



UNIVERSAL HEALTH CARE  
FOUNDATION OF CONNECTICUT

**Testimony in Support of House Bill 5325:  
An Act Concerning Community Health Needs Assessments and For-Profit Hospitals  
Submitted by Lynne Ide, Director of Program & Policy  
Universal Health Care Foundation of Connecticut  
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Universal Health Care Foundation of Connecticut (UHCF) is an independent, nonprofit foundation working to shape our state's health care system to provide quality, affordable care and promote good health for all state residents.

We are very concerned about the potential loss of local control over an important community asset when a hospital transfers from nonprofit to for-profit status. We therefore strongly support the intent of H.B. 5325 to protect the health and well-being of the overall community by requiring for-profit hospitals to develop and implement a Community Health Needs Assessment (CHNA), as is required of nonprofit hospitals.

The Affordable Care Act (ACA) requires every nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) once every three years. The rule requires a hospital to:

- Define the community it serves
- Assess the health needs of that community, prioritize those needs and identify potential measures and resources to address the needs
- Take into account input from people who represent the broad interests of that community, such as health care consumers – including those who are from medically underserved, low-income and minority populations – advocates, nonprofit and community-based organizations, local government officials, local school districts, health care providers and community health centers, private businesses and labor and workforce representatives

CHNAs have been completed or are well underway in hospital service areas across Connecticut. They are an important effort that links together diverse local constituencies to focus efforts on overall community health needs and improving health.

For-profit hospitals are currently not required to conduct CHNAs. We support this bill's requirement that CHNAs continue to be conducted by those hospitals that undergo conversion, to ensure that communities retain this vital, inclusive planning process.

We suggest that hospitals that undergo conversion continue to abide by the existing CHNA in place at the hospital being purchased and develop a new CHNA within 12 months of a hospital's conversion to for-profit status. This will prompt the for-profit entity to engage with the community it serves within a reasonable window of time.

This requirement will ensure that a for-profit hospital will remain accountable to the community it serves, and not just profitmaking for shareholders. It will require that the for-profit hospital leadership communicate with the community and ensure its needs are met.