



June 25, 2008

Judy Donlen, Chair
State Health Planning Board
Office of Legal and Regulatory Affairs
NJ Department of Health and Senior Services
P.O. Box 360
Trenton, New Jersey 08625-0360

Re: CN No. FR 080303-20-01, Staff Recommendation regarding
Closure of Acute Care Services at Muhlenberg Regional Medical Center

Dear Ms Donlan:

Thank you very much for permitting public comment regarding the Staff's Recommendation to the State Health Planning Board with respect to the proposed closing of acute care services at Muhlenberg Regional Medical Center ("Muhlenberg").

As a preliminary matter, we want to voice our opposition to the Staff's truncated analysis of community health need that is limited to regional utilization data, occupancy rates, and hospital admissions data. What is missing, and is fundamentally necessary for reaching a proper decision regarding closure, is an analysis of all the criteria for identifying essential hospitals as set forth in the Final Report of the Reinhardt Commission on Rationalizing Health Care Resources, and an analysis of the specific health needs of the population directly impacted by the closing. The Staff's omission of such analyses undermines its decision and does not adequately ensure affected residents, many of whom are low-income persons of color, that they are unlikely to experience deterioration in the quality, affordability and accessibility of health care that is currently available to them with the doors of Muhlenberg open.

Notwithstanding this assertion, we would like to focus these remarks on the objective, composition and governance of the recommended Community Advisory Group (CAG), and the failure to adequately ensure access to primary care services on the Muhlenberg site.

As set forth in condition 5, Solaris is ordered to develop and participate in a CAG to provide ongoing community input to Solaris on ways that it can meet "an remaining inpatient and outpatient needs of residents in MRMC's service areas." We believe that

the CAG's role requires further clarity and more detail. A clear mission statement must be drafted to ensure that there is a clear understanding of purpose, the population that is intended to be represented and served and the nature of the CAG's responsibilities. The CAG should not serve simply as a monitoring body, but its responsibilities should also include planning for and ensuring continuity of access to needed health care services. To adequately satisfy such mandate, the scope of the CAG's duties must include conducting a comprehensive community health needs study, investigating opportunities to reopen the hospital and/or reintroduce acute care and non acute care services at the site, and monitoring the proper use of the hospital's charitable assets to ensure that the full value thereof remain in the hospital's service community.

Furthermore, we believe that there are several problems with the governance of the CAG. First, as set forth in condition 5c there are to be co-chairs both of whom are to be designated by Solaris. We believe that the chair position should either rotate or the chair should always be the community member. We prefer the latter since the CAG reports to the Solaris Board, and thus should not also be a member of Solaris' or JFK's respective board. Second, although the CAG is charged with certain tasks, it is unclear how the CAG will be assured of its ability to accomplish its responsibilities or goals. There needs to be at least one paid staff person who reports to the CAG. This person would be responsible for completing CAG assignments. Also, financial support should be identified to pay for consultants and other technical support. Finally, the Board should consider placing representatives from surrounding hospitals on the CAG, especially someone from RWJ-Rahway that is anticipated to incur a significant number of Muhlenberg's charity care and Medicaid patients.

New Jersey Appleseed would also like to see the appointment of a community member of the CAG to both the Board of Solaris and the Board of JFK to ensure real community representation. These representatives should be residents of Plainfield and should be designated by the Commissioner.

Finally, with respect to condition 7, we request that the Planning Board require that upon closure primary care services for both adults and children occur on the site at Muhlenberg provided either by Solaris or in conjunction with the Plainfield FQHC—not on the site or in conjunction with the FQHC. Similarly, we understand that Trinitas has indicated its willingness to serve the inpatient obstetric and behavioral health needs of residents formerly served by Muhlenberg, but believe that Muhlenberg patients should not have to bypass more conveniently located hospitals to access the services that they need. Compelling such residents to travel to Trinitas will only exacerbate the racial and economic segregation that is emerging in NJ's hospital delivery system.

Respectfully submitted,

Renée Steinhagen
Executive Director

George Hampton
Director of Health Care Reform

