. You're going to need to speak a little louder.

MS. LOPES: Okay. Let me run through that list again, then.

Are you able to hear me now? Can you hear me? Okay. Great.

MS. LENZ: Yes.

And, Fern, just in case one of the members of the public is on the phone, they do have the ability now to unmute themselves.

MS. LOPES: Thank you, Maria.

Nicholas Esposito?

Amanda Michaud?

Darrel A. Lee?

Matt Gunnip?

Suzanna?

Is there anyone else in attendance who would like to provide comments but has not had that opportunity to speak tonight? Please raise your virtual hand.

MR. DRAPEAU: I would very much like to speak.

MS. LOPES: Jason, please.

MR. DRAPEAU: Did you call me? Yes.

MS. LOPES: Jason Drapeau. Yep.

MR. DRAPEAU: Yes.

Hello. My name is Jason Drapeau. That's D-r-a-p-e-a-u. I live in Providence, Rhode Island, and I've been a registered nurse at Butler Hospital for 18 years on the Riverview 3 Unit, which is an intensive treatment unit. In addition, I represent my coworkers as a delegate in my union,

SEIU District 1199 New England.

I would like to start by offering my sincere thanks for being allowed to speak here today. The voices of citizens and workers of this state is fundamentally necessary to ensure that the interest of all Rhode Islanders is represented.

As a registered nurse working in mental health, I have serious concerns about what a merger might mean for public health. If this merger were to occur, there must be no closure of services, particularly for underserved communities.

Monopolies have, in too many instances, contributed to a decrease in quality of care and an increase in prices secondary to reduced competition. These potential negative outcomes could be mitigated by appropriate oversight, such as providing a board seat reserved for health care workers and a guarantee that every current and future employee has access to a family-sustaining union job.

In addition, there should be a guarantee to expand care and not cut jobs and services. We are skeptical that outcomes would be good for our community otherwise.

Another serious concern is monopsony.

Much has been said about monopoly, whereby fewer entities providing health care reduces competition resulting in fewer services and higher prices, but I'd like to speak briefly about monopsony.

Monopsony is the dynamic where there are fewer buyers of services and goods, such as labor, which can decrease wages and quality jobs.

The potential for monopsony is significant when the two largest health employers in Rhode Island merge and eliminate computation between them for workers. This could very well depress wages and quality jobs, which, in turn, has the potential to drive workers out of the state to obtain better wages and working conditions.

We are all aware of the current staffing crisis for health care workers in Rhode Island. Hospitals have had to close units and reduce access already. Our Department of Health has asked us to avoid seeking medical care for certain conditions and hospitals due to the lack of capacity. Patients in the need of inpatient mental health care are now being housed in a field hospital at Butler history.

Any situation where reduced competition for workers encourages employees to seek better

jobs elsewhere will likely worsen staffing shortages and lead to further reduced access to quality care, as well as the loss of revenue to the State.

Further, there are currently many health care workers who are employed by both Care New England and Lifespan. Currently employment at more than one operating unit within each of these systems is prohibited. In a larger combined system, any such prohibition would further increase the likely loss of workers who, needing two jobs, may seek to replace either or both by traveling out of state. This will worsen both the staff shortages in Rhode Island and further depress tax revenue.

Creating a permanent board seat for health care unions will increase the workers' voice at the highest levels or a new larger corporation and ensure that a priority is placed on competitive wages and working conditions. This, in turn, will help retain our highly skilled workforce, leading to improved access for Rhode Island health care consumers.

Unions are among the most effective means of ensuring quality jobs and reducing staff

shortages. Safeguarding a health care worker's right to organize increases the odds of retaining a quality workforce to meet the needs of the ever-changing health care needs of all Rhode Islanders.

Protecting high-quality health care jobs improves outcomes for Rhode Islanders, particularly when those -- particularly for those in underserved communities. Unions protect and preserve high-quality jobs. There's just no denying that.

In closing, I would like to summarize my comments by saying that a highly skilled health care workforce is better for the health of Rhode Islanders.

Lastly, preserving and expanding high-quality jobs translates directly to high-quality services and is most easily achieved when caregivers have a voice.

Thank you very much for your time.

MS. LOPES: Thank you.

Once again, is there anyone else in attendance who would like to provide comments but has not had an opportunity to speak tonight?

Hearing no one and seeing no raised hands, Maria, would you like to say a few words?

MS. LENZ: Yes. I'd just like to put on the record how many participants were in attendance tonight on this Zoom public comment meeting.

Very soon after the meeting started, a little past 5:00, we quickly reached past 200 people, peaking at 5:53 p.m. at 255 people, and currently, at 7:05, still have 192 participants on this Zoom.

Thank you all for coming this evening.

MS. LOPES: Thank you.

DR. SAVORETTI: Thank you for setting it up and hosting us all. It was very educational.

MS. LOPES: Thank you.

This concludes our public meeting regarding the CNE/Lifespan HCA application. Thank you very much for your participation. Good night.

(MEETING CONCLUDED AT 7:06 P.M.)

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 27th day of January, 2022.

CASEY A. BERNACCHIO
SHORTHAND REPORTER

MY COMMISSION EXPIRES:
DECEMBER 31, 2023