

In the Matter Of:

LIFESPAN/CARE NEW ENGLAND HEALTHCARE CONV.

PUBLIC MEETING

January 20, 2022



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

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PUBLIC MEETING

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NOTICE OF APPLICATION

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

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DATE: JANUARY 20, 2022

20

TIME: 5:00 P.M.

21

PLACE: ZOOM CONFERENCE

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Casey A. Bernacchio, CSR

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

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

4 (Audio recording started.)

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

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

9 Do you want me to record, ma'am?

10 MS. WEIZENBAUM: Yes.

11 THE VIDEOGRAPHER: Okay.

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

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

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

25 My name is Miriam Weizenbaum, and I'm the

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

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

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

18 The Lifespan/CNE application was deemed
19 complete and accepted for review on November 16,
20 2021. Prior to being made public, the application
21 and all the attached documents were subject to a
22 confidentiality review, which is required by the
23 Hospital Conversion Act.

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

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

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

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

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

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

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

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

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

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

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

23 MS. WEIZENBAUM: Dr. Alexander-Scott?

24 DR. ALEXANDER-SCOTT: Thank you.

25 Can you hear me okay? There was a delay

1 in allowing me to unmute.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 group of consultants that we have engaged.

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

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

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

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

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

20 MS. LOPES: Sure.

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

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

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

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

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

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

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

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

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

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

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

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

1 representatives for some brief comments.

2 Thank you.

3 Pat?

4 MS. ROCHA: Thank you, Fernanda.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 I think Tim would probably go next.

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

1 MS. LOPES: You're correct.

2 Tim Babineau, please.

3 DR. BABINEAU: Good evening, everyone.

4 Thank you. Attorney General, Nicole
5 Alexander-Scott -- Dr. Nicole, thank you so much
6 for hosting this night and everyone for joining the
7 call. This is a very, very important transaction,
8 as stated, for the citizens of Rhode Island.

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

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

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

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

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

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

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

25 MS. LOPES: Chris Paxson?

1 MS. PAXON: Thank you very much.

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

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

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

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

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

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

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

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

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

14 MS. LOPES: Dr. Powrie?

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

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

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

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

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

25 At the minimum, this is an inconvenience,

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

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

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

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

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

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

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

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

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

16 MS. LOPES: Dr. Wazer?

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

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

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

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

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

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

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

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

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

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

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

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

25 And we will launch an initiative to expand

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

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

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

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

20 Thank you very much for your attention.

21 MS. LOPES: Dr. Underwood?

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

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

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

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

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

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

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

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

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

1 patients with severe and persistent mental illness
2 and developmental disabilities.

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

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

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

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

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

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

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

19 MS. LOPES: Thank you.

20 Dr. Sullivan?

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

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

1 will as well.

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

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

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

25 How so? Simply by bringing together the

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

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

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

25 Our future focus is to do that to provide

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

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

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

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

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

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

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

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

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

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

10 MS. LOPES: Thank you.

11 Dr. Diaz?

12 DR. DIAZ: Thank you, and good evening.

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

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

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

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

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

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

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

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

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

25 So many in these communities rely on

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

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

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

19 Thank you for your time and attention.

20 MS. LOPES: Thank you.

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

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

25 DR. SAVORETTI: Good evening. Thank you

1 for allowing me this opportunity to make my
2 observations.

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

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

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

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

25 If I were to apply for permission to

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

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

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

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

1 it. No.

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

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

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

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

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

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

10 Thank you for your time and for listening.

11 MS. LOPES: Thank you.

12 Edward Fontaine, please.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 saw it from speaking with me.

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

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

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

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

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

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

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

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

8 So --

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

11 MR. FONTAINE: Okay.

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

14 MR. FONTAINE: Absolutely. Great. Thank
15 you.

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

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

25 Thank you for the time. And by the way,

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

4 MS. LOPES: Thank you.

5 Dawn Williams?

6 MS. WILLIAMS: Hi. Good evening,
7 everybody.

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

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

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

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

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

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

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

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

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

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

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

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

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

2 Our daily efforts focus on raising the
3 standard of living for all workers while protecting
4 the rights and best interest of our patients.

5 Through the use of effective communication
6 techniques, we designed the most up-to-date
7 policies for our coworkers at a time where trust in
8 authorities had diminished.

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

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

1 spending any resources or time opposing
2 unionization efforts.

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

7 I thank you all for your time.

8 MS. LOPES: Thank you.

9 Kelli Price, please.

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

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

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

1 are going to talk about that.

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

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

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

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

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

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

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

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

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

23 MS. LOPES: Thank you.

24 Nicholas Esposito, please.

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

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

3 MS. LOPES: Sure.

4 Sarah Gallo Weinreich.

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

8 My passion for mental health care was
9 inspired in large part by my father, who's a
10 psychiatrist in Rhode Island. He has been for over
11 25 years.

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

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

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

1 affected many of us here.

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

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

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

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

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

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

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

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

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

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

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

19 Thank you.

20 MS. LOPES: Thank you.

21 Alan Bullock?

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

1 Hospital.

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

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

18 Thank you.

19 MS. LOPES: Thank you.

20 Neil Steinberg, please.

21 MR. STEINBERG: Thank you.

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

25 The Rhode Island Foundation has long been

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 And I'm just highlighting this.

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

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

1 measured over the long-term.

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

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

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

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

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

12 Thank you very much.

13 MS. LOPES: Thank you.

14 Laurie white, please.

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

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

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

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

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

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

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

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

25 Against this backdrop and given the

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

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

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

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

23 MS. LOPES: Thank you.

24 Greg Mancini, please.

25 MR. MANCINI: Thank you.

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

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

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

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

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

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

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

8 So we full heartedly support this
9 initiative.

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

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

17 MS. LOPES: Thank you.

18 Dave Langlais?

19 MR. LANGLAIS: Thank you.

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

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

1 member unions provide medical coverage for over
2 10,000 covered lives.

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

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

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

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

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

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

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

11 Again, thank you for the opportunity to
12 speak tonight.

13 MS. LOPES: Thank you.

14 Amanda Michaud, please.

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

18 MS. LOPES: Sure. Thank you.

19 Darrel Lee? Darrel Lee?

20 We'll call him back as well.

21 Roberta B. Feather?

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

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

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

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

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

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

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

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

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

16 Thank you.

17 MS. LOPES: Thank you.

18 Go ahead and call on Matt Gunnip.

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

21 MS. LENZ: So sorry.

22 Matt Gunnip. Matt Gunnip.

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

25 The next person signed up to speak is

1 Suzanna.

2 Again, Suzanna? There was no last name.

3 Okay. Patrick Quinn?

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

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

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

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

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

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

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

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

25 Simply stated, we need a comprehensive

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

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

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

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

1 protected.

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

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

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

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

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

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

23 Thank you very much.

24 MS. LOPES: Thank you.

25 Miguel Sanchez, please.

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

4 (Zoom technical difficulties.)

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

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

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

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

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

11 MS. LOPES: Thank you.

12 Marjorie Waters, please.

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

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

25 The Lifespan and Care New England proposed

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

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

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

25 The partnership of Brown and its Warren

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

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

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

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

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

22 Thank you very much for your time.

23 MS. LOPES: Thank you.

24 Luis Daniel Munoz?

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

1 for the opportunity to speak.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 Thank you.

11 MS. LOPES: Thank you.

12 We'll try again. Nicholas Esposito?

13 Amanda Michaud?

14 Sorry. Was that Nicholas trying to speak?

15 Are you able to raise your hand? Anything? Nope?

16 Darrel A. Lee?

17 Matt Gunnip? Matthew Gunnip? No?

18 Suzanna?

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

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

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

25 MS. LENZ: Yes.

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

4 MS. LOPES: Thank you, Maria.

5 Nicholas Esposito?

6 Amanda Michaud?

7 Darrel A. Lee?

8 Matt Gunnip?

9 Suzanna?

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

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

16 MS. LOPES: Jason, please.

17 MR. DRAPEAU: Did you call me? Yes.

18 MS. LOPES: Jason Drapeau. Yep.

19 MR. DRAPEAU: Yes.

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

1 SEIU District 1199 New England.

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

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

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

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

25 Another serious concern is monopsony.

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

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

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

15 We are all aware of the current staffing
16 crisis for health care workers in Rhode Island.
17 Hospitals have had to close units and reduce access
18 already. Our Department of Health has asked us to
19 avoid seeking medical care for certain conditions
20 and hospitals due to the lack of capacity.

21 Patients in the need of inpatient mental health
22 care are now being housed in a field hospital at
23 Butler hospital.

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

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

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

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

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

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

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

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

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

19 Thank you very much for your time.

20 MS. LOPES: Thank you.

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

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

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

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

9 Thank you all for coming this evening.

10 MS. LOPES: Thank you.

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

13 MS. LOPES: Thank you.

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

17 (MEETING CONCLUDED AT 7:06 P.M.)
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C E R T I F I C A T E

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

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

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of January, 2022.



CASEY A. BERNACCHIO
SHORTHAND REPORTER

MY COMMISSION EXPIRES:
DECEMBER 31, 2023

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