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

PUBLIC MEETING

NOTICE OF APPLICATION

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

DATE: FEBRUARY 10, 2022
TIME: 6:00 P.M.
PLACE: ZOOM CONFERENCE

Casey A. Bernacchio, CSR
RECORDED MEETING COMMENCED AT 6:02 P.M.)

MS. WEIZENBAUM: Okay. I think we're going to get started. It looks like we do not have people continuing to join at this point -- maybe a couple -- so -- and I know it's a -- this is an evening meeting, so people have things to get back to.

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

My name is Miriam Weizenbaum, and I'm the chief of the civil division for the Office of the Attorney General here in Rhode Island. And I'd like to first welcome everybody who's here and to thank you for taking the time to participate in this important meeting and this important process.

The transaction or conversion as proposed would place a nonprofit Rhode Island parent corporation over Care New England and Lifespan, each designating that parent corporation as its sole corporate member. And after that, until a system CEO is chosen, the current Care New England and Lifespan CEOs will serve as interim co-CEOs during a planning and integration process if the
transaction is approved.

Both the department of the attorney general and the Department of Health are responsible for reviewing the proposed transaction and either approving it, approving with conditions, or not approving.

Lifespan and Care New England's joint application seeking approval was deemed complete on November 16th of 2021 and made public on December 30th, and is posted on the website of the Rhode Island Attorney General.

So here from the attorney general's office is Attorney General Peter Neronha; the attorney general's insurance advocate, Maria Lenz; and myself; and other members of our reviewing team.

Tonight we will initially be hearing from the attorney general; and then from the interim director of the Department of Health, Dr. James McDonald; and associate director, Sandra Powell. This will be followed by a description of the format that we're following for this meeting, and then we'll turn it over to public comments.

So, again, I'd like to thank everybody for participating and turn it over to Attorney General Peter Neronha.
MR. NERONHA: Good evening, everyone.

First of all, let me welcome everyone to this public hearing. I also, in particular, want to acknowledge our counterparts, colleagues from the Department of Health. Dr. McDonald is with us tonight. I want to thank him for being here and that entire team.

Really looking forward to this third session of public comment. I want the public to know that we here at the department -- I care about your voices. I want to hear what you have to say about this proposed transaction.

And I also want you to know that the team we have built here is very strong and has done a deep dive into this proposed transaction. And so irrespective of what our decision will ultimately be, the public can rest assured this was a careful analysis, and you will see the fruit of that analysis when we issue our decision.

So thank you again for being here, and I'll turn the microphone now over to the next speaker. Thank you very much.

DR. McDONALD: Hi. It's Dr. Jim McDonald, interim director of the Rhode Island Department of Health. I want to thank you, Attorney General
Neronha, and all the members who are with us this evening.

    I'm new to this public meeting. I didn't make the first two. I did read the transcripts. I reviewed the application and many of the documents there. So I'm quite familiar now with the process and look forward to just listening tonight and hearing what everybody has to say.

    You know, public meetings are important. You know, we really want public input, and, you know, we're just very interested in listening tonight.

    Our public health philosophy at the Rhode Island Department of Health is about centering the voice of the community and ensuring that the community's voice is part of every conversation.

    In this conversation, on this application, the community's voice is particularly critical. In this process, our charge is to ensure that any health system changes -- to ensure that Rhode Islanders have access to care that is safe, accessible, and affordable. So we can't take determinations on any of those accounts without hearing about your experience and your needs.

    To get more specific, the review we are
doing is under the State's Hospital Conversion Act. It calls on the Rhode Island Department of Health to issue a decision on the application that is a decision to approve, to disapprove, or to approve with conditions of approval.

There are several criteria that we are called on to consider specifically. They are character, competence, and commitment of the transacting parties; safeguards to ensure access to affordable care; appropriate access for traditionally underserved populations; appropriate referrals to the new hospitals by employees or physicians; in other words, federal anti-kickback provisions; commitment to collective bargaining, workforce retention, and commitment to employment needs and workforce retraining; whether the public interest will be served considering the essential medical services needed to provide safe and adequate treatment, appropriate access and balanced healthcare delivery to the residents of the state and issues of market share, especially as they affect quality, access, and affordability of services.

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

There's a big talented team at the Rhode Island Department of Health that will be managing the review at the Department, along with our leadership. They include Sandra Powell, the associate director for the Division of Policy, Information and Communications; Mike Dexter, the assistant director for the Center for Health Systems Policy and Regulations; Fernanda Lopes, the chief of our Office of Health Systems Development; Jacqueline Kelley and Bruce Tedesco from our legal team; along with consultants we have engaged.

So with that, let me turn it over to Sandra Powell who's going to say a few words.

Thank you.

MS. POWELL: Good evening. And thank you, Dr. McDonald, and thanks -- hello to everyone who is here and our colleagues at the Rhode Island attorney general's office.

I just wanted to add a couple words that we at RIDOH, echoing what Dr. McDonald spoke about, take this review very seriously. We know this is a very significant application that's before our agency, as well as the attorney general's office. We really look forward to closely hearing
everyone's comments tonight, as we thought about them over the last several meetings, and we really want to hear from the members of the public who are here to speak.

With that, I am going to turn it over to Fernanda Lopes who is going to help, working with Maria Lenz from the AG's office -- help to manage and orchestrate our meeting.

So, Fernanda, if I could turn it over to you.

MS. LOPES: Thank you.

Welcome all. My name is Fernanda Lopes, and I serve as the chief of the Office of Health Systems Development at the Rhode Island Department of Health.

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

First, I'd like to note that this meeting is being recorded and will be posted on the attorney general and RIDOH's websites. We also have a stenographer, so we hope to establish an audio recording and a transcript of this meeting for the record.

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

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

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

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

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

If you've already submitted written comments, please be advised that those are part of the record and do not need to be repeated here today. Written comments will continue to be accepted through tomorrow, February 11, 2022, in place of or should you want to supplement your verbal comments today.

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

So with all of that said, I'll call upon Attorney Rocha to introduce applicant representatives for some brief comments. Thank you.

Pat?

MS. ROCHA: Thank you, Fernanda.

Once again, the transacting parties want to thank General Neronha and Dr. McDonald and their teams for hosting this public meeting.

I'm going to turn it over to Dr. Fanale,
the president and CEO of Care New England. We'll then turn it over to Dr. Babineau, the president and CEO of Lifespan.

President Paxson sends her regrets. She has a corporation meeting, and she's not able to attend this evening.

So, Dr. Fanale?

DR. FANALE: Thanks, Pat. And thanks to the attorney general and Dr. McDonald from the Department of Health, Sandra Powell, and everybody else from the Department. Thanks for all your work you've done on this. I know the review has been a long process.

Going into the third in this series of meetings, I thought I'd probably talk for about seven to -- seven to eight minutes, but I'm not going to. I tried to inject a little levity tonight.

But on all seriousness, you know, I've said it before, and Dr. Babineau will say it also, we think this is exceedingly important for the State of Rhode Island. I know there's a lot of discussion about this as far as size, consolidation, but I just want everyone to understand from -- the deepest of our commitment is
to commit to an organization that will serve the community better, provide better access to the communities that we serve, a commitment to quality. We've laid this out in several documents in -- as part of the application. We understand oversight's important. And we want to live up to our pledges and be held to those pledges.

But importantly, this is a time where we have an opportunity to build a resilient health care system in the state of Rhode Island that will truly keep Rhode Islanders local and take care of them here and improve all the things that I just said.

Imagine having an NCI designated cancer in the state for the first of its kind. Of course, as we've talked over the past couple of weeks, we won't be able to do that unless we do it together. It just won't be the same.

We've committed to labor, to make sure that we work closely with labor, and to commit to saving as many jobs as we can, and also to work with labor to have good jobs, good paying jobs for the community.

So, in closing, this is an important time in our future, certainly at Care New England,
certainly at Lifespan, but really, really importantly in the lives of Rhode Islanders. And I hope that everybody has a chance to comment and understands why we think this is so important.

So I'll turn it over to Tim.

DR. BABINEAU: Great. Thanks, Dr. Fanale. Good evening, everybody. It's great to see everybody again. To echo the comments, Attorney General Neronha, Dr. McDonald, thank you both for the amount of work both of your offices and staff have put into this important discussion and analysis. It is probably the most important thing the State has undertaken in the last decade, so we thank you for your effort.

Also, I know there are a lot of caregivers on the call tonight, and I know I can speak for Dr. Fanale when I want to just thank the caregivers on the call tonight for their heroic efforts for the last year or two during the pandemic. It has been nothing short of extraordinary. And, quite frankly, it had been the pandemic that brought the two parties together. So for the caregivers on the call tonight, a sincere and heartfelt thank you on behalf of myself and Dr. Fanale.

I'm going to be brief. I was thinking
this morning, it was about 22 months ago that Dr. Fanale and I first called each other and said, You know what? As we've learned to work together during the pandemic, patients are benefitting, and maybe this is something we should give one more try.

So for 22 months, and 30 days a month -- for 660 days I have woken up every single day and thought about this merger. I've thought about this merger for 660 days. And it's interesting. In the beginning, I was thinking about it from the perspective and lens of Lifespan's CEO. And about midway through, and certainly in the last couple months, I've really shifted my thinking, and I'm thinking about it in the terms of the physician and the surgeon I am.

And, again, I'm pretty sure I can speak for Dr. Fanale for this. We've both been caregivers and doctors all our lives, all our lives, and all we've really cared about is taking the best care of the patients we can.

And after 660 days, I can tell you as a doctor -- not as a CEO, as a doctor -- this merger is in the absolute best interest of the patients and the communities we serve. I say that
recognizing my ethics as a doctor. I couldn't advocate for this if I didn't believe that in every fiber of my being. It is in the best interest of the patients and the communities we serve. It's in the best interest of our employees. It's in the best interest of the State of Rhode Island.

We have tried very, very hard to listen to the voice of the community, and I think we've done a pretty good job. That's why tonight is so important. The work of the Rhode Island Foundation, the previous two public hearing meetings, we really, really care about what the community has to say. I think we've listened. I think you can see on the commitments we've made on the website we're committed to listening to the concerns of the community and committing -- Dr. Fanale and I are committing to address those concerns.

So, again, we appreciate your time tonight. We know everybody's busy, but we appreciate everybody who is on the call tonight, and I look forward to hearing the public comments.

Thank you.

MS. LOPES: Thank you, Dr. Babineau.

I'd like to call upon Senator Louis
DiPalma, please.

    MS. LENZ: Fern, I do not see
Senator DiPalma on the list, but what I'm going to
do is unmute everyone so -- in case he is on the
phone.

    MS. LOPES: Senator DiPalma?
    I can circle back.
    I'll go to the next individual signed up
to speak, is Laurie Gaddis Barrett.

    MS. LOPES: Fern, I also do not see
Ms. Barrett's name, but everyone is unmuted.
    So if Ms. Barrett is on the phone, please
speak.
    We'll circle back.
    MS. LOPES: Next on the list is Dana
Ciolfi, I believe it's pronounced, or "Ciolfi." I
see Dana.

    MS. CIOLFI: It's Dana Ciolfi.
    MS. LOPES: Thank you.
    MS. CIOLFI: Dana Ciolfi. It's D-a-n-a
C-i-o-l-f-i.

    Good afternoon. My name is Dana Ciolfi.
I am a medical technologist in the microbiology lab
at Women & Infants Hospital, and I've worked here
for 42 years. Thank you for allowing me the time
to speak today.

I have had the experience of working at Women & Infants both as a stand-alone hospital and one that is part of a system. The difference between the two is stark. And although I'm well aware that stand-alone hospitals seem to be a thing of the past due to many factors, which include payer mix, reimbursements, and overall operational costs, I don't believe we need to be part of a monopoly in order to provide excellent health care to the State of Rhode Island.

As a stand-alone hospital, Women & Infants always operated in the black. It was an important aspect of our operations for both management and the union, and we worked together to achieve that goal for many years. We were nationally ranked as one of the country's best OB-GYN hospitals, and we were written up in Rhode Island Monthly magazine as one of the best places to work in Rhode Island.

Although we had had -- often had differing opinions on some issues, union and management worked together to achieve proper safe staffing levels throughout the hospital departments, which kept overtime most often unnecessary and, therefore, infrequent.
Women & Infants maintained a very high degree of patient satisfaction, which was based on our Press Ganey patient survey results. Major problems and issues, whether they be departmental or hospital-wide, were most often handled swiftly and fairly by management and union members working together. And in the unforeseen event of high patient census or emergencies, our nursing administrators would often don scrubs and rush to the assistance or our nursing staff. We were a well run, financially sound, close-knit institution that was beloved by the citizens of Rhode Island, along with all of us that work there.

After Women & Infants merged with the Care New England system, everything changed. Though we still provide excellent care to our patients, as an employee, there is little resemblance to the Women & Infants we once were.

Now we have not operated in the black or been financially sound for years. This is partially due to Women & Infants being used financially to help prop up a declining Kent Hospital and propel it to a place where it was financially healthy enough to remain functioning.

Then after the decision was made to make a
failing Memorial Hospital part of the CNE system, against the advice of many in the know who warned against it, Women & Infants' finances grew much worse, as we were used to help rescue this collapsing entity.

Women & Infants management now dictated to by Care New England administrators stopped being transparent and collaborative with the union and its members, resulting in very little ability for us to work together on many issues. Those Women & Infants administrators who were loyal to the hospital for many years and dedicated to working together with the union members to maintain our representation, our safe staffing levels, our excellent working conditions, and the adherence to our contractual agreements were terminated.

As time passed, we were made aware that the leaders of Care New England wanted to, quote, "head in a different direction," unquote, the labor piece and collaboration.

We went from a place where grievances, arguments, fighting for fair and safe working conditions were -- and fighting for fair and safe working conditions were an infrequent necessity to it currently being an everyday occurrence.
CNE instituted a hiring freeze that at one point lasted for three years which resulted in increases in overtime, which still exists today, as well as many safe staffing issues. The fight for safe staffing is ongoing, beyond the COVID issue.

Our union has even tried to identify for management which departments would be losing large numbers of staff to retirement in order to get a jump on hiring and training to ensure patient safety. We were ignored, which led to less staff, diminished concern for safety, and lots of overtime.

After years of CNE operating as a system, it was decided to consolidate a few of the laboratories. To that end, exactly two weeks before Christmas 2016, many Kent laboratory employees were told of their pending termination. Merry Christmas.

So with the merger of Women & Infants into a smaller system, mainly CNE, staffing suffered, safety suffered, morale suffered, finances suffered, working conditions suffered, and the reputation in our national statewide standing suffered, but the corporate intent was maintained to the detriment of Rhode Island citizens.
Now Women & Infants employees are being asked to support a much larger merger with hospitals that have had an even larger corporate culture of care than Care New England. Why would we want to do that? What assurances do we have right now that corporate interests will not overshadow patient interest, as we have already experienced? What assurances do we have now that this monopoly will not abuse its extreme power over employees, union, or community? What assurances do we have now that we will be able to maintain our fair competitive wages, excellent benefits, and job security beyond our current contracts? What assurances do we have now that we will not combine our specialized services, such as the lab and diagnostic imaging and many other areas, into large departments that will have to be moved to larger central locations, diluting those specialties to the detriment of our patients? What assurances do we have that the pension we have worked years for will remain a solvent benefit?

Because of our union, Women & Infants employees are well educated in many social, financial, and community issues that will be affected by a looming hospital monopoly. The most
important of these issues being the lack of choice in health care for patients and the lack of choice in health care employment for those choosing to work in the field. I do not believe that there can be any assurances to avoid that.

Thank you for your time.

MS. LOPES: Thank you.
I call on Christopher Callaci, please.

MR. CALLACI: Good evening. Am I being heard?

MS. LOPES: Yes.

MR. CALLACI: Let me first say thank you, Attorney General Neronha, and your team for this opportunity, Dr. McDonald, and your team. I know almost everybody on these teams have been around the block in terms of health care. It's a pleasure to come before you guys tonight on this application.

My name is Chris Callaci. Last name is spelled C-a-l-l-a-c-i. I am general counsel for the United Nurses & Allied Professionals. We are the largest health care union in the state of Rhode Island, and our membership stretches from Westerly Hospital in the southernmost part of the state all the way up into Woonsocket at Landmark Medical.
Center, and it includes roughly 1,500 members at Kent County Memorial Hospital, part of the Care New England system, and it includes a membership of nearly 2,500 folks at Rhode Island Hospital.

We come to this hearing tonight to offer our full support for this proposed merger. We all remember not too long ago when Care New England was looking to do a transaction with Partners, and there were many leaders in the state, including our then-governor, Governor Raimondo, who called for a Rhode Island solution to a Rhode Island situation. And here it is. Here is a Rhode Island solution, a fully integrated Rhode Island-based not-for-profit health care system, and we ought to grab a hold of it, we ought to embrace it, we ought to support it.

Our union knows quite a bit about the world of private equity, money in health care, and for-profits in health care, and we do not want to see a situation where a merger that has the potential that this does, is an opportunity that we do not seize and rather we lose, and then we end up with a Prospect Medical Holdings or a Prime Healthcare scooping up Care New England.

I think it's fair to say that Care New England simply cannot stand alone. And this merger
is important because if it doesn't go through, they
will become part of some bottom-feeding private
equity or for-profit entity, and they'll be a
further balkanization of our health care system,
which we cannot afford.

You know, with respect to Prospect, I
think General Neronha got it right when, in his
press release, he was quoted as saying in a recent
transaction where two shareholders bought out
Leonard Green at Prospect -- and those are the guys
who own Roger Williams Medical Center and Fatima.
He got it right when he said -- and I'm quoting
him -- that "Prospect cared much more about lining
their own pockets than about the people they
purported to serve."

That is who Prospect Medical Holdings is.
They borrowed a billion dollars. They paid
themselves half a billion dollars in dividends, and
they saddled their hospitals, including the two in
Rhode Island, with debt. And we don't need that in
Rhode Island.

And then we have Prime Healthcare up in
the northern part of the state that owns Landmark
Medical Center. Go to the website for our
Department of Justice, United States Department of
Justice. 2018, they had to settle a case that had
to do with false claims to Medicare worth
$65 million, and they didn't learn their lesson,
because a few years later, in 2021, they settled
another case that had to do with kickbacks and
additional false claims to Medicare worth
$37 1/2 million. And by the way, in 2017, they
were fined by our own Department of Health for a
million dollars.

And why was that? I'll read a quote from
the Providence Journal on that. "The owners" --
meaning Prime -- "of Landmark Medical Center and
Rehab Hospital have agreed to pay a $1 million fine
for making the facilities tax exempt without
permission, then misleading State officials
responsible for signing off on the change."

The point I'm trying to make here is we
that don't need for-profits or private equity in
Rhode Island.

Now, as a union, we're not concerned about
a new entity dominating a labor market. It is
important for you as regulators to know that there
is very high union density in these systems. And
in a new entity, there will be roughly 10,000 union
members.
Unions in this state, including the UNAP, are not bashful. We advocate for our members. Dr. Babineau can tell you that, and so can Dr. Fanale.

In fact, based on that union density and talks with both CEOs, we entered into agreements that do very meaningful things with respect to job security, protections against layoff, career advancement, job opportunities, movement of work in between -- among and in between the hospitals in both systems, a tuition program, extension of the collective bargaining agreements.

So that should demonstrate to you as regulators that there is not going to be a dominance by the new entity putting downward pressure on wages and benefits and having that kind of impact.

And by the way, the labor market does extend beyond the hospitals in those two facilities. Health care workers in this state can go to work to the north, in Worcester or Boston. There are plenty of hospitals there. They can move out along the south coast to hospitals there. They can go south into Connecticut. So there are a lot of options for health care workers.
Shifting from the labor market, I would just say -- and this is not entirely my field of expertise -- but I would say this: I would say that the systems complement each other in very critical ways. There's Women & Infants in the Care New England system. There's Hasbro in the Lifespan system. And it's important to understand that they'll be those kinds of complementary relationships between the two systems if there is an integrated system.

I would also say that we're not just talking about the integration of Care New England and Lifespan, but Brown University is part of this mix. And that integrated system is bound to improve the delivery of care and the quality of care in Rhode Island. We're confident of that.

The last point I would make is that in terms of issues of cost, we have a very rigorous regulatory framework in our state. I have looked at corresponding states, and we're -- we are at the top, which is a good thing. And we also have an Office of Health Insurance Commissioner.

So in terms of cost, I think the pledges that Dr. Babineau and Dr. Fanale have made with respect to costs, quality, access, labor are
pledges that they're committed to satisfy, but that
our regulators can make sure that they satisfy.

And given that context, the UNAP is
full-throated in its support for this merger.

Thank you.

MS. LOPES: Thank you.

And as a reminder, please limit your
comments to less than six minutes.

The next person I'll call is Helene

Macedo.

I see Helene, but she is muted.

MS. LENZ: I just asked Ms. Macedo to
unmute.

MS. LOPES: So I muted Helene Macedo's
screen, but I am unable -- there we go.

MS. MACEDO: Thank you. I'm Helene
Macedo, executive vice president of the United
Nurses and Allied vice president. My spelling is
H-e-l-e-n-e M-a-c-e-d-o.

So, again, thank you. My name is
Helene Macedo, and I've been a registered nurse at
Rhode Island Hospital for over 30 years. I'm
currently a registered nurse case manager. As I
said, I'm also the executive vice president for the
United Nurses & Allied Professionals.
Our union supports the Care New England/Lifespan merger for many compelling reasons.

First and foremost, a merger between these two entities will combine their resources to allow for better coordinated patient care than could be accomplished by each system on their own. One such example is a shared medical information system allowing for better patient care throughout the entire merged system.

Further, the addition of Brown University will add invaluable research capabilities to the combined system, translating to better patient care.

This merger is also a positive because the combined entities will have greater financial capabilities, allowing them to update older facilities and equipment, allowing for both better patient care and staff satisfaction.

It goes without saying that these increased financial capabilities will also serve to save the Care New England system. I use the term "save" because if this merger does not go through, Care New England will almost certainly fall into the hands of a for-profit national health care
(Zoom technical difficulties.)

MS. LENVZ: Ms. Criner [sic], your audio is muted.

Oh, no. Now it should work.

MS. MACEDO: I'm sorry.

Several hospitals in our state are already controlled by out-of-state profiteers who seemingly have little regards for the care provided to Rhode Islanders or the staff that provides that care. Blocking this merger would effectively take control of the three Care New England hospitals away from Rhode Island and give it to out-of-state hospital chains.

On the labor side of things, the proposed entity would be heavily unionized with unions at Rhode Island Hospital, Kent, Butler, and Women & Infants, translating to over 10,000 unionized workers. As a part of this equation, the unions representing these workers reached an agreement with the executives at Lifespan and Care New England which provides all the unions existing contracts to be honored, allowing members to continue working at multiple facilities, no layoff protections, tuition reimbursement, and workforce
development.

The unions will also have a seat on the newly -- entity's board.

Finally, the unions and the hospitals agreed that potential future work, such as a cancer center or central laboratory, would also be unionized.

This merger provides the State of Rhode Island with a Rhode Island solution, keeping control of this state's precious health care in the state. I urge you to approve this merger. Thank you.

MS. CRINER: Okay. Keep that unmute. We apologize for that. We needed to use the same monitor. I'm sorry about that.

MS. LENZ: Ms. Criner, you are next to speak, so if you would like to begin.

MS. CRINER: Okay. Thank you very much. I appreciate everyone here today. Thank you, Attorney General Neronha, and everyone for giving me the opportunity to speak.

My name is Trish Criner. That's T-r-i-s-h C-r-i-n-e-r. I have been a registered nurse at Kent Hospital for over 24 years. I'm an ICU nurse, and I am also the president of the union at Kent,
representing over 1,500 employees.

Our union strongly supports the
CNE/Lifespan transaction for many compelling
reasons.

First and foremost, many improvements in
patient care can and will be accomplished in a
coordinated integrated system that cannot be
accomplished in separate competing systems.

We believe Lifespan and Care New England
merged will be better than the sum of the two
systems separated. For example, Lifespan and Care
New England merged -- for example, a unitary
electronic medical information system will be
better to coordinate patient care across the
system. A Brown Lifespan/Care New England system
will be able to develop new services and invest in
cutting-edge technologies that neither system could
do alone, and be able to do so without duplication.

Everyone has to consider what opposing
this transaction would mean. Killing this
agreement would not result in the status quo, that
is, with Care New England and Lifespan standing
alone and competing with one another as they do
now. Care New England has to make an agreement
with someone. It cannot stand alone.
Look at what the past 10 years tells us. Care New England has tried to work on an agreement with Lifespan at least twice before this time. A Southcoast/CNE merger was attempted several years ago and failed. Our state leaders sunk a Partners/CNE agreement under the pretense of preferring a so-called Rhode Island solution. All of those transactions were attempted by Care New England because they had to find a partner. A non-profit Rhode Island-based system, such as the one proposed, is far superior for the citizens of our state than the alternative.

The alternative would not be no deal. Rather, the alternative here is allowing another three Rhode Island hospitals to fall into the hands of an out-of-state for-profit chain. Today, three once-Rhode Island non-profit community hospitals are now controlled by California-based for-profits. That is more than enough. Having the majority of Rhode Island's hospitals falling under for-profit out-of-state control will be an irreversible disaster.

Care New England is in desperate need of financing, income to upgrade outdated facilities and equipment. Funding that they cannot obtain on
their own. More modern facilities and better equipment will be a benefit to patients and staff alike.

The past 10 years have demonstrated that Care New England cannot continue to stand alone. For a number of years now, our members have lived under a cloud of constant uncertainty of who Care New England will become a part of, not whether or not Care New England would even or could even stand alone. Approval of this application will remove the cloud of uncertainty, provide much needed stability, and improve employee morale.

Fears of a monopoly are overstated. Currently, commercial insurance rates are set by the Office of the Health Insurance Commissioner. Medicaid and Medicare rates are set by State and federal governments.

And on the labor side, our union, as well as the other fine unions that represent over 10,000 employees in the proposed system, has demonstrated that they are more than capable of advocating for their members and making sure they are treated fairly.

I will note that a recently completed agreement made between all of the unions in the
proposed system and Care New England and Lifespan executives provides for the new entity to honor all existing agreements, permits employees to work in multiple facilities, tuition assistance, and there is an assurance of no layoffs of employees with over four years of service. This agreement is indicative of a future of cooperative labor relations. Additionally, a combined system will provide more career opportunities for employees.

The transaction before you is a once-in-a-lifetime opportunity for our state. We can create an integrated Rhode Island-based non-profit health care system, or we can let the for-profit world gobble up three more Rhode Island hospitals. I think the choice is clear. Approve this transaction.

Thank you.

MS. LOPES: Thank you.

Cedric Huntley.

MR. HUNTLEY: Good evening. It's Cedric, C-e-d-r-i-c, Huntley, H-u-n-t-l-e-y.

And I -- I am the executive director of the Nonviolence Institute. And we've had a partnership with Lifespan for just over 12 years, and we developed that partnership through --
intentionally through -- to connect the community to this work. So I come from a community standpoint. I've watched this partnership really connect the community to the care and service at the hospital.

And as I listen, I just came up with a question. What an opportunity for Rhode Island to do something for Rhode Islanders; right? What an opportunity to create a collaboration.

And so I support the merger. And I can talk about our relationships over the years with Lifespan and how important it is in connecting the community at their most vulnerable time, where they need -- they need to have access, they need to -- to their family members. And I've just been very fortunate to just be involved in those opportunities to connect our community.

So I say what an opportunity and -- to help Rhode Islanders, to do something collaboratively in support of the community at large. So I support this.

MS. LOPES: Thank you.

Sherri Ann Johnson?

MS. LENZ: Fern, I do not see Ms. Johnson, so I'm just going to unmute -- allow everyone to
 unmute themselves in case Ms. Johnson is on the phone.

Ms. Johnson, if you are on the phone, you are now unmuted and may speak.

MS. LOPES: I can circle back.

Paul MacDonald? Paul MacDonald?

MS. LENZ: Fern, I just asked him to unmute.

Mr. MacDonald, I see you are unmuted. You may speak.

MR. MacDonald: Good evening, folks.

I would like to thank the attorney general for hosting this. I'd like to thank Dr. McDonald and Director Powell from the Department of Health and all the members who are staffing this evening.

On behalf of Teamsters Local 251, secretary-treasurer to the chief principal officer Matt Taibbi and President Paul Santos, they send their apologies for not being able to be with you this evening.

My name is Paul MacDonald, M-a-c-D-o-n-a-l-d, and I am the legislative director for Teamsters Local 251. I am also president of the Providence Central Labor Council, a labor organization consisting of over 20 labor
unions and over 30,000 members.

Teamsters Local 251 represent over 7,000 members. 2,500-plus-some of them work in Lifespan health care system.

Soon you will make a decision on the proposed merger plan of Care New England and Lifespan. And to your credit, you have not acted hastily, but in recognition of the importance of this merger. Quite frankly, you've proceeded in a most thoughtful manner.

And just as you have proceeded in a most thoughtful manner, so has Teamsters Local 251. They have done the same, and they've worked the same kind of work that you do, making sure that this merger is something that we all want to support.

We look at the merger plan as an opportunity to strengthen the medical needs of all Rhode Islanders, and we're very pleased that the cooperation between both parties have come to this situation, where the previous testimony from other labor leaders indicate clearly that this is a good proposal.

Teamsters 251 is very pleased to lend our support for this merger. On behalf of my brothers
and sisters in health care and Teamsters president, Paul Santos, we urge and ask for your support of the proposed merger of Care New England and Lifespan.

I would like to thank everyone for their work, your work, and the time you've put into all of this, because this is one chance that we have to have a health care industry that will work for everyone: labor, management, and the public.

Thank you very much for the opportunity to speak on behalf of Teamsters Local 251.

MS. LOPES: Thank you.

Kelley McNally.

MS. McNALLY: Hi there, everybody. My name's Kelley McNally. Thank you very having me. I am a member of Local 251. I've been a member for 38 years. I'm also a Rhode Island Hospital employee. I have been here for 30 years.

I come today to be supportive of the merger, and here are the reasons why: I work in the emergency department, and I have been there for 30 years. I've never left. Think about being a patient coming into the emergency department, and you've kind of been to a couple different hospitals all over the place, and you're pretty sick. It
would give us the opportunity to go into one system and pull all your medical records at one time. The doctors would be able to care for you in one time. They don't have to wait for medical records to come from other places. They don't have to worry about calling this one or that one and hoping that we get stuff on time. We would be able to review your CAT scan records. We'd be able to review your X-rays. It would save money on health care, where things wouldn't have to get repeated over and over again because we didn't have results. Everything would be there for us. It would be cost effective.

And I think that something like that would be a community-based -- people would like that better. They wouldn't have to go from place to place. Their stuff would be centrally located for them.

Employees here at the hospital would love an opportunity to expand, to grow, to learn more, to have the opportunity to be part of research, things that are coming up from Brown. Brown University comes up with so many different research projects, things that you can learn from. We are a teaching hospital. We learn so much from this hospital. And this would give us the opportunity
to give that teaching to all the other employees all over this state, let them learn what we can learn. It would give everyone a global opportunity.

It would give our community an opportunity to go and learn -- to go where they want to go within the state. They wouldn't have to worry about, Oh, I just have to go to Rhode Island Hospital for something, or I just have to go here, because we would be collaborative. We would be able to give them the proper care that they need wherever they went. They wouldn't have to worry about one specific area. They wouldn't have to travel all over the place 'cause they'd have everything where they needed it in their areas because things would be centrally located.

The hospital would be able to create -- from what I understand, they're creating a -- they want to create a large area for the cancer institute, where everything is right there for them. Wouldn't that be a wonderful thought to know that, if you had such a horrible thing happening to you, a disease, you go to one place and you have -- you're taken care of, you don't have to go anywhere else?
These are things that we don't think about in the CEO aspect, but as a patient, when you come in, it's so much better if you don't have to go other places. It's all just in one place.

I know that it seems scary for everyone. Me, as an employee, of course -- 30 years -- it's scary. You think, Oh, well, no. Unions, this, that. No one's going to listen to us.

They have protected us. We have strong unions. The Teamster union, Local 251, we are a strong union. We have worked very, very hard to secure the employees, to make sure that they have what they need, that they are not going to lose jobs. They are going to be secure within everything. That pay rates are going to be there. They're going to be secured. The other unions have worked hard to make sure that we are secure. We're not going to have to worry about losing jobs.

It's a scary thing for everyone, me as an employee here as well. Of course it's scary. Change is scary. But we can do this together. It's the best thing for this community. It is the best thing for our state. It is gonna make it okay, and we -- together we are going to be able to make it perfect. And I am 100 percent in support
of this, and I know that the Teamsters are 100 percent in support of this.

    Thank you.

MS. LOPES: Thank you.

Gregory Waksmulski?

Would that be Greg's phone by any chance?

Gregory?

MS. LENZ: I just asked "Greg's iPhone" to unmute.

Fern, I'm going to allow everyone to unmute themselves in case he is on another phone.

MS. LOPES: I can circle back for him as well.

Is Jackie Goldman here?

MS. GOLDMAN: Hi. Hi there. My name is Jackie Goldman. J-a-c-k-i-e G-o-l-d-m-a-n. And I am representing myself. I'm a public health researcher. And I'm here to testify against the merger.

The Lifespan/Care New England merger is not in the best interest of staff or patients of the hospitals. By controlling 80 percent of the market share, there are no guardrails to make sure that rates are not increased at an astronomical rate. With no competition, the hospitals will be
able to charge whatever they want, and patients will not be able to explore alternatives.

In the past, when hospital mergers like this have gone on, there have been 6 to 18 percent increases in health care for -- health care costs for patients. That means that patients are being saddled with these costs, their health insurance premiums are going to go up, and it will also lead to -- which -- also, the fact that health insurance premiums are going up in a time where already 40 percent of Rhode Islanders are underinsured, meaning that they can't get health care because their cost for it and then their insurance doesn't uncover it, this to me seems unconscionable, especially in a time when we're in a global pandemic.

Secondly, I know that, you know, these price increases are going up, but at the same time I don't think that money's gonna go to staff. By monopolizing the health care systems, hospitals will be able to get away with not paying their staff sufficiently.

We already see people going to other states for better paying health care jobs, and I think that the merger will exacerbate this. And so
by not sort of creating a competitive market for laborers, you're going to end up making it so that people end up having to settle for the wages there. And so I think that ultimately this will harm the laborers.

I think that if -- you know, me looking at this, I see this as a way to continue the trend that we have of making sure that money does not actually go to the people working at the hospitals, but rather continues just to cover a lot of the executives and other people who are standing to benefit from this merger. I think that as you unearth the details and follow the money, the people who are vastly in support of this merger are also those who stand to benefit financially, and unfortunately those are not the workers or the patient.

And so because of these reasons, I stand against the health care merger. Thank you so much for your time.

MS. LOPES: Thank you.

Liam Bendickson?

MS. LENZ: Fern, I do not see his name on the list, but I have unmuted everyone if he is on the phone.
MS. LOPES: I'll move on to John Fedo.

DR. FEDO: Good evening. Thank you for the opportunity to comment on the Lifespan/Care New England merger. My name is Dr. John Fedo, F-e-d-o, and I'm the dean of the College of Health Sciences at New England Institute of Technology. These are my individual comments and do not represent New England Institute of Technology.

I'm in strong support of the merger of Lifespan and Care New England. In reviewing the advantages and disadvantages of the Lifespan/Care New England merger, the advantages far outweigh the disadvantages.

As a registered nurse, I'm an advocate for patients, and patients are always at the center of our care.

From my perspective, I see three major advantages. The merger, I understand, will support the expansion of care to underserved populations in Rhode Island by adding more ambulatory care centers. Another added benefit to adding more ambulatory care centers will allow for the decompression of clients using emergency departments and reduce health care -- using -- excuse me -- emergency departments for nonurgent
The merger will also allow for streamlining of care, which has been previously mentioned, and will lead to lower health care costs.

The merger will provide comprehensive health care across the care continuum and reduce health care disparities for a healthier Rhode Island.

From an academic perspective, the realignment of health services and the addition of ambulatory care centers will provide additional experiential learning opportunities for students in the health care sciences.

Currently, the majority of student placements take case in acute care setting. With the continued shift that we see of services to outpatient ambulatory care centers, those added care centers will provide a greater opportunity for students to learn how to work with clients in different care settings.

I think that the synergy created by the merger will strengthen the health care structure in Rhode Island, and that Lifespan and Care New England are well positioned to meet the challenges
ahead.

Thank you.

MS. LOPES: Thank you.

Dr. Peter Hollmann.

DR. HOLLMANN: Hi. My name is Peter Hollmann, H-o-l-l-m-a-n-n, and I am speaking for myself on favor of the merger.

NHAT and I came to Rhode Island to attend Brown University, and this was the year before the medical school was accredited to graduate its first doctors. I did my residency at Roger Williams General Hospital in internal medicine, and I was the first person who trained in a Rhode Island Hospital in the field of geriatrics, also at the Rog. I was on the board there, and that was at times when we had merger talks with The Miriam; would've been a great name, The Mirage, we thought.

I also was on the board when Columbia HCA suited Roger Williams Hospital and was part of the reason why we have the law that is -- why we're having hearings today and watch Lifespan form.

I've been very involved with the Rhode Island Medical Society and the Office of the Health Insurance Commissioner and cost trends and care transformation, and I've worked 20-plus years
part-time at Blue Cross and Blue Shield.

I've been in private practice, and I've been an employee physician.

I only say this to note that I've seen a lot from a lot of different perspectives, and I really feel very strongly that Rhode Island health care has been greatly enhanced by the medical school and the teaching hospitals and all the wonderful people that work in them.

Teaching, research, and innovation do bring the best to care for us and help our local economy. I'm not a naive Pollyanna. At times I've seen and been very disturbed by people and places that don't work together for the best in our community, but that is not the majority of the time.

Rhode Island is a small market. Our competition is out of state. In-state competition doesn't necessarily decrease costs. In fact, it can increase costs due to duplication of services and waste. It can also decrease quality when there are a minimum number of certain kinds of things that need to be done in one place.

A Rhode Island market is already heavily consolidated, and, appropriately, it's already
significantly regulated. The Office of the Health Insurance Commissioner does not permit the insurance companies to increase rates for hospitals beyond a certain sustainable amount. They also don't allow the insurance companies to even increase payments to affordable care organizations, combinations of physicians and hospitals and other entities, beyond a certain amount.

You know, any good thing can be done poorly or have adverse effects, but we can't be ruled by fear. We need to prepare and mitigate. Some of the change that people fear is really inevitable, and a strong Rhode Island health care system is actually the best protection. And we can do this right. I know we can.

Failure to act is the worst option. We're in a difficult time, and we can watch inevitable decline, or we can choose the path of success. We're supposed to be the state of hope. We don't intend to be a Boston suburb, and we don't intend to be easy picking for private equity.

Rhode Island can collaborate. I've been privileged to work on preserving and improving primary care with practices that are competitors, with payers that are competitors. Everybody came
together to help make Rhode Island a better place. I'm very glad to continue to be part of that work with the Care Transformation Collaborative of Rhode Island.

I encourage our state to preserve and protect what really matters for high quality, accessible, and affordable health care while we take advantage of an opportunity that I have waited for my entire adult life to occur. This is a chance for us to work together to make our state health care system even better.

Thank you for allowing me to talk to you.

MS. LOPES: Thank you.

Megan Potter, please.

MS. LENZ: Fern, I do not see that name, so I'm going to allow everyone to unmute in case Ms. Potter is on the phone.

Ms. Potter, if you are there, it is your opportunity to speak.

MS. LOPES: I can circle back.

I will call on Roberta Feather, please.

MS. FEATHER: Hello. My name is Roberta Feather, and I am a professor emeritus from the University of Rhode Island, and I am a private practitioner in the Providence community. And I
wish to speak about issues of affordability.

I was very disappointed to see the results of a study last week that was done at Johns Hopkins and published on the Becker website talking about unnecessary spending. It writes a number of hospitals that were the big ones, and unnecessary spending. Care New England unfortunately ranked No. 4 in that. That's very disappointing.

Another thing I've noticed in reading the application -- and perhaps it was an oversight on my part -- but I have seen very little inclusion about the foundation boards of the hospital. Even on the organization charts, they come directly under the primary leadership.

Also, I wanted to talk about some things that are within the agreement that go to the issue of affordability.

Within the context, there is mention that the two correct CEOs would remain in their position for a period of two years, and also that it would be three to four years before changes would be made in programs.

I've been describing the board of trustees under a new combined plan has many of the older trustees remaining on the board. I really think
it's time that the people who have worked on this
move on and thinking about recruiting someone who
may be --

(Telephonic interruption.)

MS. FEATHER: -- who may be -- who may be
interested in coming in the primary role of a CEO.
I think having two prior CEOs around for two years
would not be a very attractive feature.

And having the same people on the board of
trustees, I also would not find to be a very
attractive feature. I think the person coming in,
hopefully they are nationally known, have a strong
reputation to know a lot of people that they could
be bringing in to fill up the leadership positions.

In terms of talking about the fears around
a non-profit or a for-profit hospital taking over,
I have that fear myself, but reality is we're
looking at two sinking ships that are attempting to
merge. I would like to suggest that perhaps there
are other legal methods that could be looked at,
rather than the "if" factor of a merger, which is
illegal, such as joint ventures in some varying
degrees.

Thank you very much.

MS. LOPES: Thank you.
James Bailey, please.

MR. BAILEY: Hello, everyone. So my name is James Bailey, B-a-i-l-e-y. I teach economics at Providence College, but tonight I am here to speak on behalf only of myself and not Providence College.

So as a health economist, I read the literature on mergers like this that happen all over the country, and in general, they seem not to work out very well for the patients and the community.

I was reading the report that the Office of the Health Insurance Commissioner prepared in June 2021, putting together their take on the merger, and I would encourage everybody to read that. I generally agree with their read on the literature -- academic literature about similar mergers, which shows that they typically increase prices, usually something in the high single digits, without affecting quality in a measurable way.

The merging parties here argue that this time is different, and I agree that some of their arguments, like the unified electronic medical records, do sound reasonable, but I also know that
merging parties always have to argue something, and they always want to say that they will be special, that this time will be different. And I hope that's true, but I don't really see the reason that it is.

In particular, because this time really is different in one other way, it would lead to a particularly large increase in the concentration of the health care market in Rhode Island, much larger than the typical hospital merger.

In addition to suggesting that mergers typically increase prices, the academic literature also suggests that mergers this size will typically lead to a reduction in the wages of health care workers by 4 to 7 percent. Now, this is typically attenuated an a high union presence like we have in Rhode Island, but I would still expect the effect on health care workers' wages to be negative, based on the experience of mergers around the country.

If we were to allow the merger, the merged entity would be enough of a monopoly that competition would be unlikely to contain prices, and Rhode Islanders would need to rely on rate caps from the Office of the Health Insurance Commissioner. This office does currently seem well
run, but there's no guarantee necessarily that that
would continue; particularly as a merged entity
would gain in political power, as well as market
power, and be able to lobby to be allowed to
increase prices for what the market would bear,
which would be quite a lot following the merger.

To conclude, I see the trade-off that
Rhode Islanders are being offered. We're sort of
being asked, Would you like to pay 10 percent
higher prices in order to get unified electronic
medical records and to make it easier for
researchers at Brown to conduct their research?

As a researcher myself, I might be willing
to take that trade, but I don't know that the
typical Rhode Islander would if you offered them
the choice in those terms. And in particular, I
suspect that anyone struggling to afford their
health insurance premiums would not.

Thank you.

MS. LOPES: Thank you.

Senator Louis DiPalma, please.

MR. DiPALMA: Thank you. Thank you for
allowing to me to test--provide these comments	onight.

Thank you for affording me the opportunity
to provide some commentary on the Brown/Care New England/Lifespan merger. Full disclosure, I am a Brown alum. That will not influence my comments one way or the other, but I figured I'd -- before I begin my remarks, let me first thank you for what you have already done with the review and analysis of the proposal, are doing, and will be doing. You have the weight of the entire state on your shoulders. Know that you'll be in my prayers that you afford this proposal the extreme due diligence, which is most definitely warranted.

It is critically important the proposal evaluation appropriately address what I believe are the four critical areas, including access, quality, affordability, and workforce. From my perspective as a State senator representing District 12, which includes all of Middletown, all of Little Compton, Tiverton, and Newport, and chair of the senate committee and oversight, we need to ensure access is increased, quality improved, services become more affordable, and the workforce be preserved. Hospitals are a significant economic driver in our state of Rhode Island, and we rely on the continued employment of their exemplary staff.

I'm reminded of the recent reductions of
services at Lifespan's Newport Hospital. This reduction is troubling to my constituents and myself. I'm concerned this reduction of services to my constituents would accelerate any potential post-merger.

I ask that you also consider what has just transpired with Prospect Medical Holdings, PMH, in three Connecticut hospitals. You remember what recently transpired with Roger Williams Medical Center and Our Lady of Fatima Hospital. In approximately 2015, PMH acquired hospitals in Connecticut and just recently announced they were selling those to the Yale New Haven Hospital System.

I respectfully request that should a merger be approved, conditions be included with quantifiable measures and annual metrics for a period of at least five years, demonstrating how access will be increased, quality improved, services become more affordable, and workforce be preserved.

Additionally, restrictions are needed to ensure what PMH just did in Connecticut does not happen with any post-merger in Rhode Island for at least 10 years. With these critical additions
attached, I could support the merger.

Once again, thanks for the opportunity to provide these comments.

MS. LOPES: Thank you.

Alexander Palazzo.

MR. PALAZZO: Hello.

MS. LOPES: Hi.

MR. PALAZZO: Hi. My name is spelled A-l-e-x-a-n-d-e-r. My last name is spelled P-a-l-a-z-z-o.

And my comment is -- I represent myself, and my comment is I'm in -- not in favor of the merger to go together because I think the -- of course the health care prices are going to go up.

I know back a year ago that Care New England and/or Lifespan had a cyber attack. So even if they do -- if they were to favor it to merge, I don't think they have the technology to fix a cyber attack. Or even if they get the health care records together, it wouldn't be a stable partner -- merger, 'cause cyber -- I am an information technology and a cyber security professional, and I don't think -- even if the merger did go through, there has to be a high level of cyber security and information technology
protocols to follow if anything happens if it did
go through.

Other than that, I mean, it sounds like
from what I'm hearing from other people that it is
a good idea and sometimes a bad idea if the merger
was to happen. I mean, if it didn't happen,
another entity could grab Care New England or
Lifespan Hospital for profit. I mean, being them
two being not-profits, that would be a good merger
difficulties.

That's my comment for today. Thank you.

MS. LOPES: Thank you.

Heather Kelley?

MS. KELLEY: Hi. Good evening. My name's
Heather Kelley. That's K-e-l-l-e-y. And I'm a
lead organizing with SEIU 1199 New England. We
represent about 2,500 members throughout the
Care New England system and about 5,000 members
throughout the state of Rhode Island.

I want to start by noting, as so many
already have, that we're still in the heat of the
pandemic, that this had an immeasurable toll on our
members and on all health care workers in the
state, and I want to thank the health care workers
who have been on the front lines getting us through
these grueling couple of years.

I am -- you'll have to forgive me. I'm
nine months pregnant, so I get winded quite easily
these days.

But over the last few weeks, you've heard
several of our members and leaders throughout the
hospitals express serious concerns about the
potential for market dominance if these two systems
merge. While those concerns cannot be overstated,
we also know that the best protection against an
overlarge system is union protection. There really
is no better advocate for our patients than the
nurses and other frontline health care workers who
provide bedside care.

Anytime management makes decisions we
disagree with, it's our union members that stand
together that demand that patients be put first.
Our advocacy for patients in public health is part
of our DNA.

Since the last public hearing, we have
reached an agreement between the merging parties
and the four unions who represent the workers
throughout these systems. This deal will address
some of the worst fears we have expressed. Among
other details, it will reserve a seat on the board
of directors for labor advocates. It will
guarantee union representation at some of the
large, new medical facilities that have been
proposed. It will guarantee that workers who
currently work in multiple systems will not be
terminated from one system on the first day. It
will reserve good union jobs and will prevent any
one hospital from being separated and sold to a
for-profit entity. These will go along when
addressing the anti-competitive aspects about which
we have expressed concern.

I will just conclude by saying, again, I'm
hoping to deliver my second baby at Women & Infants
Hospital in the coming weeks, better yet days, and
I can say without reservation that there's no one
else that I want by my side and with my family than
the nurses, dietary workers, phlebotomists, and all
the other health care workers who will care for us.

When workers have a voice and the ability
to collectively bargain and be at the table of the
new system, our patients and our community will be
protected, and the deal that we have reached
accomplishes just that.

Thank you.

MS. LOPES: Thank you.
Valerie?

MS. LENZ: Fern, I do not see Valerie, so I'm just going to allow everyone to unmute. Valerie, if you are on the phone, you may provide comment.

Fern, we can circle back.

MS. LOPES: Sure.

Laurie Gaddis Barrett?

Sherri Ann Johnson?

Gregory Waksmulski?

Liam Bendicksen?

MS. POWELL: Fernanda, it's a little hard to hear you.

MS. LOPES: Oh, sorry. I'll get closer. So I'm circling back to --

MS. POWELL: For the last three names.

MS. LOPES: Oh, sorry. I'm circling back to those that had signed up, I've called on, but did not provide comments. So I'll go back to Laurie Gaddis Barrett. Sherri Ann Johnson. Gregory Waksmulski. Liam Bendicksen. Liam Bendicksen?

Megan Potter.

And Valerie.
Is there anyone else in attendance who would like to provide comments but has not had an opportunity to speak tonight? Please raise your virtual hands. We can call on you.

So hearing no one and seeing no raised hands, we are scheduled to hear public comments until 8:00 p.m. tonight, and the attorney general and Rhode Island Department of Health representatives will remain in this public meeting. We will hold it open until 8:00 should anyone still plan to join us to provide additional comments.

While this does not conclude our meeting at this time, I invite you to stay to hear any potential comments from those who may arrive later, or please know that your comments have become part of your record and you're not obligated to stay on Zoom with us.

For those of you who will choose to leave our meeting, I'd like to thank you for participating today, and I hope you have the rest of a good night.

(Pause.)

MS. LOPES: Again, if there's anyone in attendance who would like to provide comments, please raise your virtual hands, and we'll call on
you.

Rob Settipane?

MR. SETTIPANE: Hi. How you doing there?

Yeah, Robert Settipane. I'm at work, so I'm wearing my mask. I hope you don't mind. But it's me. I have -- I'd like to make a comment.

I'm a private practitioner in Warwick and East Providence. I spell my name S-e-t-t-i-p-a-n-e. S, as in "Sam," -e-t-t-i-p-a-n-e.

You know, I wasn't planning on originally to speak, but because of the silence, I figured why let it go to waste, especially when I have such an esteemed audience.

But with regard to this merger issue, yeah, I'm concerned about the monopoly side of it, particularly -- particularly the long-term -- the long-term consequence, 'cause once you create this monopoly, how does it come to an end? It's a -- as someone said, it's a once-in-a-lifetime opportunity, but once you make that decision, that decision 's over. So it is once -- it's once-in-a-lifetime of the state almost.

So of course, you know, there's advantages to a monopoly, but how does it benefit the
individual?

I'm particularly concerned with regard to the viability of other providers, like independent people like myself. I think my patients benefit from my services, and we are at a disadvantage. And I'm particularly concerned because insurances have had the pattern of establishing exclusives, exclusive relationships at certain health care entities. You know, if you have a certain insurance, you're actually obligated to go to a certain pharmacy. You have to go to CVS with certain insurances, or Walgreens. And when that happens, the small guys get cut out of the loop, and that makes it harder for us to survive and stay in the game. And we're also providing -- also providing a vital service.

So the -- with the size of the monopoly, it -- there's unattended consequences of the smaller players getting cut out of the loop. That's a big concern of mine. And I think, like, over the years certainly my patients have benefited from that.

I would also say that certainly, you know, it's -- a monopoly is better than various things. It's better than the for-profit company coming in
and jacking up the prices, but, you know, is it --
is it better than Harvard coming in to -- or Mass
General? What was Partners now has a new name.
It's Mass General Brigham. And, you know,
personally I think Rhode Islanders would benefit
from two major players competing to see who could
deliver a better health care product to our
citizens. Why not let Mass General? Certainly the
worst outcome is a for-profit out-of-state company,
but that's not the only option. That is not the
only option. We certainly -- you know, Mass
General was interested. They kind of were shut
down. But certainly bringing them in, that's
better than a monopoly.

And one other thing I wanted to say about
the -- what's particularly unfair about a monopoly
of course -- and I think one of the reasons the
unions like it is because it's an easy target.
It's an easy target to strike. You can shut down
the whole health care system in the state of Rhode
Island with a unified strike. So that really works
well for the unions.

And that -- the price increases 'cause
there's no competition. You've got the -- you've
got a greater capacity for price increases. Well,
those price increases are passed along to insurance, to the health insurance. And when individuals are basically forced or compelled or need to buy health insurance, it's these increased costs passed along directly to them. So the price increases that come along with a monopoly are unfair, but everyone's compelled to buy that product.

You know, if you could say if it wasn't -- if it was a different product that people didn't need to buy, well, that would be, you know, less of an issue, but this is something that everyone needs to purchase. Everyone needs health insurance. And, sure, that higher price of the health insurance comes straight out of the private citizen's pocket in many cases.

So that is particularly unfair when individuals is compelled to pay that higher price as a result of a monopoly situation.

Well, those are -- I think that's the end of my unprepared remarks. Thank you for listening.

MS. LOPES: Thank you.

And, again, if anyone is in attendance who would like to provide comments but has not had an opportunity to speak tonight, please raise your
virtual hands, and we'll call on you.

Meg Potter?

Meg, we can't hear you, but it doesn't appear that you're on mute.

MS. LENZ: Ms. Potter, I don't have an opportunity -- you don't have a microphone near your name for some reason.

MS. LOPES: If Ms. Potter is connecting to audio, we'll just give her a minute.

MS. LENZ: Ms. Potter, you are now unmuted.

MS. POTTER: Hi. How are you?

MS. LENZ: Good. How are you?

MS. POTTER: Oh, good. Thank you.

So my name is Meg Potter. That's P-o-t-t-e-r. And I have been wanting to call in just to express some concerns that I have with the merger in terms of the -- I guess I have a -- I'm having a difficult time having good faith in the players frankly both at the DOH and the leadership at Care New England and Lifespan. You know -- and I know there's been a multitude of factors involved.

But you guys have had us in a state of emergency for over 700 days. The two hospital
systems have both been complaining publicly that
they can barely meet the needs of the people. And
so I guess I just want to say that it takes a
really interesting kind of hubris to ask the public
to get behind a merger of two questionable
non-profits who really do disguise a lot of income
in terms of bonuses and, you know, salaries, and
also extending their services through physician --
their physician network, et cetera.

So, I mean, I just really hope that the
public questions whether or not this is in our best
interest or not, especially given the auspicious
circumstances under which we're being asked to
consider it.

MS. LOPES: Thank you.

Is anyone else interested in providing
public comments?

(Pause.)

MS. LOPES: Again, we are scheduled to
hear public comments until 8:00 p.m. tonight, and
the attorney general and the Rhode Island
Department of Health representatives will remain in
this public meeting for another 15 minutes. If
anyone has any public comments that they'd like to
share, please raise your virtual hands.
MS. LOPES: Has anyone joined us recently who would like to provide comments?

Again, we will hold this meeting open until 8:00. Should anyone still choose to provide comments, please raise your virtual hands.

MS. LENZ: Fern, as we are closing in on 8:00, I would just like to put on the record the number of participants in attendance tonight.

This meeting started shortly after 6:00 p.m., and we quickly had over 100 participants, peaking at 6:44 p.m. at 119 participants.

Right now, at 7:59 p.m. we have 50 participants left. We thank you all for your attendance this evening.

I am just going to unmute the attorney general and Sandra Powell, if they would like to say any final words.

MS. POWELL: All right. Maybe I'll just take one moment to add for the record the appreciation I think of all parties for the earnestness of the comments that were made this evening. As said earlier, we will certainly take
them into strict account as we complete -- or continue our review to completion of this merger application before the departments. I want to offer my thanks to everyone who offered a commentary this evening.

MS. WEIZENBAUM: On behalf of the Office of the Attorney General, I'd likewise like to thank everybody who participated. You offered very insightful and important comments, and we will take them into consideration as well. So, thank you, and have a good evening.

MS. LENZ: The meeting is now concluded.

(MEETING CONCLUDED AT 8:01 P.M.)
CERTIFICATE

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 14th day of February, 2022.

CASEY A. BERNACCHIO
SHORTHAND REPORTER

MY COMMISSION EXPIRES:
DECEMBER 31, 2023