



Public Comments Received on Regions Hospital 100-Bed Expansion

MINNESOTA DEPARTMENT OF HEALTH HOSPITAL PUBLIC INTEREST REVIEW FOR EXPANSION OF LICENSED BED CAPACITY

Background

On March 1, 2018, the Minnesota Department of Health (MDH) began an evaluation of the proposed 100-bed expansion at Regions Hospital in Saint Paul, Minnesota. Subsequently, MDH sent letters and electronic messages to affected parties including 24 Twin Cities Metro Area hospitals and community organizations near to Regions. MDH also published a notice in the *Minnesota State Register*, the official publication of the State of Minnesota's Executive Branch of government.

Attached are the unabridged 103 public comments that were received by the Department regarding the proposed expansion.

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06/08/2018

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February 22, 2018

The Honorable Senator Michelle Benson, Chair
Senate Health and Human Services Policy and Finance Committee
Minnesota Senate Building, Room 3109
Saint Paul, MN 55155

The Honorable Representative Joe Schomacker, Chair
House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Chairs:

We are writing to you in support of your legislation to grant Regions Hospital an exemption to the hospital moratorium law in order to add 100 bed licenses.

As representatives of 1,072 Regions employees who serve the growing patient base we know that the additional capacity is needed to meet the needs of the growing and aging East Metro population. The unique services Regions' provides in the areas of trauma, burn, mental health and as a safety net hospital make the request even more critical.

In addition to meeting the needs of Regions patients, expanding Regions' capacity will result in approximately 1000 new jobs over the course of the expansion. We welcome these additional opportunities for Minnesotans to join and advance in the health care workforce.

Thank you for your authoring this legislation and supporting Regions' patients and workforce.

Best Regards,

A handwritten signature in black ink that reads 'John P. Westmoreland'.

John P. Westmoreland,
Executive Director
AFSCME

A handwritten signature in black ink that reads 'Julie Bleyhl'.

Julie Bleyhl,
Legislative Director
AFSCME

April 2, 2018

Stefan Gildemeister, Director
Health Economics Program
Minnesota Department of Health
Submitted via email to Alisha Simon

Dear Mr. Gildemeister,

Thank you for your letter soliciting comments as part of the public interest review process for the Regions Hospital proposal to add 100 bed licenses through an exemption to Minnesota's hospital bed moratorium law.

First and foremost, we are supportive of the public interest review process as a way to provide lawmakers with additional perspective with which to evaluate the request of a single hospital within the context of a community's needs, as well as its existing capacity. While we understand that this process can be resource intensive for both the applicant and the Department, it creates an important dialogue among stakeholders and policy makers about the benefits and impacts of adding additional costly resources into the health care system.

The three main hospital providers in the east metro (Fairview, Regions and Allina Health) have a history of working collaboratively to meet the needs of the community. All three systems provide general hospital care but each system provides services that are unique such as level 1 trauma at Regions, high risk obstetrics at United/Children's and long term acute care at Fairview Bethesda. We appreciate the public review process as means to ensure that the needs of the community can be met in a way that is responsible from a long term perspective and supports the spirit of ongoing collaboration.

Our comments related to the Regions request center around two components. The first is the length of time covered by the current Regions request. Granting the bed licenses requested for over a 30 year term raises concerns as it is difficult in healthcare to predict bed need past 10 years. In addition, this long timeframe functionally denies future legislators and stakeholders the opportunity to revisit important questions around current needs, opportunities for collaboration and impacts of new beds. We think this has unintended consequences for the East side of the Metro, as well as the integrity of the public interest review process.

We are also concerned about the size of the request being 100 beds. The delivery of health care is evolving rapidly and the pace of change is only going to accelerate in the future. Allina Health utilizes the services of a highly reputed consulting firm called Sg2 to provide us with predictions of future patient volumes. Their analysis of the east metro shows a 2% growth in the need for inpatient beds over the next 10 years. The analysis does suggest a need for increased beds due to changes in population as well as epidemiological trends such as rising obesity, however, the increase is offset by other expected changes such as new technologies and changes to care models.

An example of care model changes has been the shift in patient status. Over the past 5 years, we have seen a significant move towards non-surgical patients being placed in "observation" status rather than being admitted. We have also seen a similar shift in surgical patients being placed in an extended outpatient recovery area or "short stay" unit from which they are discharged after less than a 24 hour stay having never been admitted. The trend towards moving patients from inpatient status to

observation or short stay is expected to accelerate. Sg2 is forecasting a 17% increase in observation days over the next 10 years. Recently, CMS/Medicare took total knee replacement patients off of their “Inpatient Only” list which is expected to lead to an additional shift to outpatient status. Five years ago, a majority of our hysterectomy or heart stent patients were admitted after their procedure. Today, only a minority are ever placed in inpatient status. It would have been impossible for us to have predicted this rapid rate of change ten years ago. Maintaining an incremental approach to granting bed license requests allows for a more accurate reflection of actual versus predicted community needs. This type of care reduces the need for licensed inpatient beds.

On a short-term basis, we do appreciate that Regions has regularly been running at high capacity which is not ideal for safe hospital operations or to provide needed surge capacity to the community. We support a more incremental approach to increased beds that would keep the hospital closer to an 80% occupancy rate. It is our understanding that Regions intends to operationalize any new bed capacity by bringing back into service nursing units that were closed when their new tower opened. The fact that they are not planning to build any new long term assets to add the capacity is supportive of using a more incremental approach to adding beds and a shorter time frame for evaluation. We believe this more measured approach to adding costly resources will support the strengths of all the St. Paul hospitals and allow us to further build on this strong foundation of collaboration to meet future changing needs of the community.

We are appreciative of the thoughtfulness in which all parties are approaching this important conversation and are confident that a solution can be found that prioritizes the needs of the community and balances the interests of all stakeholders. Please contact Kerri Gordon at kerri.gordon@allina.com or 612-262-4949 if you have any additional questions or would like further information. Thank you.

Sincerely,

Tom O’Connor
Senior Vice President, Allina Health
President, United Hospital

THE BRAINS BEHIND SAVING YOURS.®

Minnesota-North Dakota Chapter
7900 West 78th Street, Suite 100
Minneapolis, MN 55439

April 23, 2018

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Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
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Dear Ms. Simon,

I am writing in full support of Regions Hospital's proposal to add 100 additional inpatient beds. Regions is a vital part of the health care infrastructure of our state and a particularly important resource for people and families dealing with Alzheimer's and other dementia related diseases. We need Regions to be able to grow with the needs of our aging population.

Alzheimer's disease diagnoses and deaths have increased over the past 20 years — and those numbers are expected to skyrocket over the next 30 years. The Centers for Disease Control and Prevention recently released a study showing death rates from Alzheimer's increased 55% from 1999 to 2014. About 5.5 million Americans are living with Alzheimer's and that's expected to reach 16 million by 2050. Older people with Alzheimer's have twice as many hospital stays per year as other older Americans. They also have four times longer hospital stays and nearly three times more emergency department visits. More than 85% of people with Alzheimer's have one or more other chronic conditions or co-morbidities that further complicate their care.

As the level 1 trauma center for the east metro we know Regions is equipped to care for patients with Alzheimer's at the same time as other complex and debilitating conditions. Healthgrades, a leading online resource for comprehensive information about physicians and hospitals, ranks Regions among the top hospitals in the nation for neuroscience care in 2018. Regions is also affiliated with the new HealthPartners Neuroscience Center, that brings nationally recognized programs in neurological care, rehabilitation, and cutting edge research all under one roof.

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Minnesota-North Dakota Chapter

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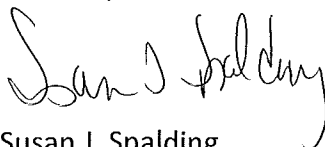
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Regions Hospital is a crucial resource for individuals, caregivers, and families impacted by Alzheimer's and other dementias. We need it to grow with the growing needs of our community and we hope you will find their proposal for 100 additional inpatient beds in the public interest.

Sincerely,



Susan J. Spalding

Region Leader, Alzheimer's Association
CEO, Alzheimer's Association Minnesota-North Dakota

April 26, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

SUBJECT: Regions Hospital – request to increase beds

Ms. Simon,

Thank you for informing us about the opportunity to submit feedback on this proposal.

The proposal was discussed by the CapitolRiver Council (CRC) Development Review Committee on April 8, where we heard from representatives of Regions and Fairview, and it was discussed by the CRC Board of Directors at its April 25 regular board meeting. Before each of these meetings, I sent committee members the link to your website, and provided copies of the feedback submitted by Fairview and by the Sisters of St. Joseph of Carondelet, so that they understood some of the points of disagreement. Some committee members and board members expressed concerns about the potential impacts to Saint Joseph's Hospital, based on that feedback. Other committee members indicated that the proposal by Regions was compelling.

The committee passed a motion to recommend support for the project, which was then sent to the CRC Board of Directors. At the April 25 board meeting, the board discussed the proposal and the concerns that have been expressed, and voted to recommend support for the proposal submitted by Regions.

Therefore, on behalf of the CapitolRiver Council's Board of Directors, which is the District Council for District 17 of the City of Saint Paul, I am writing to indicate support for the request by Regions for an exception to the moratorium and to expand its capacity and meet the demand for care in the east metro area.

Thank you again. Sincerely,

Jon Fure
Executive Director, CapitolRiver Council

April 4, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

Hello, my name is Catherine Scoville, Nursing Home Administrator at Galtier A Villa Center nursing home. We are partnered with Regions Hospital to provide transitional and long term care to patients. I write in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the East metro as safety-net, Level 1 Adult & Pediatric Trauma Center, and Burn Center.

Regions has been an excellent resource and provider within our network. They deliver outstanding nursing care with excellent customer service. We are very proud of our partnership. Going forward, a capacity expansion would benefit Galtier tremendously. The expansion provides growth for Galtier as well as other providers in the area.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Thank you

Cathy Scoville | NH Administrator
Villa Healthcare | 445 Galtier Ave | St. Paul, MN 55103
p 651-224-1848 x 102 | f 651-224-9613



CITY OF SAINT PAUL

Melvin Carter, Mayor

367 Grove Street
Saint Paul, Minnesota 55101

Telephone: 651-266-5588
Facsimile: 651-266-5542

April 12, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
Saint Paul, MN 55164-0882

Dear Ms. Simon,

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center and burn center treating patients of all kinds – including those involved in criminal activity.

The Saint Paul Police Department – along with law enforcement in general – has seen an increase in the number of mental health based calls for service. Police officers often encounter people experiencing an acute crisis who are in need of a mental health evaluation. Regions Hospital has been a partner to law enforcement in conducting mental health evaluations.

A number of these evaluations result in the need of hospitalization and stabilization within a mental health unit. We have recognized a shortage of mental health beds within the metropolitan area. Approving this proposed increase of inpatient beds will ensure the needs of people experiencing acute serious and persistent mental illness are met in a timely, effective and respectful manner.

For these reasons, I urge you to find Regions' proposal for 100 additional inpatient beds in the public interest.

Thank you for your consideration.

Sincerely,

Todd Axtell
CHIEF OF POLICE



CITY OF SAINT PAUL
OFFICE OF THE CITY COUNCIL

March 21, 2018

Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
Minnesota Senate Building, Room 3109
95 University Avenue West
Saint Paul, MN 55155

Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Senator Benson and Representative Schomacker,

We are writing to express support for your legislation to add one hundred bed licenses to Regions Hospital. These additional beds will allow Regions Hospital to serve a growing patient population.

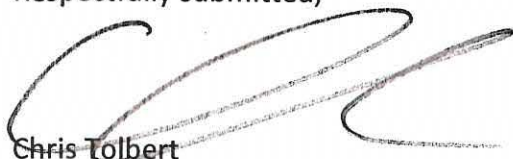
Regions Hospital benefits Saint Paul and Minnesota residents, not only as a high-quality care system and our only Level One Adult and Pediatric Trauma Center, and Burn Unit, but it is also a critical part of the safety net as the largest provider of uncompensated care in the east metro. Regions Hospital provided \$17 million in uncompensated care in 2016 alone.

Last year Regions Hospital collaborated with other area hospitals and Catholic Charities to provide a sixteen-bed medical respite unit in the Higher Ground complex, which will provide homeless patients a place to recover, and has previously employed Saint Paul students through the Right Track Program, and has hosted students across the metropolitan area for career exploration experiences. As individuals committed to the success of Saint Paul, we know that the bill you are authoring will allow Regions to continue to provide crucial services for the residents of Saint Paul and throughout Minnesota.

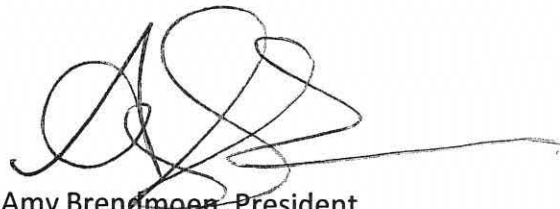
Page Two
March 21, 2018
Senator Michelle Benson
Representative Joe Schomacker
Senate File 2892/House File 3202 - Regions Hospital

Thank you for authoring Senate File 2892/House File 3202, which will allow Regions Hospital to continue to provide the best possible care to all patients in our state.

Respectfully submitted,



Chris Tolbert
Saint Paul City Council, Ward 3



Amy Brendemoen, President
Saint Paul City Council, Ward 5



Dai Thao
Saint Paul City Council, Ward 1



Rebecca Noecker
Saint Paul City Council, Ward 2



Samantha Henningson
Saint Paul City Council, Ward 4



Dan Bostrom
Saint Paul City Council, Ward 6



Jane Prince
Saint Paul City Council, Ward 7



Melvin Carter
City of Saint Paul, Mayor

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Craig Harvey. I am the Director of Pharmaceutical Services at Regions Hospital. I have been working at Regions for 14 years in various roles within the pharmacy.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center. We are a community asset that needs to be maintained.

Regions Retail Pharmacy is unique and fills a special niche serving the community. In many cases, we are the safety net Pharmacy for patients who are without insurance or funds to purchase prescription products to self-administer when discharged from the hospital or the Emergency Department. I have witnessed patients who would have gone without medication at home had it not been for a free prescription from Regions Hospital Pharmacy. In most cases, chain retail pharmacies operate as a cash/carry business – if you can't afford the co-pay or prescription cost, you won't leave with a medication in hand. That is not the case at Regions Hospital. Regions Pharmacy serves all, regardless of ability to pay. It is our mission to provide high quality pharmaceutical care to all who are in need. Because of the need in our community, our Retail Pharmacy is open 24x7, ready to serve.

Recently, Regions InPatient Pharmacy has been challenged when admitted patients are not assigned a specific room due to bed availability. We typically provide medications to a patient in a designated room. When the hospital is full and patients must be housed in the Emergency Department or hallway, it can be challenging for the Pharmacist to locate the patient to obtain a medication history or to provide necessary medications. Unfortunately, it is becoming too frequent that patients are housed in non-standardized bed locations for short periods of time. Data shows that when non-standardized practices are employed, the risk of a medication error increases. We need more beds.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest. The community is depending upon us to be there when needed.

Sincerely,

Craig Harvey, Pharmacist
Director of Pharmaceutical Services
Regions Hospital Pharmacy
St. Paul, MN 55101
Office (651) 254-9560
Email: Craig.L.Harvey@HealthPartners.com



REPLY TO:
 1 Mendota Rd W Ste 410
West St. Paul, MN 55118
651.554.6100
FAX 651.554.6130
www.dakotacounty.us

Public Health Department
Bonnie Brueshoff, Director

REPLY TO:
 14955 Galaxie Avenue W
Apple Valley, MN 55124
952.891.7500
FAX: 952.891.7565

Partnering to build healthy families and healthy communities

April 12, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 3109

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
St. Paul, MN 55155

Dear Sen. Benson and Rep. Schomacker:

On behalf of the Dakota County Public Health and Community Services Division, we want to write to you in full support of the application by Regions Hospital to expand its number of licensed hospital beds, SF2892/HF3202.

Dakota County is a vibrant and growing community that is becoming more diverse each year. Economically, the percent of our residents who are living below the poverty level is below that of state and nation, but it has generally increased from 2008 to 2012. We know that about seven percent of Dakota County residents are not insured. Regions Hospital and HealthPartners have been partners in our collaboratives working to improve the health of county residents.

As you know, Regions is also a large part of the health care safety net for the east metro, providing over \$16 million in charity care in 2017, and treats many patients that would otherwise have limited options. We applaud your leadership in supporting SF2892/HF3202 so that Regions can continue its work in providing the best possible care to the patients of our state, and especially the east metro.

Sincerely,

Bonnie Brueshoff, DNP, RN, PHN
Public Health Director
Dakota County Northern Service Center
1 Mendota Road W Ste 410
West St. Paul, MN 55118-4711

Kelly Harder
Community Services Division Director
Dakota County Northern Service Center
1 Mendota Road W, Ste 500
West St. Paul, MN 55118-4711



Office of the
DAKOTA COUNTY SHERIFF

Phone: (651) 438-4700

Emergency Dial 911

Fax: (651) 438-4709

TIM LESLIE, SHERIFF
JOE LEKO, CHIEF DEPUTY SHERIFF

1580 Highway 55
Post Office Box 247
Hastings, Minnesota 55033

April 26, 2018

Commanders

Daniel Scheuermann
Detention Services

John Grant
Operations

Ms. Alisha Simon
Health Economics Program
Minnesota Department of Health
Post Office Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon:

My name is Tim Leslie; I am the Sheriff of Dakota County, which borders Ramsey County and is the third largest county in Minnesota.

As a law enforcement professional with more than 30 years of experience, I know how critical quality care is to the survival and recovery of victims of crimes or accidents. Regions Hospital enjoys a fine reputation as a Level One trauma and burn center for the area. Residents of Dakota County and the east metro area have benefitted greatly from the services available at Regions Hospital.

Regions Hospital is also working to expand its number of available mental health beds, which speaks to the growing needs of our community, and I support this effort wholeheartedly.

Regards,

Timothy J. Leslie
Dakota County Sheriff

TJL/jle



April 9, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am David Busch, Vice President of Pharmacy Operations and have oversight of pharmacy practice across the HealthPartners organization, including Regions Hospital. I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions serves a unique role in the east metro as a safety-net, level 1 adult and pediatric trauma center, and burn center.

Each day Regions Hospital treats critically sick or injured patients who enter our Emergency Department and require further care in our hospital. The capacity of our hospital has been exceeded and the demand for hospital services by our patients has been maximized. Transferring patients to other hospitals is not in the best interest of our patients and their families.

Our Pharmacy team plays an important role in the care of our patients. As a safety-net hospital our out-patient pharmacy dispenses approximately 161,000 prescriptions on an annual basis. Our pharmacy will fill prescriptions for patients receiving service at Regions Hospital regardless of their ability to pay and patients will not leave without a prescription in hand. As an additive service to patients and the community, Regions hospital installed a medication take-back kiosk for patients to dispose of expired, unused and unwanted medications, including controlled substances. Controlled substance abuse has become a public health epidemic and Regions Hospital is providing a confidential, convenient and environmentally safe method to dispose of medications. This service will help to reduce controlled substances from being misused and abused or falling into the wrong hands. We are here to serve the community!

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

David L. Busch, RPh, MS
Vice President of Pharmacy Operations
Email: David.L.Busch@HealthPartners.com

HealthPartners Institute
8170 33rd Avenue South
Bloomington, MN 55425



HealthPartners[®] Institute

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Minneapolis, MN 55440-1309

April 3, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I have worked as an emergency physician at Regions Hospital since 1994. I am also the vice president and executive director of health professional education at the HealthPartners Institute. Annually, HealthPartners Institute trains more than 470 residents, 2,000 clinical students and provides continuing education to more than 19,000 participants. The Institute also provides state-of-the-art simulation training, and maintains on-site and online medical learning resources for the organization.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions hospital serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center. I often work on emergency department shifts where initial care and resuscitation is top notch, only to board patients for hours while waiting for a bed. This results in situations where we continue to see patients as they come in while simultaneously trying to care for patients as they wait. This results in running an emergency department and an intensive care unit at the same time often distressing families and burning out clinicians.

We are training a generation of clinicians that will care for the population of Minnesota. The best training occurs where the best care happens. Having residents train in overcrowded environments normalizes suboptimal care. Attached is an article that provides more information from an emergency department and medical education lens.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Felix Ankel, MD
Vice President, HealthPartners
Executive Director of Health Professional Education
HealthPartners Institute

Attachment: crowdingandresearch

Our mission is to improve health and well-being in partnership with our members, patients and community.



Published in final edited form as:

Acad Emerg Med. 2011 December ; 18(12): 1318–1323. doi:10.1111/j.1553-2712.2011.01233.x.

A Research Agenda to Assure Equity During Periods of Emergency Department Crowding

Ula Hwang, MD, MPH, Ellen J. Weber, MD, Lynne D. Richardson, MD, Vicki Sweet, RN, MSN, Knox Todd, MD, MPH, Gallane Abraham, MD, and Felix Ankel, MD

Department of Emergency Medicine (UH, LDR, GA), the Brookdale Department of Geriatrics and Palliative Medicine (UH), and the Department of Health Evidence and Policy (LDR), Mount Sinai School of Medicine, New York, NY; the Geriatric Research, Education and Clinical Center, James J. Peters VA Medical Center (UH), Bronx, NY; the Department of Emergency Medicine, University of California San Francisco (EJW), San Francisco, CA; Emergency Services & PreHospital Care, St. Jude Medical Center (VS), Fullerton, CA; the Department of Emergency Medicine, MD Anderson Cancer Center (KT), Houston, TX; and the Department of Emergency Medicine, University of Minnesota Medical School (FA), Minneapolis, MN

Abstract

The effect of emergency department (ED) crowding on equitable care is the least studied of the domains of quality as defined by the Institute of Medicine (IOM). Inequities in access and treatment throughout the health care system are well documented in all fields of medicine. While there is little evidence demonstrating that inequity is worsened by crowding, theory and evidence from social science disciplines, as well as known barriers to care for vulnerable populations, would suggest that crowding will worsen inequities.

To design successful interventions, however, it is important to first understand how crowding can result in disparities and base interventions on these mechanisms. A research agenda is proposed to understand mechanisms that may threaten equity during periods of crowding and design and test potential interventions that may ensure the equitable aspect of quality of care.

The effect of emergency department (ED) crowding on equitable care is the least studied of the six domains of quality defined by the Institute of Medicine (IOM). Inequities in access and treatment throughout the health care system are well documented in all fields of medicine; the 2003 Society for Academic Emergency Medicine (SAEM) consensus conference on disparities in emergency health care identified disparities in timing and intensity of ED therapies, treatment modalities, referral patterns, and hospitalization decisions.¹ While there are little data to suggest that inequity is worsened by crowding, theory and evidence from social science disciplines, as well as known barriers to care for vulnerable populations, would suggest that crowding will worsen inequities. To design successful interventions, it is important to first understand how crowding can result in disparities and base interventions on these mechanisms.

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Address for correspondence and reprints: Ula Hwang, MD, MPH; ula.hwang@mountsinai.org.

SAEM 2011 Equity Breakout participants: Gallane Abraham, Felix Ankel, Nicole DeLorio, Christopher Fee, Nicholas Genes, Ula Hwang, Daniel Lakoff, Melissa McCarthy, Drew Richardson, Cynthia Singh, Knox Todd, and Ellen Weber.

This manuscript represents a component of the 2011 *Academic Emergency Medicine* Consensus Conference entitled “Interventions to Assure Quality in the Crowded Emergency Department (ED)” held in Boston, MA.

The authors have no disclosures or conflicts of interest to report.

The concern about disparities in health care has traditionally focused on inequitable access to care, evaluation, and treatment as a result of race or ethnicity. However, it is conceivable that other demographic, personal, and disease factors may also result in disparities in ED care. This article presents an expanded definition of equity in emergency care, reviews the literature on disparities in emergency medicine (EM), considers hypotheses as to the mechanisms by which disparities could be worsened in crowded conditions, and suggests some interventions that might prevent this from happening. An equity research agenda was developed using expert consensus with iterative discussion and feedback prior to the conference and then refined at the 2011 *Academic Emergency Medicine (AEM)* consensus conference by participants. This conference focused on “Interventions to Assure Quality in the Crowded Emergency Department” for the six quality domains identified by the 2001 IOM report.²

BACKGROUND

What Is Equitable Care?

In the context of emergency care, we define equitable as the principle that all individuals have the same access to quality emergency treatment and receive the same standard of care regardless of race, age (children, elders), sex, ethnicity, income, insurance, geographic location, barriers to communication or mobility, or any other demographic detail. Other patients for whom bias can result in less than equitable care, such as those with mental illness, substance abusers (particularly “drug-seekers”), frequent ED visitors, undocumented visitors, and “very important persons” or “VIPs” are also among the vulnerable populations that may be affected by crowding.

What Does Inequity in Access Look Like?

When patients do not have the ability to obtain high-quality emergency care because they belong to a certain group or possess a specific characteristic, there is inequity. Lack of access may be due to scarcity of nearby facilities or delays in access to those facilities. Nationally, the number of existing EDs is dwindling; safety net EDs (those that “organize and deliver a significant level of health care and other related services to uninsured, Medicaid, and other vulnerable patients”³) and those EDs serving a higher share of the populations in poverty are at greatest risk of closing.⁴ In California, counties with more insured and more highly educated residents have a greater number of EDs per capita than those with less insured and less educated residents.⁵ Many individuals do not have access to trauma care within 1 hour of driving time. This inequity in access to trauma care particularly affects the poor and those living in rural areas.^{6,7} Trauma centers in areas with higher shares of minorities have a higher risk of trauma center closure.⁸ Injured elderly patients are less likely to receive care in a trauma center.⁹ Among individuals who had previously sought care for a fracture and then were told to follow up at a tertiary ED instead of a private physician or clinic, the vast majority were minorities or lacked insurance.¹⁰ Finally, the American Hospital Association reported in 2004 that crowding resulted in ED diversion and noted that in 1 year, 70% of urban hospitals and 74% of teaching hospitals diverted patients.^{11,12} These all illustrate inequity in access to timely ED care on national and local settings.

What Does Inequity in Treatment Look Like?

Evaluation and treatment disparities have been previously documented in emergency care, with treatment of pain the most widely studied. Minorities, elders, and women have been reported to receive delayed or less adequate pain control compared with others.^{13–20} Those with mental illness have also been shown to have a lower likelihood of receiving opioids.²¹ Although one study showed that male patients had lower odds (by 40%) of receiving

analgesia, a male physician treating a male patient increased the likelihood of receiving analgesia more than twofold.²² Other examples include the evaluation and care of chest pain, which has been shown to be less comprehensive for minorities, the uninsured, and women.^{23–26} Outcomes of trauma^{27,28} and care for pediatric patients in the ED^{29,30} have been shown to be worse for minorities, immigrants, and uninsured. Language barriers have been shown to result in more testing, with higher test charges and a longer length of stay.³¹ Those with language barriers experience less satisfaction with their medical encounters, less explanation, and less follow-up.³² Despite federal standards mandating culturally and linguistically appropriate services, the use of interpreters for those with language barriers remains low.^{33–35}

HOW WOULD CROWDING WORSEN CARE INEQUITY? EVIDENCE, MECHANISMS, AND AREAS FOR FURTHER RESEARCH

Evidence

ED closures are a major contributor to crowding by decreasing the supply of emergency care centers. We have already noted that the closure of EDs disproportionately disenfranchises minorities, immigrants, and the poor.⁸ The shrinking supply of EDs leads to crowding at other facilities, and more vulnerable populations are more likely to be disadvantaged.⁴ The left-without-being-seen rate (a marker of crowding) is higher for poorer EDs.³⁶ Nationally, admitted African American patients wait longer for inpatient beds than admitted white patients, which may be a result of their accessing more crowded hospitals.³⁷ These effects strongly suggest the need for policy interventions to support EDs in communities where there is a high level of uninsured or underinsured and to provide adequate health care coverage for them.

Within the ED, there are even fewer studies of how crowding effects care for disadvantaged and vulnerable populations. Pain care for elders with hip fracture is negatively affected by crowding, although this care was not compared with that of younger patients.³⁸ Preliminary evidence is also emerging of disparities in care during periods of ED boarding, when admitted patients wait in the ED for unavailable inpatient beds. Patients who are older or white, have Medicare insurance, and have serious medical illness board longer in the ED than younger patients.³⁹ Hospitals may consider it economically advantageous to keep admitted patients (both uninsured and insured) waiting in the ED for unavailable inpatient beds (a practice called boarding), while continuing to schedule elective surgeries. Another potential contributor to financial triage occurs when hospitals accept high-margin patients referred from other hospitals and clinics as direct admission transfers.⁴⁰ This allows such patients to leapfrog past the ED boarding patients waiting for inpatient beds. These create disparities between emergency patient admissions and those with illnesses that generate more lucrative physician and hospital reimbursements. However, even among admitted ED patients, differential care may exist. Waits for intensive care unit beds have been found to be different for whites and African Americans at the same hospital.³⁷

Mechanisms

Theoretically, there are reasons to believe that crowding contributes to inequity in emergency care. Understanding the mechanisms by which crowding might heighten disparities is the first step to designing interventions that could prevent this from happening. Van Ryn and Burke⁴¹ have characterized how physicians in general tend to differentially perceive white patients and African American patients and those of lower versus higher socioeconomic groups:

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Physicians' perceptions of patients were influenced by patients' socio-demographic characteristics. Physicians tended to perceive African-Americans and members of low and middle socioeconomic status (SES) groups more negatively on a number of dimensions than they did whites and upper SES patients. Patient race was associated with physicians' assessment of patient intelligence, feelings of affiliation toward the patient, and beliefs about patient's likelihood of risk behavior and adherence with medical advice; patient SES was associated with physicians' perceptions of patients' personality, abilities, behavioral tendencies and role demands.

In a later paper, van Ryn⁴² concluded there "is sufficient evidence for the hypothesis that provider behavior contributes to race/ethnicity disparities in care to warrant further study."

Chapter 4 in the 2003 IOM report "Unequal Treatment: Confronting Racial and Ethnic Bias in Health Care" also describes how bias may manifest itself in clinical encounters and goes further to describe how certain aspects of clinical situations promote these biases, namely, "time pressure, incomplete information, and high demand on attention and cognitive resources."⁴³ A 1960 paper by Miller⁴⁴ suggested that as information overload occurs, individuals adjust by an increase in errors, omissions, queuing (delaying), less precise reporting, and escape from the task. One might see how inherent and unconscious bias could result in some of these behaviors being more pronounced for some patients or that physician and nursing staff might be less likely to supply the additional effort needed to accurately evaluate and care for individuals with special needs, such as language barriers, the hard of hearing, or those with mental illness. Language interpretation services are often underutilized in EDs due to perceived time and labor working with professional interpreters.³² Use of professional interpreters in clinical settings, however, is believed to decrease language-related disparities in the quality and outcomes of care.⁴⁵ Perhaps crowding makes it more likely that physicians use unofficial interpreters (family members, other patients, untrained staff) or rely on their own often-overestimated second-language skills when caring for patients with limited English proficiency (LEP) to save time.

Groups other than LEP patients may also face communication barriers that may be exacerbated by crowding. Physicians may not obtain detailed histories when the patient is in cognitive decline. When overloaded, are physicians more likely to abbreviate their evaluation of a known substance abuser with a new pain complaint, assuming it is simply "drug-seeking" behavior? In crowded situations, patients with minor problems may be preferentially chosen over sicker patients because they are easier to deal with. Physicians may opt to care for patients who are likely to have a concrete problem with a straightforward disposition (e.g., fracture) compared with those that will involve longer history taking and evaluation (e.g., "weakness"). These considerations suggest that an understudied area in ED crowding is provider behavior in the setting of stress and overload, particularly with regard to how it might influence differential treatment based on bias, stigma, or simply extra work. This would in turn lead to interventions not only to decrease the effect of overload on providers, but also to guard against the differential effect on vulnerable populations.

Sociologic studies provide some insight to reasons for and interventions against treatment disparities due to cultural differences in care-seeking behavior. As an example, studies on cancer and mental illness suggest that ethnic Chinese are less likely to report pain or symptoms of depression.⁴⁶ During periods of crowding, physicians and nurses may be even less likely than usual to seek out complaints from stoic individuals who would otherwise not mention it and may not check back as frequently, relying instead on the patient to proactively request treatment. Another question is the role of empathy. Providers seeing patients in chronically crowded EDs may experience empathy fatigue. This erosion of empathy may disproportionately affect vulnerable population groups.^{47,48}

It is also possible that crowding leads to disparate treatment that improves care for vulnerable populations. Physicians may be more willing to discharge patients with primary physicians and good social support and insurance to obtain outpatient evaluations to decrease crowding in their departments, but do a more extensive workup for those who are likely to fall through the cracks in the outpatient setting. This could lead to earlier diagnosis, or more assured symptom control. The “VIP” syndrome is another example where those with greater advantages may actually receive worse care as they spend less time in the ED because of crowding. This may limit their opportunity to be evaluated for wide differential diagnoses for their complaints and may inadvertently delay care that could have been given in the ED.

THE RESEARCH AGENDA

We divide the recommendations into two parts: first, gaining better understanding of the issues, and second, testing potential interventions. All of the following proposed research recommendations can be studied at the macro and micro level, spanning the national, regional (e.g., state, geographic), local (e.g., interhospital), institution (e.g., intrahospital), and individual population levels (race/ethnicity, young versus elder, sex, mental health, etc.). Other crowding interventions proposed for the five other quality domains (i.e., safety, timeliness, efficiency, effectiveness, and patient-centeredness) can also evaluate equity using this framework.

IMPROVED UNDERSTANDING

1. Collect accurate, self-reported demographic data on race/ethnicity, sex, age, SES, and language preference. In 2011, the AMA Commission to End Health Care Disparities recommended strategies for collecting and using demographic data.⁴⁹
2. Encourage further study on the differential access to EDs as a result of race, ethnicity, SES, and location. This includes studies of differences in geographic access, capabilities of departments, waiting times for providers, and waiting times for admission to inpatient units.
3. Stratify quality measures that are already being collected by race, ethnicity, and language or other relevant characteristics of inequitable care. Adjusting for ED conditions that lead to poor quality care may reveal the effect of crowding on vulnerable subpopulations. Similarly, crowding studies should stratify outcomes (be it the harm of crowding or the benefit of an intervention to alleviate crowding) to look at differential effects on vulnerable populations.
4. Understand the potential mechanisms whereby disparities could be worsened during crowding is critical to designing appropriate interventions. Does bias or stigma become more prominent during periods of overload, stress, or chaos? If so, why, and how might this manifest in the ED setting? What provider behaviors are curtailed or altered during crowded conditions that might result in less or worse care for vulnerable populations? What patient characteristics might make them vulnerable to receiving disparate care (e.g., pain relief seeking behavior, mental illness, low literacy, LEP, etc.)
5. Use qualitative approaches (interviews, observation, focus groups) in addition to quantitative methods. Researchers from EM, geriatrics, psychology, sociology, anthropology, economics, psychiatry, and substance abuse treatment should be involved in this research.

INTERVENTIONS

Designing and testing interventions that would prevent disparities in care is the second major focus of this research agenda. The 2003 SAEM Consensus Conference suggested several strategies to address disparities, including the need for workforce diversity, educational programs in cultural competence in EM, increased use of evidence-based clinical guidelines, and monitoring of individual and institutional disparities in performance through quality improvement documentation.^{1,50} As the patient population increases in diversity and age, modifying clinical practice to accommodate cultural preferences of patients is necessary.⁵¹ All of these would be relevant to preventing disparities under conditions of crowding within a broader definition of vulnerable populations. Additionally, the effect of public policies regarding the funding of ED care and universal coverage must be addressed.

Understanding the mechanisms by which disparities could increase with crowding will undoubtedly lead to ideas for interventions that could be studied to prevent or remove inequitable care. Given the proposed mechanisms discussed above, the breakout session for the 2011 *AEM* consensus conference recommended a research agenda that would evaluate several different lines of approach:

1. Consider interventions that might prevent bias or stigma from affecting care during crowded conditions. Possible interventions that could be tested:
 - Cultural competency education and self-assessment. Use of simulation medicine to provide education with care-seeking behaviors of different cultures and age groups may improve providers' understanding of inherent biases.
 - Evidence-based guidelines and treatment pathways may allow for more standardized and uniform care.
 - Use of a "crowding time-out" (when the department is crowded) by ED clinical staff may allow for reflection on disparate clinical behavior and attitudes toward patients.
 - Physical modifications to the treatment environment to improve convenience of translation and hearing devices (e.g., ED gurneys equipped with hearing devices).
 - Community engagement to identify and ameliorate potential sources of disparate treatment and improve empathy; e.g., community dialogue, experiential education, and quality improvement projects that include community leaders as advisor.⁵²
2. Provision of additional resources to lessen provider "escape" behaviors that are associated with overload.
 - Limiting interruptions and prioritizing communications between ED staff.⁵³
 - Backup systems to increase the number of clinicians at busy times.
 - Ancillary providers (e.g., social work, volunteers, patient advocates) to assist in evaluation and follow-up arrangements.
3. Mitigate cultural and language differences.
 - Use of validated pain scales that are culturally sensitive.

- Provide information and encouragement to patients to seek attention in the ED.
 - Increase availability of translators—stationed in the ED, proactively identifying those needing translation.
 - Use of computer-based and telehealth translation services.
4. Target quality improvement interventions to specific subpopulations under conditions of crowding.

Finally, policy interventions are needed to prevent crowding from disproportionately affecting the access and wait times of vulnerable populations to emergency care. The health care reimbursement system disadvantages hospitals in poorer communities where more patients are self-pay, resulting in ED closures and crowding at surviving hospitals and longer travel distances to hospitals providing state-of-the-art care.

Suggested policy interventions for research include:

1. Increasing availability of drop-in and primary care clinics in under-served neighborhoods.
2. Regionalization and changes in ambulance destination policies for specific illnesses that bring patients to hospitals providing state-of-the-art care for trauma, stroke, or myocardial infarction, regardless of patient location, insurance, or age.

CONCLUSIONS

Despite crowding in EDs, quality and equity of care must be assured for all patients. We suggest mechanisms that might come into play when EDs are crowded that could threaten equitable care. A research agenda is proposed to understand these mechanisms and design and test potential hospital-based and public policy interventions that ensure the equity aspect of quality care, despite ED crowding.

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April 4, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the Chief Medical Officer at Regions Hospital. Every day I am acutely aware of the fact that we have patients trying to get beds in our hospital and we either need to turn them away or we need to make them wait. When we try to send them to other hospitals on the East Side, they frequently are unable to take them. As you know our mission is to serve all. We are increasingly struggling to do so when we do not have the beds to take care of them.

On another note: You may not know that we have been at the forefront of changing care related to pain and the opioid crisis. We have gone from zero to 16 pain providers in the last 8 years across the Twin Cities. These providers include addiction specialists and behavioral health pain specialists. We have decreased the opioids prescribed for back pain over 50% in our system. I personally have given over 50 talks on pain and opioids. Given our mission to serve all and to decrease the cost of care, we have been much more aggressive in this space.

I personally work for Regions because we are focused on best care for all and affordability. I certainly believe that it is in the state's best interest to support more beds at Regions Hospital.

Sincerely,



Bret C. Haake, MD

Treating pain without pills



Treating pain without pills

HealthPartners pain management program

Nearly one-third of Americans experience pain. Pain medication is the most commonly prescribed class of drugs in the United States. Opioids are sometimes needed for patients who've had major surgery, a serious injury, advanced cancer or are at the end of their lives. However, these medications don't always work as well as other approaches, should not be used for chronic pain and can lead to addiction and result in complications or even death.

Because of these risks, HealthPartners health plans, clinics and hospitals, and research institute have a variety of programs to provide more effective treatment for chronic pain while reducing the use of opioids.

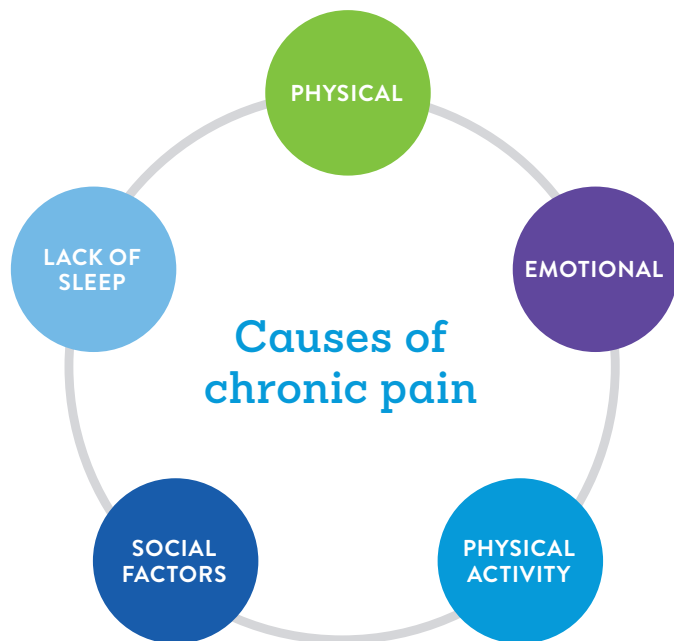
About this report

For more than 20 years, HealthPartners has been tracking progress on achieving its mission to improve health and well-being. We do this by establishing specific goals about every three to five years. Called Partners for Better Health Goals, they identify opportunities to improve health and well-being not just for individual patients, but for all of the people we serve. This report is one strategic initiative to improve health and well-being for our patients, members and community. Learn about other initiatives at [healthpartners.com](https://www.healthpartners.com).

Specialized pain clinics provide care that is more effective than opioids

HealthPartners has four clinics that offer a multidisciplinary, holistic approach to treating chronic pain. These clinics offer services in one location that address the multiple causes of pain: physical, emotional, lack of sleep, physical activity and social factors. The clinics also provide addiction services and psychiatry. This comprehensive approach addresses the fact that pain, mood and addiction are linked.

HealthPartners RiverWay Pain Clinic opened in July 2015 and has treated more than 1,100 patients. Patients have been able to taper off opioids while their pain levels decreased 50 percent (from 8 out of 10 to 4 out of 10).



OUR FOUR CLINICS THAT OFFER THIS APPROACH ARE:

HealthPartners RiverWay Pain Clinic – Coon Rapids

HealthPartners Neuroscience Center – St. Paul

TRIA Orthopaedic Center – Bloomington

Park Nicollet Pain Management Clinic – St. Louis Park



July 2015

HealthPartners RiverWay Pain Clinic



1,100

Patients treated



50%

decrease in pain levels

Reducing opioid prescriptions, misuse across our care system

In addition to reducing the amount of opioids prescribed by our clinicians, we are working to ensure that prescribed opioids are not misused.

In November 2016, our clinics and hospitals reduced the automatic setting in the electronic medical record for opioid medications. The setting is now 10 pills - half of the previous setting. This reduces the number of unused pills in the community that can be misused.

We use e-prescribing to prevent the ability to make copies and obtain fraudulent prescriptions for opioids. Minnesota was the first state to require electronic prescribing for controlled substances (EPCS).

In 2017, HealthPartners implemented EPCS across our care group. Today, 89 percent of our narcotics prescriptions are sent electronically to pharmacies.

Opioids have been commonly prescribed for back pain and dental procedures. We have implemented initiatives to reduce use and misuse in these areas.

HealthPartners model of care for back pain focuses on promoting activity, exercise and physical therapy rather than prescribing pain medication. Between 2009 and 2016, the number of patients who receive opioids after being diagnosed with chronic back pain decreased 51 percent (from 29 percent to about 15 percent).



10 pills

is the automatic setting in the electronic medical record for opioid medications - half of the previous setting.



51% decrease

in patients who receive opioids after being diagnosed with chronic back pain



e-prescribing

to prevent fraudulent prescriptions.



New guidelines

to limit prescriptions for opioids after root canals, wisdom teeth removal and other dental work.



89%

of narcotics prescribed across our care system are sent to pharmacies electronically.



3.4 million pills

Fewer opioid pills prescribed in a one year period

In 2016, HealthPartners dental clinics implemented new guidelines to limit prescriptions for opioids after root canals, wisdom teeth removal and other dental work that may require this type of pain medication. The new guideline reduced the average number of tablets prescribed from a week supply to four days while still effectively managing pain. This has reduced the number of opioid pills prescribed in a one year period by more than 91,500.

Reducing opioid use through our health plan

HealthPartners health plan has had checks in place since 2012 to prevent the overuse and misuse of opioids. These include:

PROGRAM TO PREVENT MULTIPLE PRESCRIPTIONS

Patients who receive multiple prescriptions from multiple providers may be limited to one doctor, one pharmacy and one emergency department for two or more years. This prevents the ability to get multiple prescriptions at the same time.

REVIEW HIGH-PRESCRIBING CLINICIANS

Clinicians who prescribe higher-than-normal levels of opioids are regularly reviewed to ensure medications are being prescribed appropriately.

LIMITS ON THE STRENGTH

Based on recommendations from the Centers for Disease Control and Prevention, HealthPartners limits coverage to opioids that have a morphine equivalent dose (MED) of 90 mg per day. MED is a tool to measure the potency of opioid medications. Higher doses require prior authorization and documentation of monitoring.

Results: Fewer opioids prescribed

HEALTHPARTNERS	REDUCTION IN PILLS
Medical clinics and hospitals	3,336,967 ¹
Dental clinics	91,578 ²
Care group total	3,428,545
Health plan	2,150,973³

1. Based on number of pills prescribed from August 2015–July 2016 compared to August 2016–July 2017

2. 2017 annualized rate compared to 2014

3. Based on number of pills filled from August 2015–July 2016 compared to August 2016–July 2017

Studying new approaches to chronic pain relief

We are exploring integrative therapies, such as yoga, to reduce pain. HealthPartners Institute researchers are analyzing feedback from patients who practiced yoga for 10 weeks to determine its effectiveness in relieving chronic pain.

April 9, 2018

Alisha Simon
Health Economic Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon:

My name is David Dries and I have served in various roles in surgical leadership at Regions Hospital since coming to Regions Hospital and HealthPartners from the University of Michigan in 1999. Currently, I serve as Division Head for Surgery and Chief of Surgery for the Hospital. My clinical practice includes Trauma, Critical Care, Burns, and Emergency non-Trauma procedures. I am also a Professor of Surgery at the University of Minnesota and enjoy the opportunity to teach residents as we care for our patient population. I am writing in support of our proposal for 100 additional in-patient bed licenses. As you are aware, Regions Hospital serves a unique role in the East Metro as a safety net, Level I Adult and Pediatric Trauma Center and Burn Center.

I receive daily updates regarding our bed utilization and overall patient census. One need that stands out is additional beds in Behavioral Health. Regions has devoted construction of an entire Behavioral Health facility to the needs of patients with these problems in the East Metropolitan area.

Why do I mention Behavioral Health? Unfortunately, patients with Behavioral Health issues commonly have other traumatic or surgical problems. Our inability to adequately accommodate these patients limits my ability to care for their other needs. For example, our behavioral health census, as I write this, is frequently in excess of 100%. Thus, this group of patients is housed in the Emergency Department limiting my ability to provide other care that these and our other patients need. Finally, I note that Regions Hospital has committed to use a significant number of new bed licenses to give us additional Behavioral Health capacity. This will have a positive ripple effect on other teams providing patient care in the East Metro.

For these reasons, I urge you to find the Regions Hospital proposal for 100 additional in-patient beds in the public interest.

Respectfully,



David J. Dries, MSE, MD
Chair, Department of Surgery
HealthPartners Medical Group

Professor of Surgery
John F. Perry, Jr. Chair of Trauma Surgery
University of Minnesota

DJD:sw

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am one of the internal medicine, pulmonary, and critical care physicians at Regions Hospital. I have had the pleasure of serving our St. Paul community over the past 21 years, first as a medical student and now as staff at Regions Hospital. I currently serve as the Department Chair of Critical Care Medicine, Director of the Medical Intensive Care Unit, and Section Head for Critical Care. It has been amazing! We continue to grow, our community population is living longer and with more severe illness than in the past.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as a safety-net hospital, a level 1 adult and pediatric trauma center, and a burn center with 5 intensive care units serving the sickest of the sick. We offer community programs for health and well-being as well as culturally sensitive palliative care through home health and hospice care. We are actively developing community based access to health care, public education, and housing for vulnerable patient populations upon inpatient discharge. And, even with this robust community outpatient network, there will always be patients who need hospitalization. As you know, these patients that now "qualify" for inpatient admission are much sicker than they were even ten years ago.

Regions Hospital is an essential resource in our community to partner with our community and their family, whether or not they have adequate insurance. We are literally running out of beds to care for these vulnerable, multicultural, highly diverse members in our community. Transferring patients away from Regions is not best care for patients or their families.

The capacity constraints directly affect our ability to keep our patients in this community where we have created these dynamic, effective, and essential community resources that can help support patients not only when they are well enough to be in their home, but also when they are so sick they need to be hospitalized. The success of these partnerships is based on trust that we have developed over decades. We want to keep our patients and families in their neighborhood and it is our duty to optimize resources to do so. I am happy to help in any way I can to make this possible. Our unique patient population will do best when they can count on Regions Hospital to make space for them in order to keep them connected to outpatient programs, support of their extended families and directly connected to the services with which they are familiar.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,



Kealy Rae Ham, MD
Department Chair of Critical Care Medicine- HealthPartners Medical Group
Section Head of Critical Care - Regions Hospital
Director of the Medical Intensive Care Unit - Regions Hospital
Assistant Professor - University of Minnesota Medical School
MS 11503F

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

April 3, 2018

Dear Ms. Simon,

My name is Kurt Isenberger. I am the Medical Director of Emergency Medicine at Regions Hospital. I have been a clinician at Regions Hospital for 17 years.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center. We also serve as the treatment facility for our community's most ill mental health patients.

Emergency Medicine is a specialty of preparation and readiness. Our team is constantly preparing for the next high acuity arrival. We do this through researching, acknowledging, and educating best practice in clinical and operational care of emergency patients. I am privileged to work in a team environment with tremendously skilled staff. We have several projects ongoing to reduce transfers, ED visits, and dependency on hospital beds. Examples are low risk chest pain protocol in our ED to avoid admissions, use of telemedicine in community hospitals to improve care locally, expanded use of partial hospitalization centers in mental health and innovative use of community paramedics for high risk readmissions. Unfortunately, despite our best efforts the demand for resources outstrips our ability to hospitalize our patients in a timely manner.

Once a decision to admit has been made for a patient if we have no capacity, our team calls other hospitals to see if they may have a bed available. What I find frequently is the surrounding East Metro hospitals either don't offer the specialized service needed or doesn't have capacity. We then spend consider amounts of time finding temporary spaces for patients in the Emergency Department, the Post-operative recovery area and sometimes even hallways in the Emergency Department. This process is formally called Boarding. Research has shown boarding is a public health crisis, places patients at high risk for adverse events, and interferes with ability to function properly in the event of a disaster.

Once we are out of capacity to see patients due to boarding we have no choice but to close to ambulance arrivals. Historically (2011-2014) Regions averages 18 events for a total of 31 hours per year (2011-2014); in 2017 we had 138 closure events totaling 242 hours (10 days!). This dramatic increase occurred despite escalation protocols to mitigate the events. My biggest fear is we will not have capacity in our Level 1 trauma center's emergency department when our community needs us the most. Please help keep our emergency department open to the community we serve.

For these reasons I urge you to find Regions proposal for 100 additional inpatient (general and mental health) beds in the public interest.

Sincerely,

Kurt Isenberger, MD
Department Head Emergency Medicine
Regions Hospital
St. Paul, MN 55101
Office: (651)254-3304
Email: kurt.m.isenberger@healthpartners.com

April 12, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Matt Layman and I am Medical Director of Perioperative Services at Regions Hospital. I am writing in support of Regions Hospital Proposal for 100 additional in-patient bed licenses.

In my role as Medical Director of Perioperative Services, I provide leadership and oversight of patients as they are cared for in the operating rooms at Regions Hospital. Access to the operating rooms and flow through the recovery room is critical to the patients' overall care and outcome. Regions Hospital is frequently at capacity and this inhibits patients' access to the next phase of care.

Regions hospital is critical in providing surgical and medical care needs to the east metro, western Wisconsin and the upper Midwest. Regions also provides care to our most vulnerable population (the mentally ill and the homeless) and is a valuable safety net for this portion of our community. With the hospital at near or over capacity, these patients and their needs wait in our emergency department for placement to a room or a surgical suite. Not only does this reduce the efficiency of their care, it increases the cost as well. More beds at Regions Hospital will allow quicker and more efficient placement of these patients and will ultimately bring improved care and reduced costs.

For these reasons, I urge you to consider Regions Hospital's proposal for 100 additional in-patient beds to be in the best interest of the public.

Sincerely,



Dr. Matthew D. Layman
Medical Director of Perioperative Services
Staff Anesthesiologist



Bojanov, K.G., MD¹
Buttermann, A.E., MD¹
Carr, R.J., MD¹
Castaneda, S.R., MD¹
Caucutt, G.N., MD¹
Cochrane, R.H., MD¹
Gorman, R.M., MD¹
Haller, G.S., MD^{1,2}
LaBerge, T.P., MD¹
Larson-Wadd, K.A., MD¹
Layman, M.D., MD¹
Lindsay, T.E., MD¹
Loushin, M.K., MD¹
Lozano, A.L., MD¹
Marvin, K.D., MD¹
Miranda, A.D., MD^{1,3,4}
Rohan, A., MD¹
Schantzen, J.J., MD¹
Schmitt, M.T., MD¹
Siliciano, D.K., MD¹
Stoehr, K.L., MD¹
Stuckey, M.W., MD^{1,5}
Swica, H.K., MD¹
Torbert, C.E., MD¹
Waller, S.P., MD¹
Wen, S.D., MD¹
Yochim, P.D., DO¹

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Michael Loushin, MD, an anesthesiologist at Regions Hospital. Our group of anesthesiologists provides anesthesia services and perioperative leadership at Regions Hospital.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions Hospital serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center.

Regions Hospital provides outstanding patient care by having dedicated people who work together to provide great patient experiences and outcomes. Regions has embraced the healthcare needs of the local communities and has grown to provide expanded health care access to patients and their families.

With the ongoing growth in healthcare requirements of the local communities, Regions Hospital needs to expand to continue providing the best care for their patients. Regions now routinely experiences capacity constraints that impact the ability to provide exceptional patient care and experience. For example, limited availability of hospital beds often lead to diverting patients away from Regions. For patients waiting in the emergency department, labor and delivery or post-surgery unit, limited hospital bed capacity can result in delayed admission to an inpatient hospital room resulting in delayed care.

With additional inpatient beds, Regions will be able to further provide exceptional health care to the local communities that they serve. For these reasons, I urge support for Regions Hospital's proposal for 100 additional inpatient beds.

Sincerely,

Michael Loushin, MD
President
Twin Cities Anesthesia Associates, PC

1. Diplomate, American Board of Anesthesiology
2. Diplomate, American Board of Internal Medicine
3. Diplomate, American Board of Family Practice
4. Board Certified in Critical Care
5. Board Certified in Pain Management



April 5, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions hospital serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center. It is also a major partner teaching site for training the next generations of clinicians for the state. Annually, HealthPartners Institute and Regions Hospital train more than 470 residents and 2,000 clinical students, many of whom are University of Minnesota students, residents and fellows.

In addition to being an important training site, Regions' provides unique services in the areas of trauma, burn, mental health, chemical health and as a safety net hospital for the east metro and care for all who come to them. Regions has been consistently running above 90% capacity over the past year and truly needs to bring bed licenses on board in order to meet current and future needs of the growing and aging east metro community.

Together, we are training generations of clinicians who will care for the population of Minnesota in the future. The best training occurs where the best care happens and these new bed licenses are critical to continue to care in the best environment for patients.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Macaran A. Baird, MD, MS

CEO of UMPHysicians

Professor of Family Medicine and Community Health

University of Minnesota Medical School



West Side

Community Health Services

153 Cesar Chavez Street, St. Paul, MN 55107 651.222.1816 www.westsidechs.org

An Equal Opportunity Employer

April 5, 2018

Alisha Simon

Health Economics Program, Minnesota Department of Health

P.O. Box 64882


St. Paul, MN 55164-0882

I am the Chief Clinical Officer for West Side Community Health Services (WSCHS). I began my professional career at Ramsey Hospital as a Family Medicine Resident in 1987. I came to work at WSCHS as a third-year resident in 1989. I have worked here since completing my training and have served as the Medical Director for almost twenty-five years. We have maintained a strong partnership with Regions Hospital for almost fifty years. They have served as our safety net hospital and specialty care partner which has enabled us to continue to serve the growing diverse communities of St. Paul. Regions Hospital has an outstanding community reputation for high quality care. Our providers have maintained very close working relationships with the Regions physicians' teams and rely on them for clinical support. Regions Hospital's role as a critical health care provider near the center of downtown has them uniquely positioned to continue serving all patients experiencing barriers to care.

I am writing this letter in support of Regions Hospital's proposed for a one-hundred additional in-patient bed license. I believe strongly that this expansion is essential for Regions to continue to meet the growing health care needs of our community. We are the largest Federally Qualified Health Centers in the state of Minnesota and view our ongoing relationship with Regions Hospital as critical to our ability to serve the needs of our patients.

I have personally had the opportunity to work directly with both physician care teams and Regions Hospital leadership teams. I have witnessed compassion, dedication, and a vision of positioning themselves to be successful in the future. This proposed expansion will support these goals. Our community health center has seen tremendous growth beginning as one site center serving three-thousand patients to a seventeen site network serving almost forty-thousand unique individuals. This growth is not sustainable without key partnerships like the one we have with Regions Hospital. For these reasons, I urge you to approve Regions request for one-hundred additional beds.

Respectfully Submitted,


Mary Nesvig, MD

La Clinica
153 Cesar Chavez Street
St. Paul, MN 55107
651.222.1816

East Side Family Clinic
895 East 7th Street
St. Paul, MN 55106
651.772.9757

McDonough Homes Clinic
1544 Timberlake Road
St. Paul, MN 55117
651.558.2191

West Side Dental Clinic
478 South Robert Street
St. Paul, MN 55107
651.602.7575

Helping Hand Dental Clinic
506 West 7th Street
St. Paul, MN 55102
651.224.7561

Health Care for the
Homeless/House Calls
438 Main Street
St. Paul, MN 55102
651.647.2364

Health Start
895 East 7th Street
St. Paul, MN 55106
651.772.9757





Regions Hospital®

Level I Adult & Level I Pediatric Trauma Center

Trauma Center Administration
Mail Stop: 11502V
640 Jackson Street
St. Paul, MN 55101
651-254-3136
651-254-1480 Fax
regionshospital.com

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the director of the Level I adult trauma center at Regions Hospital, and have been serving in that capacity for the past 25 years. I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses because of trends that I am seeing that may soon have an impact on our ability to provide top notch trauma care.

Regions is **the** trauma and burn center for the East Metro area, but also serves as a safety-net hospital for patients to our north and south. During my tenure, I've seen our trauma volumes slowly increase. We have actually reached a point where the number of patients we provide injury care for meets and often exceeds the number at HCMC, our counterpart across the river.

But Regions is not only a trauma hospital. We provide comprehensive medical and surgical care in a wide variety of specialties, and draw those patients from a larger geographic area. These patients are just as needful of care as the acutely injured, but more and more frequently, they must all compete for beds when they need admission to the hospital. This ultimately means that patients may have to "wait in line" for an inpatient bed, typically residing in the emergency department until one becomes available. During several months in the past year, Regions was very close to or even slightly over capacity due to these patients waiting in the ED.

As you can imagine, this is not an experience that provides optimal patient satisfaction. It is also stressful for the many health care professionals within Regions who strive to provide the absolute best care for their patients. Having additional beds available will relieve this congestion, and will allow us to focus on our patients' needs and not worry about how much "room at the inn" there is. For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Michael D. McGonigal MD
Trauma Medical Director
Director of Trauma Services
Regions Hospital



From: Cole, Peter A - RH Ortho
To: [Simon, Alisha \(MDH\)](#)
Cc: [Cole, Peter A - RH Ortho](#)
Subject: More beds for our the marginalized citizens-Please!
Date: Monday, April 2, 2018 11:20:49 AM
Attachments: [image005.png](#)

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the Division Medical Director for HealthPartners Orthopedics, and the Chairman of Orthopedic Surgery at Regions Hospital in Saint Paul. I am writing in strong support of Regions Hospital's proposal for 100 additional in-patient beds, and specifically for an exception to the "Moratorium Law" which limits the number of hospital beds available to our community.

I have worked at this hospital since 2002 when I was recruited to help build an Ortho Trauma Department for our Level I Center. Previous to that time, back to the Ramsey Hospital days, most of the victim-patients of accidents on our city streets, people with complex broken bones and fractures, had to bypass Regions Hospital or be sent out to Hennepin County Medical Center or North Memorial, because we just did not have that expertise. With the tremendous support of leadership, in collaboration with the University of Minnesota, we were able to recruit a great team for this work, which is now nationally recognized as a leader in patient care, education and research. Indeed, in the past fifteen years, I am proud to say that Saint Paul has a great resource for its citizens; but that has become a two-edged sword.

To say that this reputation, which parallels the great work in other medical and surgical divisions at Regions, has created a black hole for medical and surgical and behavioral pathology, is a major understatement. I decided to move to Minnesota in 2002 to lead this initiative for Orthopedics, because I loved the idea of building a program at a "Mission Hospital," indeed a Safety Net hospital for the community and beyond, to the adjoining states who do not have our services. The perspective of our leadership was simply to "take it on," the most difficult, the most complex, the downtrodden, under-represented, marginalized patients of our city, that no one else wants to take on, "Bring it on!" And the patients came, and they haven't stopped coming.....Please consider that we have experienced a 25% increase in census in the past five years; and that Medicare and Medicaid patients increased a lot (16 and 3 %) over the same time while our percentage of commercial payers dropped

by 3% according to our discharge data. We just cannot afford to shut down the growth of our hospital in the face of these facts in addition to the urban migration Saint Paul is now enjoying. The resource is necessary.

I am happy to say that our leadership, and physician community have led tremendous efforts to optimize stewardship of our resources, to enhance the utilization of every unit, from Emergency, to Operating Room, to Intensive Care units, to patient floors. We have nearly optimized, holding units, discharge planning, appropriate length of stays, to an inflection point which needs rescue. I am very proud of the work, collective effort, committee moxie, to solve the current problem of a nearly overwhelming census, but we must allow this bed exception to the law which is placing a moratorium on beds in a very capable hospital, to have an even greater influence for good on our community.

Regions Hospital is a Level I Pediatric Trauma Center and a Level I Adult Trauma Center, and a Mental Health and Chemical Dependency Hospital, and a Regional Burn Center and the only major teaching hospital in Saint Paul and Western Wisconsin, and the largest Charity Care hospital in the East Metro. We are bursting at the seams, running at nearly 100% census daily. Consider too, that we developed a nationally acclaimed model for the treatment of the elderly with fragility fractures, and that the elderly are the fastest growing age demographic with an expected 69% increase in the next thirty years.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.
Please don't hesitate to contact me if I can be of any further help toward this end.

Respectfully,

Peter A. Cole, MD



Peter A. Cole, MD, FAOA
Division Medical Director, HealthPartners Medical Group
Orthopaedics



Chair, Orthopaedic Department, Regions Hospital |
Professor, University of Minnesota |
Regions Hospital | 640 Jackson Street, Saint Paul, MN 55101
Phone: 651-254-3669 | Fax: 651-254-1519
peter.a.cole@healthpartners.com

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From: Quaday, Karen A
To: [Simon, Alisha \(MDH\)](#)
Cc: [McClellan, James M](#)
Subject: Letter to support licenses for Regions Hospital
Date: Friday, April 13, 2018 9:56:06 PM

Dear Ms. Simon,

My name is Dr. Karen Quaday. I am in my 30th year working as a physician at Regions Hospital in the Emergency Department. I have held many leadership positions including elected Chief of Staff. I truly believe Regions Hospital provides outstanding medical care. The people who work here are dedicated professionals. I want to encourage you to support the request for 100 additional licenses to help the healthcare professionals do their jobs. I am hoping to show through a personal story why Regions needs these beds, why our community must have these beds, and why our loved ones deserve these beds. Saying NO to additional licenses is simply inconceivable.

About 16 months ago, my mother collapsed in a cardiac arrest in front of me at a restaurant. My mother is quite healthy, lives independently and even still works a job at age 82. She takes only a thyroid pill every day. So this was quite unexpected. Fortunately, she regained a pulse and woke by the time the medics arrived. However, she lost her pulse several more times before she arrived at Regions Emergency Department. Each time, her heart stopped beating, her brain lacked oxygen and she passed out. The paramedics reportedly gave her multiple IV meds to restart her heart during that 15 minute ambulance ride! In fact, I was told the medics were quite "shaken" at her critical condition.

In the ER, she was seen immediately. Multiple tests were done. An external pacemaker was applied to her chest. The astute ER physicians recognized that not only was her heart a problem, but that she had a significant head injury from the fall. A head CT revealed multiple areas of bleeding in her brain. The Trauma surgeons and Neurosurgeons came to see her promptly. Everyone provided excellent care. The plan was to admit her to the hospital. She would need additional testing and a pacemaker inserted as soon as possible. We arrived in the ER at 7pm and by 10pm, the bed was requested and the inpatient orders pended as is standard practice.

Sadly, at this point, we knew there were no available inpatient beds. Other ER patients were already waiting for hospital beds. In addition, the waiting room had >20 patients who still needed to be seen and receive care. My mother and the others waiting for hospital beds were now taking up precious ER beds preventing those waiting room patients from receiving the care they needed and deserved. My mother was treated urgently based on her condition. Yet, despite her critical situation and my leadership position in the organization, she would have to wait in the ER. She was simply too unstable to transfer to another facility. She also had significant traumatic injuries that needed the expertise of a Level 1 Trauma Center. Last and in my mother's opinion, most importantly, all of her care has been at Regions and with HealthPartners. She simply had no interest in another hospital. So we waited in the ER. And we waited. So did those patients in the waiting room.

By 11am the next morning (16 hours after arrival and 13 hours after a bed was requested), we were still in the ER. Cardiology had not seen her yet nor scheduled that very important procedure to

insert a pacemaker. Yet she had not had any food because “everyone knew” she was going to have a procedure that day. She also had not had further testing in the ER because the inpatient orders are pended as is standard practice. ER’s are simply not designed to provide the same care as an inpatient unit. Essentially, all the physicians and nurses wanted to provide the best care but the system was simply overwhelmed. To put it bluntly, despite a serious life threat, a healthcare team dedicated to providing excellent care and a daughter who has some clout in the organization, my mother’s care was compromised solely because there were not enough beds in a Level 1 Trauma Center to care for her cardiac, traumatic and neurosurgical emergencies. Just think what that means!

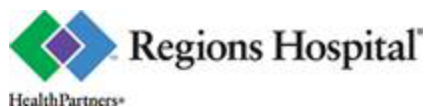
I’ll skip to the end. Thankfully, my mother is fully recovered, continues to work and lives independently. She got her pacemaker at 4:30 pm that day. My story has a happy ending and life is good.....for her.

My question to those who make the decision about additional licenses is simply this: if this was your loved one, how would you feel waiting in the ER? Better yet, imagine your loved one is in the waiting room and can’t be fully evaluated due to the backlog of patients still in the ER awaiting inpatient beds.

I still fully trust the excellent professionals at Regions Hospital. I know they are dedicated to providing the best and safest care possible. Filling up an ER with inpatients and making other patients wait hours is not a sustainable practice. Give the health care workers at Regions the space and ability to do their jobs. Let them fulfill their mission to provide outstanding medical care to our community. I respectfully ask that you approve the 100 bed license increase for Regions Hospital. Every patient deserves the best care possible.

Sincerely,

Karen A. Quaday, M.D.
Emergency Medicine
Hospice and Palliative Medicine
Regions Hospital
640 Jackson Street
St. Paul, MN 55101
651-254-5211



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Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Steve Stanfield and I am an emergency physician at Regions Hospital. I am writing in support of Regions Hospital's request for 100 additional inpatient bed licenses. I have had the honor of practicing as an emergency physician for the past twenty years. I joined Regions Hospital five years ago. What attracted me to Regions Hospital was the focus on providing the highest quality of care regardless of a patient's ability to pay.

Since joining Regions Hospital I have seen that commitment continue and am proud to be part of the Quality Department at Regions. I also serve as the Medical Director of Access and Flow. In the latter role, I am intimately familiar with the challenges of a growing hospital and an expanding patient volume. Since becoming Medical Director of Access and Flow, myself and my team have taken on the task of optimizing our inpatient capacity and have used multiple strategies to try and achieve this aim. The work in this area has made Regions Hospital one of the highest capacity hospitals in the country in terms of percent occupancy. Most urban hospitals of similar size operate at a capacity of around 64% occupancy.

In addition to efficiency of bed utilization, Regions Hospital has continued its commitment to quality and patient safety. Multiple studies show that higher census levels correlate with higher numbers of adverse safety events. This past year, we beat this national trend. Regions actually had a decline in safety events despite very high capacity. This is a monumental achievement and underscores our commitment to providing the highest quality care for our community.

However, as we continue to experience increasing demand, we are not able to accommodate additional requests for admission. Frequently, we are turning away admission requests from hospitals right here in Saint Paul. Regions Hospital provides specialty services for our community that are not available at other area hospitals. Our request for additional bed licenses is not a request for "what is best for Regions Hospital" but rather "what is best for our community".

Please help us continue our commitment to providing much needed services for our community. We have been outstanding stewards in terms of cost of care, in terms of bed utilization and in terms of providing the highest quality of care. In addition, we provide more charity care than any other hospital in Saint Paul. A vote for more bed licenses is a vote for our community.

Sincerely,

Steve Stanfield, MD
Department of Emergency Medicine
Medical Director of Access and Flow
Regions Hospital
St. Paul, MN 55101
Office (651)254-5092
Email: stephen.c.stanfield@healthpartners.com

Greetings,

Who I am

ED physician

Medical Director of Access and Flow

Challenge of the legislature is to control the moratorium. There has been quite a bit of discussion that granting an expansion of this moratorium would benefit regions hospital alone. I would submit that the beneficiary of this expansion would be the citizens of St. Paul. As medical director of access and flow, I have been in the unique position of watching and planning for the rapid expansion of patient volumes at Regions hospital. In this role, I have helped to spearhead many efforts to keep regions running at an extremely high occupancy. Most hospitals in the US operate at roughly a 65-67% occupancy rate while Regions has worked exhaustively to increase our ability to care for patient in a limited setting. We currently have a daily occupancy rate of 92-94% on any given day and even higher for our mental health hospital.

We have developed surge protocols that include boarding admitted patients in hallways and post operative recovery areas, worked with other hospitals in the area to dis tribute mental health patients to all facilities when we all face full occupancy. We are currently at 100% of our bed licenses and as of this morning we had a 98 % occupancy rate. We have no extra capacity to surge. We do not have the ability to care for that next trauma patient that one of the other st paul hospitals would like to divert to us. We are the only level one trauma center in st paul and as such, must be able to stay one step ahead of potential traumatic events. Our ability to respond to a mass casualty event has been significantly limited by our occupancy constraints.

Regions' mission is to serve the health care needs of our community now and far into the future.

March 29, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Sunny Kaul, M.D. I am a cardiologist, and have worked at Regions Hospital for over nine years.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the East Metro as a safety-net hospital, level 1 adult and pediatric trauma center, and burn center.

It gives me great professional and personal satisfaction to work at an institution that provides high-quality care to such a vast number and cross section of Minnesotans, irrespective of race, religion, income, or nationality. As part of our work, we also train large numbers of future doctors and other healthcare professionals every year.

For several years now, the demand for healthcare has exceeded the capacity of our institution because of a shortage of inpatient beds. As I am sure you understand, patients with heart issues often need urgent or emergent care, and a delay of minutes or hours can make a big difference to their lives. Despite our efforts to work as hard and as efficiently as possible, it is often challenging to do our best for every Minnesotan who seeks our attention, because we are constrained by physical capacity.

For these reasons, I urge you to find Regions' proposal for 100 additional inpatient beds to be in the public interest.

Sincerely,



Sunny Kaul, M.D.
Division Head, Medical Specialties, Regions Hospital
Assistant Professor of Medicine, University of Minnesota Medical School

Regions Hospital
640 Jackson Street
St. Paul, MN 55101
regionshospital.com



April 12, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the Chief of Staff at Regions Hospital and the Chair of the Radiology Department at Regions Hospital. In addition, I am a Vice President of Saint Paul Radiology which provides radiology services in 20 hospitals and 63 clinics in the Twin Cities and surrounding areas. Minnesota has long been recognized for the outstanding medical care provided by our hospitals, clinics and physicians. The ability for patients to choose their hospital has been a key factor in increasing competition and the quality of care provided to our residents. The three hospitals in St. Paul all play a vital role in providing care and furthering the health of our community. For this reason, I believe it is in the best interest of our community to support Regions Hospital's request for additional bed licenses as Regions plays a unique role in our community as a level one trauma center and safety net hospital.

I work regularly as a physician at Regions Hospital in the Radiology Department. Regions is bursting at the seams and, since all of the available bed licenses have been used, there is no way to accommodate any increased demand for services. As our population grows and ages, we cannot accommodate the needs of the community without additional beds. There are many days where the hospital is at full capacity. Patients ask the ambulance driver to take them to Regions because they have established relationships with the hospital and the doctors who work at Regions. If the hospital is full, the emergency room is placed on divert and ambulances are required to be sent elsewhere. I believe that patients should have the right to be able to choose the hospital where they receive care and, because Regions is at capacity and cannot expand, patients are being denied that choice. In addition, the continuity of their health care is interrupted as they are forced to go elsewhere.

As a member of the medical staff at Regions, I see patients waiting in the emergency room every day after the decision has been made that they need to be admitted for inpatient care. They are waiting in the emergency room because the hospital is full and there is no capacity. If we had additional beds, these patients could move to the floor quickly and begin to heal.

Additional bed capacity at Regions is important and, as our population grows and ages, all of the hospitals in the metropolitan area will need to grow to accommodate the increase in patients. Regions needs additional beds in order to fulfill their important role as a level one trauma center and safety net hospital in the East Metro.

Sincerely,

Susan M. Bagnoli Truman, MD
Chief of Staff Regions Hospital
Medical Director Radiology Regions Hospital
Vice President, Saint Paul Radiology

Our mission is to improve health and well-being in partnership with our members, patients and community.

April 27, 2018

Ms. Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, Minnesota 55164-0882

Re: Regions Hospital - Expansion Request

Ms. Simon:

Emergency Physicians Professional Association ("EPPA") supports Regions Hospital's proposal to expand capacity for emergency medicine in the Twin Cities. In particular, we appreciate the hospital's efforts to add facilities for acute mental health, addiction, and psychiatric disorders.

For fifty years, EPPA has been part of Minnesota's emergency medicine community. We are fortunate to serve patients in collaboration with multiple health systems, including Allina Health, CentraCare Health, Fairview Health Services, and Park Nicollet's Methodist Hospital. EPPA also operates acute-care clinics called The Urgency Room. On every shift, our team members confront the challenges associated with limited capacity. When patient needs exceed available resources, the broader provider community comes together to find facilities with immediate availability. We believe that increased capacity at Regions Hospital will benefit patients and providers throughout the Twin Cities.

Thank you for your consideration.

Sincerely,



Robert Thomas, MD
President & Chief Executive Officer

April 2, 2018

Alisha Simon, Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon:

On behalf of Fairview Health Services, thank you for the opportunity to provide feedback on the request by HealthPartners to add 100 licensed beds at Regions Hospital.

As one of the state's largest and most comprehensive nonprofit health systems, Fairview owns and operates 11 hospitals and medical centers throughout the state, including St. Joseph's Hospital in downtown St. Paul, which holds the distinction as Minnesota's oldest hospital.

Since 1853, St. Joseph's has continually evolved to meet current and pressing community health needs. Just last year, in response to community need, St. Joseph's expanded its mental health services to offer 105 much needed inpatient mental health/chemical dependency beds, including the state's only inpatient addiction program licensed to care for pregnant women. This newly expanded program is a key community asset in addressing the opioid crisis and other pressing mental health needs.

Another unique aspect of St. Joseph's is that it trains eight physicians each year as a member of the University of Minnesota's Family Medicine and Community Health residency program. This critical program helps address the shortage of primary care providers in our state.

We are concerned that this expansive moratorium request, if granted, could jeopardize these much needed programs and services and have other negative consequences. Our concerns include:

- Long-term, we are concerned that this request would put at risk the financial viability of the other St. Paul and surrounding area hospitals. The expansive Regions proposal would likely result in consumers with HealthPartners insurance being steered to Regions. This would be at the expense of St. Joseph's and other area hospitals, including St. John's in Maplewood, Woodwinds in Woodbury and Fairview Ridges Hospital in Burnsville.

If our other area hospitals are significantly impacted, it would put at risk Fairview's ability to continue to fund the important programs described above and many others. These programs are much needed to address the opioid crisis, the state's ongoing mental health needs and the shortage of primary care providers.

- The steering of individuals with HealthPartners insurance to Regions also would restrict consumer choice for where to receive services. We are seeing demand grow in our suburban settings and we aim to provide options—both urban and suburban—for patients to receive care. If steering were to occur, it would inconvenience patients and hurt community hospitals at the benefit of Regions and HealthPartners.
- We also are concerned that this creates unneeded overall inpatient bed capacity in St. Paul without meeting the most critical need for mental health services. Downtown St. Paul has sufficient licensed beds in place to meet community needs—with the glaring exception of mental health—and this proposal does not adequately address that need. Mental health needs continue to be the primary driver in hospital access issues in downtown St. Paul.
- Both the scope and extended timeline of the request also are concerning. To justify such a large request, Regions projects patient needs out to 2050—far longer than the 5 to 10 years that is more typical in our industry. The Regions proposal does not consider factors like government policy changes, medical and technological advancements, the economy and changes in disease states—all crucial factors that may very well decrease the need for hospital beds and change the way health systems operate.

As the Minnesota Department of Health conducts its review to determine whether the Regions plan is in the public interest, we hope you will take these issues into consideration.

Sincerely,



Laura Reed, RN, DNP
President, Acute Care Hospitals
Fairview Health Services

From: Fruitrail, Cindy J
To: [Simon, Alisha \(MDH\)](#)
Cc: [Edwards, Mary C](#); [Swanholm, John \(HealthEast\)](#); [Correia, Kathryn](#)
Subject: Regions: Comment from Fairview
Date: Friday, February 23, 2018 9:59:32 AM

Good morning, Alisha.

On behalf of Fairview Health Services, I am submitting the following comment to Regions Hospital Proposal to Increase Licensed Beds. Thank you for the opportunity to provide our perspective.

“We recognize that the public interest review of the Regions request for 100 new bed licenses presents the legislature with the challenge of balancing the needs of the State of Minnesota with the needs of one hospital. It’s a particularly challenging decision given the scope of the request--the largest request ever made to the State for additional beds to our knowledge.

Another challenging element of this proposal is that Regions projects patient needs out to 2050—a much longer timeframe than typically used for health system planning practices. The challenges presented by the scope and timeframe of this request are only compounded when one considers how rapidly health care is evolving and that more care is moving from inpatient to outpatient settings. Weighing these kinds of issues is exactly why the public interest review and legislative process was established. We respect the process and the State’s role in carrying it out.”

Cindy Fruitrail | Vice President of Brands, Marketing and Corporate Communications

Fairview Health Services

2450 Riverside Ave. | Minneapolis, MN 55454

cfruitr1@fairview.org | Fairview.org

Office: 612-672-2792 | Cell: 612-384-8723

Connect with Fairview Health Services on [social media](#).

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March 6, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Avenue West
Minneapolis Senate Bldg., Room 3109
St. Paul, MN 55155

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
St. Paul, MN 55155

Dear Chairs Benson and Schomacker:

We are writing in support of the legislation submitted to expand the number of licensed hospital beds at Regions Hospital, a full-service private nonprofit hospital within the Health Partners organization.

Regions Hospital is committed to the health of our community; patients benefit from an expert team of medical professionals located within St. Paul providing a comprehensive range of services known to be exceptional. In the east metro, Regions is the only burn center and level one adult/pediatric Trauma center. Gillette collaborates with Regions in many ways to assure coordinated care for pediatric trauma patients and vulnerable adults served by Gillette well beyond childhood. In addition, they are a safety net hospital and an important provider in chemical and mental health services.

The pressures we face in health care are great and ever mounting. Regions will reach 100% of its available licenses in early 2018. More beds will allow Regions to better coordinate patient care and meet increasing demands. Gillette supports the proactive planning of Regions to assure community needs can be met in the future.

We are committed to being a trusted partner to the State of Minnesota and a good steward of its health care resources. We know that Regions joins us in that commitment.

Thank you for your support.

Sincerely,

Barbara Joers
CEO and President, Gillette Children's Specialty Healthcare

Clinic locations:

Brainerd Lakes
Burnsville
Duluth
Mankato
Maple Grove
Minnetonka
Phalen

St. Paul
Willmar



March 16, 2018

Stefan Gildemeister
Director of Health Economics Program
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

Re: Response to the HealthPartners Proposal to add 100 licensed beds at Regions Hospital.

Dear Mr. Gildemeister,

Thank you for your letter regarding the recent request from HealthPartners to add 100 licensed beds at Regions Hospital in St. Paul, Minnesota. As you noted, the proposed increase is expected to be phased in over the next 20 years and include 60 medical/surgical beds, 20 mental health beds, and 20 obstetrics beds. As the state's largest safety-net health care system and Medicaid provider, Hennepin Healthcare in general supports increasing hospital bed capacity in Minnesota if in the public review process and analysis, the Department finds the following conditions are met:

- The beds satisfy or meet an identified unmet community need, like improving capacity to ensure treatment for mental health, addiction, and psychiatric disorders in the Twin Cities metropolitan area;
- No new gaps in the capacity of the health care system are created by this request or any other unintended consequences that will impose unsustainable burdens on surrounding provider systems that will result in unmet community needs; and
- The proposal as written, if approved, does not circumvent the existing moratorium process under state law.

Again, thank you for your request. If you have further questions regarding our response and comments, please do not hesitate to ask. We appreciate your time and effort in following through on the state's public interest review process.

Sincerely,



Jon L. Pryor, MD, MBA
Chief Executive Officer

Cc: Alisha Simons, MDH
Andrea Walsh, Regions Hospital

ADMINISTRATION
701 Park Avenue
Minneapolis, MN 55415-1829

Tel: 612-873-3000

hennepinhealthcare.org
An Equal Opportunity Employer



April 9, 2018

Stefan Gildemeister
Director of Health Economics Program
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

Dear Mr. Gildemeister,

I am writing to request that the Department complete its review process and analysis regarding the impact of HealthPartners' request to add 100 beds at Regions Hospital over the next 32 years. As we provided in our comment letter to the Department, we are not in opposition to the efforts, as stated, but cannot move forward with the process without the Department's analysis as provided for under state law.

Therefore, we strongly urge the Department to complete its analysis as soon as possible so we can fairly honor our community partnerships and have an open and full public review at the legislature. If for whatever reason, the Department cannot complete its analysis, then it should quickly provide for a preliminary recommendation to the legislature in order to allow lawmakers the opportunity to move forward through the legislative process, as intended by state law.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Jon L. Pryor".

Jon L. Pryor, MD, MBA
Chief Executive Officer

cc: Andrea Walsh

April 5, 2018



Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am pleased to write this letter of support for the proposal to add 100 inpatient beds at Regions Hospital to better serve the immense needs of the community.

I am the current chair of the Hmong Healthcare Professionals Coalition (HHPC), which was founded in 1995 and has grown to become a central health resource for Minnesota's Hmong community. Our members and volunteers conduct regular screening and research, educate community members on preventative healthcare, develop best practices, and provide leadership to other health organizations.

Currently, our organization is working with Regions Hospital's Stroke Center on their Hmong Community Stroke Education and Awareness Initiative and Hmong Stroke Education Translation Project to better understand the community's perception of stroke and to provide education on prevention and care.

Regions Hospital's Birth Center has also reached out to us in the past to start a conversation regarding the provision of culturally sensitive care to Hmong families as they strive to create a more comfortable birthing experience for the diverse families served throughout the metro area.

Our coalition continues to be impressed by the dedication and diligence by Regions Hospital as a whole to provide culturally sensitive care to their Hmong patients at the hospital and in the community.

For these reasons I urge you to find the Regions' proposal for 100 additional inpatient beds in the public interest, and ask for your support in making this possible. Thank you!

Sincerely,

Tou Thai Lee, MPH
HHPC Chair
Hmong Healthcare Professionals Coalition

Alisha Simon
Health Economics Program
Minnesota Department of Health
P. O. Box 64882
St. Paul, MN 55264-0882

Dear Ms. Simon,

My name is Jane VanDyke and I live in rural Amery, WI. I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license.

My husband suffered a minor stroke 3 years ago and after an initial stay at the Amery Hospital, was referred for further services to Regions because our rural hospital is simply not equipped of provide the level of care my husband needed. He successfully underwent open heart surgery at Regions Hospital.

From the moment we entered Regions, we were treated with care and respect. I am in no doubt that he received the best medical care available anywhere.

As our population ages here in rural WI, we will be relying more and more heavily on the services Regions Hospital provides for us. An addition of 100 inpatient beds will go a long way in meeting that growing demand. I hope you will seriously consider this proposal.

Respectfully,



Jane VanDyke
1068 110th St.
Amery, WI 54001

April 4, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

April 3, 2018

Dear Ms. Simon,

I am a patient/member of Health Partners, living in Western Wisconsin.

I am writing in support of Regions Hospital' proposal for 100 additional inpatient bed license.

It has been my good fortune to be served by Regions Hospital through it's affiliation with the Amery Hospital and Clinic.

In 2015 I suffered a mild stroke, and was given an angiogram, followed by open heart surgery (5 By-passes) at Regions Hospital. I haven't enough superlatives to describe the personal and professional care I received.

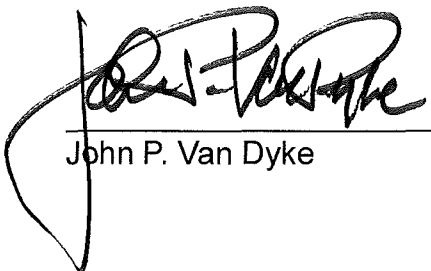
And I have since received other services, such as orthopedic consultation for back problems, all with the same level of excellence.

Finally, just today I visited my cardiologist, Dr. Steven Riendl, who serves not only Regions, but our local Amery Hospital and Clinic.

The Health Partners System reaches into Western Wisconsin to provide vital care, beyond the Metropolitan Area and I have many friends and neighbors who have received excellent services from this institution.

I urge you to find Regions' proposal for 100 additional beds in the public interest.

Sincerely,



John P. Van Dyke



April 12, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am writing to express full support of Regions Hospital's proposal for 100 additional inpatient bed licenses. As a former Regions board member I am intimately familiar with the vital role the hospital plays in not only the health care infrastructure of our state but the broader community of Saint Paul and the greater east metro.

As a level 1 trauma center, burn center, and a safety-net hospital, Regions stands ready to provide outstanding care to individuals with the most grave and complicated medical conditions and injuries regardless of the individuals' ability to pay. Regions is one of the largest charity care providers in the state. It is a major provider of critical mental health services for our community, as well as offering a full range of specialty services that bring people from all over the world to seek care in Saint Paul.

Beyond the great medical care, Regions is a force for good in the community beyond the walls of the hospital. Regions provides economic empowerment through multiple initiatives to expose traditionally underrepresented populations to the wide variety of career pathways in the health care setting. Through initiatives like the Central Corridor Anchor Partnership, Regions works with other major institutions in the community to increase local purchasing and strengthen the local economy beyond the health care sector.

Regions supports great community building events like the Annual Rondo Days Festival and the soon-to-be constructed Rondo Commemorative Plaza, and does community outreach around health, injury prevention, and safety across the east metro. For all of these examples and the many others not mentioned here, I urge you to find Regions' proposal for 100 additional beds in the public interest.

Sincerely,

Marvin Roger Anderson

Marvin Roger Anderson
Co-Founder Rondo Days Festival
Project Director Rondo Commemorative Plaza

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Meagan O'Brien and I'm a biology and biomedical science teacher at Washington Technology Magnet in St. Paul. I primarily teach 10th and 11th grade students who are actively beginning to prepare for their life beyond high school. Starting in 9th grade students begin preparing for health care related careers. Those who finish the program will graduate with a background in cell and general biology, genomics, anatomy and physiology, and microbiology. For several years Regions has offered our students the opportunity to get hands-on experience with many biomedical careers while listening to the stories of Regions staff who have been in my students' shoes before.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center.


Regions Hospital is just a couple of miles from Washington. Many of my students live near Regions and have been or known people who have been patients. They've give my students the incredible opportunity to imagine themselves working there in just a few short years. In a school with more than 90% of students qualifying for free & reduced lunch, 96% students of color, and almost half are English Language Learners, many of my students are vulnerable and don't always know the vast career options that are available to them. Regions has helped us address that gap by warmly welcoming us and investing in our students' futures.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

A handwritten signature in black ink that reads "Meagan O'Brien". The signature is fluid and cursive, with the first name "Meagan" being larger and more prominent than the last name "O'Brien".

Meagan O'Brien
Biology & Biomedical Science Teacher

Minnesota Chapter
 American College of
Emergency Physicians®

**CHAPTER MAILING
ADDRESS**

6 Greenhaven Bay, #289
Faribault, MN 55021

Ph: 507-384-3164
Fax: 507.384-3133

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EXECUTIVE DIRECTOR

Shari Augustin

February 1, 2018

The Honorable Senator Michelle Benson, Chair
Senate Health and Human Services Policy and Finance Committee
Minnesota Senate Building, Room 3109
Saint Paul, MN 55155

The Honorable Representative Joe Schomacker, Chair
House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Chairs Benson and Schomacker:

On behalf of the Minnesota Chapter of the American College of Emergency Physicians (MNACEP) we are writing to you in support of your legislation to grant Regions Hospital an exemption to the hospital moratorium law in order to add 100 bed licenses.

ACEP is the oldest and largest national medical specialty organization representing physicians who practice emergency medicine. With more than 32,000 members, ACEP is the leading continuing education source for emergency physicians and the primary information resource on developments in the specialty.

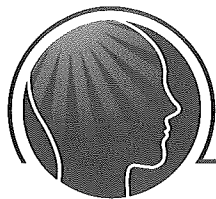
This legislation is vital to improving emergency care in the state because Regions Hospital is the east metro's only Level 1 Adult and Pediatric Trauma and Burn Center, as well as the leading provider of comprehensive mental and chemical health services in the east metro. It is also a safety net hospital and the largest charity care provider in the east metro. Additionally, Regions is one of the largest private teaching hospitals in the state---partnering with the University of Minnesota to train more than 500 resident physicians each year.

Thank you for authoring this legislation and supporting the critical needs of the patients who are seen at Regions' emergency department.

Best Regards,



Andrew Zinkel, MD, MBA
President, MNACEP



M I N N E S O T A

Brain Injury Alliance

Engaging Communities. Improving Lives.

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

The Minnesota Brain Injury Alliance is the only statewide nonprofit dedicated to enhancing the quality of life for Minnesotans affected by brain injury. We are writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a vital role as the only level 1 adult and pediatric trauma center in the east metro and we understand they need to grow in order to continue to meet the needs of the communities we both serve.

Our goal is to work towards a world where all avoidable brain injuries are prevented, all non-preventable brain injuries are minimized, and all individuals who have experienced brain injury can maximize their quality of life. We know Regions Hospital shares those goals. Regions has a very active injury prevention program that focuses on outreach and education to reduce the incidents of all forms of traumatic injury. But we know when such injuries occur Regions is there to provide lifesaving care and world class rehabilitation services when necessary.

For these reasons we urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,


David King
Chief Executive Officer



March 2, 2018

The Honorable Michelle Benson, Chair
Senate Health and Human Services Policy and Finance Committee
Minnesota Senate Building, Room 3109
Saint Paul, MN 55155

The Honorable Joe Schomacker
House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Chairs Benson and Schomacker,

We are writing to you in support of your legislation to grant Regions Hospital an exemption to the hospital moratorium law in order to add 100 bed licenses.

The Minnesota Coalition Against Sexual Assault is involved with a network of support systems across Minnesota for sexual violence survivors and awareness. Through this, we are able to connect educative and preventative efforts with real-time responses to sexual violence, promoting a culture both understanding, and just, around sexual assault.

This network includes the Regions Hospital SANE Program. Within this program, nurses specially trained to care for patients following a sexual assault partner with advocacy and provide support and medical forensic exams for survivors in the Twin Cities, playing an essential role in the recovery and justice process.

This legislation is critical to our continued support of sexual violence survivors. These additional beds will provide the opportunity for traumatized and vulnerable patients to be seen more timely because the Emergency Department will not be boarding inpatients who are waiting for beds to open up upstairs. An additional 100 bed licenses will help ensure that Regions Hospital is doing the best it can to support the survivors of these crimes.

Thank you for authoring this legislation and supporting the needs of patients.

Best Regards,

A handwritten signature in blue ink, appearing to read "Teri Walker McLaughlin", is written over a light blue circular stamp.

Teri Walker McLaughlin
Executive Director

161 St. Anthony Avenue
Suite 1001
St. Paul, MN 55103

Phone: 651.209.9993
Fax: 651.209.0899
Email: info@mncasa.org

From: Connelly, Steven M. (MD)
To: [Simon, Alisha \(MDH\)](#)
Subject: Regarding Regions Hospital Bed Request
Date: Monday, April 2, 2018 12:09:06 PM

Good Morning

I have reviewed the submission request and other data. From the perspective of Park Nicollet Health Services, we are supportive of the request and do not feel the request will be detrimental to our or any other health care organization.

Steven M Connelly, MD
President Park Nicollet Health Services

Sent from my iPad

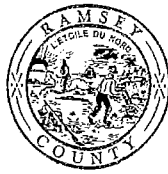
Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Rachel Herring. I work as an instructor in the Translation and Interpreting program at Century College, and am familiar with Regions Hospital's work because of their support of our program and through working with them as a consultant on interpreter training initiatives. I believe that Regions is strongly committed to improving health outcomes for individuals in our community who have limited English proficiency. They continually work to improve the quality of the language interpretation services that are provided to patients in their facility, and are engaged with the community in a number of ways. I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license, as this will support their ongoing efforts to provide high quality care and equal access to such care to all members of our community.

Sincerely,

Rachel Herring
Rachel.Herring@century.edu



JIM McDONOUGH
Chair
Board of Ramsey County Commissioners

Joann Ellis, Assistant
TEL. (651) 266-8357

220 Courthouse
15 West Kellogg Boulevard
Saint Paul, Minnesota 55102
TEL. (651) 266-8350

March 13, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Avenue West
Minnesota Senate Bldg., Room 3109
Saint Paul, MN 55155

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

Dear Senator Benson and Representative Schomacker:

I am writing on behalf of Ramsey County to express our enthusiastic support for your legislation to add 100 bed licenses to Regions Hospital so that they can serve a growing and aging patient population.

Ramsey County has a unique perspective on Regions' growth as the hospital was formerly county owned. Regions has provided excellent stewardship of the hospital and dedication to its mission as the safety net for the east metro as the largest provider of uncompensated care - \$17 million dollars in 2016. Our public private partnership is unique in that Ramsey County does not contribute funding for charity care provided by Regions.

Regions provides county residents the only Level 1 Adult and Pediatric Trauma Center and Burn Unit and also pays for a Ramsey County staff employee to assist patients in Medical Assistance enrollment. When the state ended coverage for the General Assistance Medical Care program, Regions was the only east metro hospital to care for this population as a part of the Coordinated Care Delivery System Program.

Senator Benson and Representative Schomacker

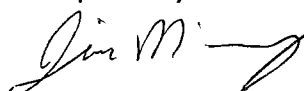
March 13, 2018

Page 2

Regions is also an important partner in providing workforce development opportunities – a key priority for the county. Regions is a Right Track employer, a member of the Central Corridor Anchor Partnership Workforce Development Group and is part of the State of Minnesota Apprenticeship Program. We are thrilled that this project will add 1,000 new jobs over the course of the expansion. Regions has made a strong commitment to creating career development pathways for their employees. Their commitment to their employees was illustrated with the Yellow Ribbon employer designation they earned last year.

Thank you for authoring Senate File 2892/House File 3202 so that Regions can continue its work providing the best possible care to the patients of our state, especially in Ramsey County.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim M.", with a long, sweeping horizontal line extending to the right across the top of the signature block.

Jim McDonough, Chair
Ramsey County Board of Commissioners
Regions Hospital Board Member

cc: Ramsey County Legislative Delegation

From: Atz, Brenna
To: [Simon, Alisha \(MDH\)](#)
Subject: Support for Regions Expansion
Date: Friday, March 30, 2018 10:06:35 AM

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I have the honor of serving as the Ramsey County Sheriff. The Ramsey County Sheriff's Office (RCSO) is a full-service law enforcement agency serving the interests of citizens and our local police partners. The RCSO has a significant footprint within Regions Hospital, as we have a full security unit staffed by Deputies, and also have persons in our custody who use services throughout the facility.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center for citizen patients as well as those from our Adult Detention Center and other county jails across our region.

Regions has an excellent staff who provide medical resources for RCSO staff and detained persons every day of the year. Our work will only be aided by the expansion of 100 bed licenses and I would advocate for the approval of this request by Regions Hospital.

Respectfully,
Jack Serier
Ramsey County Sheriff





March 1, 2018

The Honorable Senator Michelle Benson, Chair
Senate Health and Human Services Policy and Finance Committee
Minnesota Senate Building, Room 3109
Saint Paul, MN 55155

The Honorable Representative Joe Schomacker, Chair
House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Jamie Gulley
President

Jigme Ugen
Executive Vice President

Lisa Weed
Executive Vice President

Liz Asmus
Executive Vice President

Phillip Cryan
Executive Vice President

Dear Chairs:

SEIU Healthcare Minnesota supports your legislation to grant Regions Hospital an exemption to the hospital moratorium law in order to add 100 bed licenses.

SEIU Healthcare Minnesota represents more than 35,000 healthcare and long-term care workers in hospitals, clinics, nursing homes, and self-directed home care throughout the state of Minnesota, including over 50 pharmacists at Regions Hospital.

Because we represent Regions employees, we know we must add additional capacity in order to meet the growing and aging East Metro population. This general need is even more critical because Regions' provides critical services in the areas of trauma, burn, mental health and as a safety net hospital.

In addition to meeting the needs of Regions patients, expanding Regions' capacity will result in approximately 1000 new jobs over the course of the expansion. We welcome these additional opportunities for Minnesotans to join and advance in the health care workforce.

Thank you for your authoring of this legislation and supporting Regions' patients and workforce.

Sincerely yours,

Rick Varco
Political Director

345 Randolph Avenue
Suite 100
St. Paul, MN
55102

651.294.8100
800.828.0206
(Minnesota & Wisconsin only)
(fax) 651.294.8200
www.seiuhhealthcaremn.org





March 22, 2018

Alisha Simon
MDH - Health Economics Program
P.O. Box 64882
St Paul, MN 55164-0882

Dear Ms. Simon:

The Sisters of St. Joseph of Carondelet (CSJs) came to Minnesota in 1851 and by 1853 we founded St. Joseph's Hospital to address a cholera epidemic. Since that time, the CSJs have been actively involved in Minnesota healthcare including St. Joseph's Hospital, which is an integral part of the Saint Paul community.

We are writing in opposition to S.F. 2892 which would grant an exception to the construction moratorium thus allowing Region's Hospital to add 100 bed licenses.

We ask you to consider how passage of this legislation would give one of the three hospitals in the downtown St. Paul area an unfair advantage. HealthPartners' increased ability to direct its clients exclusively to its own hospital will impact patient choice and access.

Before the legislature provides exemptions that specifically benefit one facility, it is essential to understand the long-term and potentially deleterious impact this exemption will have on patient censuses at other area hospitals and on healthcare in our region.

Throughout our 161 years in St. Paul, we have advocated and worked for quality healthcare for all. We also understand that mission must be supported by good business, but we are concerned that this legislative action provides an exemption that gives one St. Paul business an unfair advantage over its competitors. The impact of this decision on the people of the City of St. Paul deserves careful consideration.

Sincerely,

Sister Mary Madonna Ashton, CSJ, former Minnesota State Commissioner of Health
Sister Margaret Belanger, CSJ, Reserved Powers Group, HealthEast, St. Joseph/Woodwinds Hospitals
Sister Susan Hames, CSJ, Province Leadership Team
Sister Suzanne Herder, CSJ, Province Leadership Team
Sister Dolore Rochon, CSJ, Reserved Powers Group, HealthEast, St. Joseph/Woodwinds Hospitals
Sister Cathy Steffens, CSJ, Province Leadership Team
Sister Anne Elise Tschida, CSJ, Reserved Powers Group, HealthEast, St. Joseph/Woodwinds Hospitals



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975



April 20, 2018

Dear Commissioner Malcolm,

Does it matter if **St. Joseph's Hospital in St. Paul closes**? The ripple effect will be felt beyond St. Paul, the Twin Cities, the State of Minnesota and its borders.

The Sisters of St. Joseph of Carondelet have been involved in healthcare in Minnesota for 163 years. Though we no longer own or manage Fairview Health Service's St. Joseph's Hospital, we founded "St. Joe's" in 1853, five years before Minnesota became a state, in response to a cholera epidemic in St. Paul. Then as now, our concern is care for our "Dear Neighbors," particularly the poor and most vulnerable in our community.

When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, and Senator Michelle Benson's resulting **S.F. 2892** and Representative Joseph Schomacker's resulting **H.F. 3202**, we took note. We enjoy seeing area businesses grow, particularly those that help care for Minnesotans, but we are alarmed at how this seemingly simple exception could impact our whole state.

Our hope is that this **legislation will not be voted on** in the full house **until a complete and thorough assessment by the Department of Health assures all that this exception won't derail healthcare in Minnesota**. Ideally, the complete report will:

- Explain the original intent of the building moratorium
- Engage other area health systems, hospitals and appropriate support agencies including NAMI, to have a voice. This is particularly important given the impact this report will have on the entire community and state.
- Provide a needs analysis so that we can understand the implications of a moratorium exception on the State-wide healthcare delivery system.
- Give an independent, third-party perspective that legislators and government officials deserve to craft wise legislation on which a fully-informed full house can vote.

HP's report to the Department of Health (MDH) filed with its exception request states it does not "foresee any impact to nearby hospitals because our request is meant only to maintain market share" (p. 47). While we appreciate Region's outstanding work and contributions, our concerns include:

- We've been advised by Fairview Health Services that this exception may result in **the closure of its St. Joseph's Hospital in St. Paul**. (That would be a loss of approximately 200 active beds and about 1400 employees.) HP, an insurance company, will have the ability, through financial incentives and preferred physician referrals, to direct its highest paying patients (med/surg), to its own Regions Hospital creating unsustainable financial losses for St. Joseph's. While you may be handing HP and Regions a boost, you may be sounding the death knell for St. Joseph's, which would negatively impact the entire State's healthcare delivery system.

- **St. Joseph's currently dedicates 105 of its 200 inpatient beds to caring for patients experiencing mental health and chemical dependency crises.** While this isn't the highest reimbursement service, it is critical in light of the current opioid epidemic. **HP's request proposes an additional 20 beds for mental health in 2025.** This would not be enough to offset the loss sustained by a St. Joseph's closure.
- St. Joseph's is St. Paul's only Catholic Hospital.
- Data in HP's MDH report show that Regions discharges declined between 2012 and 2016 (graphs on p. 13 and 58). HP/Regions management, in a recent meeting with the Sisters of St. Joseph, indicated healthcare is changing dramatically and traditional hospital stays are being replaced with alternatives including day surgery, home care, and preventive care models. Again, this makes us wonder about the need for additional hospital beds in St. Paul.
- If granted, our concern is that this exception could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our Dear Neighbors throughout St. Paul, Minnesota and beyond. While we are no longer involved in the St. Joseph's daily workings, we do still have a board that looks at St. Joseph's Catholic mission.

We are still involved in healthcare through St. Mary's Health Clinics, a Twin Cities system of free health clinics that support the most vulnerable in our community. While we support efforts to make healthcare more cost-effective and accessible, believing healthcare is a basic human right, we are concerned that this decision could disrupt healthcare services statewide.

We hope you will have the patience to allow the Department of Health to do its job thoroughly and completely and seek collaboration between existing providers to see if there is a way to support growth without penalizing our Dear Neighbors most in need. Thank you for considering our concerns.

Sincerely,

Suzanne Herder, CSJ *Cathy Steffens, CSJ* *Susan Hames, CSJ*
 Suzanne Herder, CSJ Cathy Steffens, CSJ Susan Hames, CSJ

The Leadership Team of the Sisters of St. Joseph of Carondelet

Mary Madonna Ashton, CSJ
 Sister Mary Madonna Ashton, CSJ,
 Former Minnesota State Commissioner of Health

Mary Nicholas Vincelli, CSJ
 Mary Nicholas Vincelli, CSJ,
 former Regional Director of Nursing for 19
 counties in South Texas, Texas State Department
 of Health

Moving always toward the profound love of God and love of neighbor without distinction.

This movement toward profound love began in France in 1650 when six women and one man tried something new. Without fanfare, they melted into the fabric of life, doing everything they could to help their Dear Neighbors. They returned to a kitchen, sharing their hearts and what they'd learned about the transformational power of love.

The Sisters of St. Joseph of Carondelet (CSJs) came to Minnesota in 1851.



Sisters of St. Joseph of Carondelet

St. Paul Province

Sister Kevin Bogg, CSJ

Sister Mary Lamski, CSJ

Sister Donna Sklar, CSJ

Sister Monica Lubitz, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if St. Joseph's Hospital in St. Paul closes? When Health Partners (HP) and its hospital, Regions, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.

We are concerned that this exception could result in the loss of:

- St. Joseph's Hospital in St. Paul. (That would be a loss of approximately 200 active beds and about 1400 employees.)
- 105 inpatient beds in St. Paul dedicated to caring for patients experiencing mental health and chemical dependency crises.
- St. Paul's only Catholic Hospital.

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I am a former administrative person at St. Joseph's hospital and have continued my association in a variety of ways over the years.

I urge you to consider East Metro Wide needs in the area of health service and then encourage the health providers/systems to work together (collaboratively) to address these needs.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Margaret Belanger CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

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- St. Paul's only Catholic Hospital.

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

My concern is that each of these three hospitals are unique in their areas of work. Please be sure that the Dept. of Health has a chance to have time for a complete study before any final decisions in this very important area of daily life for all peoples.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister George Ann (Marcella) Bohl



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

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Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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- **St. Paul's only Catholic Hospital.**

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I believe many homeless people have been assisted by St Joseph Hospital. We try to serve the Dear Neighbors that we meet. also I go to St Joseph Hospital and I would hate to see it close if Regions get to expand it beds

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Ruth Brooks CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if St. Joseph's Hospital in St. Paul closes? When Health Partners (HP) and its hospital, Regions, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I am a Sister of St. Joseph, my community started St. Joseph's hospital years ago when we first came here to serve the dear neighbors. I am a volunteer there and I love ~~the~~ the spirit of all that work there. They love to serve the sick.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Mary Fran Carter, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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- **St. Paul's only Catholic Hospital.**

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Without appropriate and thorough assessment of this exception to the rules, other downtown hospitals are at risk, and the important mental health care and chemical dependency services at St. Joe's may be lost. Please wait for the full Health Dept. report.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

*Sandra Crosby, CSJ Conscience
1941 Ford Parkway #102
St. Paul, MN 55116*



Sisters of St. Joseph of Carondelet
St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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- **105 inpatient beds in St. Paul dedicated to caring for patients experiencing mental health and chemical dependency crises.**
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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Please see page 2, also.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

*Zois Dalvin
1440 Randolph Ave, #102
St. Paul, MN 55105*

I respectfully suggest that this is not the time nor the place to "throw under the bus" people who suffer from mental health and addiction issues - in the metro area and around the State.

The existing hospital building moratorium has served a good purpose, over the years. Before any hospital unilaterally steps outside of the provision of the moratorium, there needs to be a "Third-Party" assessment, by the MN Dept. of Health, of the impact of one health care/hospital's request for additional beds, through legislative act.

This assessment must be done before legislation is voted upon at the Capitol. If not done before the vote, we will be risking the well being of our dear neighbors who suffer from mental health and addiction issues.

Thank you for your assistance!

Lois Dalsin



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

St. Jos is finally able to care for the mentally ill in our areas - Please reconsider allowing the competing efforts to make this happen - Reconsider the vote.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Nancy Davis, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if St. Joseph's Hospital in St. Paul closes? When Health Partners (HP) and its hospital, Regions, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Please wait for the Dept of Health to complete their assessments of needs and then make your decision

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Patricia De Bliet RN, BSN, MSN CNRN
Sister Carol Podlasek, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

St. Joseph's Hospital has served the needs of St. Paul extremely well. This service, particularly to those with mental health or chemical dependency, would be endangered by the request of Regions Hospital - As a Sister of St. Joseph I care!

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Agnes Joly, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if St. Joseph's Hospital in St. Paul closes? When Health Partners (HP) and its hospital, Regions, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Please do not vote until the MN Dept. of Health provides a complete and thorough assessment of this exception.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Carol Hepler, Ph.D.
Associate



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I am deeply concerned about the urgent need to DENY Regions Hospital to add 100 additional beds. As a Sister of St. Joseph for 76 years and a professor emerita of St. Pater with many local and national connections, I see the great need for St. Joseph's Hospital to continue to help the needy. The proposed addition to Regions could help Regions, harm the sick poor, and be a disastrous step toward a national trend to help the wealthy and deny the poor.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Dr. Mary Ann Hanley, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

We are concerned that this exception could result in the loss of:

- **St. Joseph's Hospital in St. Paul.** (That would be a loss of approximately 200 active beds and about 1400 employees.)
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Sincerely,

Anne Damaker R.N., Associate



Sisters of St. Joseph of Carondelet

St. Paul Province

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P.O. Box 64975
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April 20, 2018

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NB

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Due to the critical need for mental health & chemical dependency care, St Joseph's recently opened 50 additional beds to bring this unit's total number of beds to 105. Working closely with Catholic Charities in downtown St Paul, these beds are routinely filled. As you know, these beds are filled primarily with patients on Medicaid or charity care. Without the financial support of its other beds, this is not a sustainable model over time. As an insurance company as well as healthcare provider, Health Partners is able to offer financial incentives to encourage use of Regions, even by those who might otherwise choose to go somewhere else.

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Sincerely,

Sister Marie Herbert Senter, CSJ (former 12 year board member for Health East)

P.S. Health Partners plan does not address the need for mental health / chem dep's beds until 2025. Rather, it proposes med-surg and orthopedic beds in the first years of the plan. This will result in empty, excess beds in St Paul. PLEASE - refrain from making this recommendation until a complete, thorough assessment is done.



Sisters of St. Joseph of Carondelet

St. Paul Province

I am a Sister of St. Joseph and I love St. Joe's! Our Sisters started St. Joe's in 1853 to meet the needs of the time. We need St. Joe's to continue to meet the needs of the time, especially serving the needs of the mentally ill and the chemically dependent.

I am not against Region's Hospital adding 100 additional beds, but I ask you to wait to make the decision until the Minnesota Department of Health has completed its report.

Sincerely,
Sister Suzanne Herder, CSJ



Sisters of St. Joseph of Carondelet
St. Paul Province

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Commissioner Malcolm, every member of my family has been cared for at St. Joseph's Hospital. It has been here for 165 years caring for the citizens of St. Paul. Please make every effort to make it possible for St. Joe's to continue to minister to the sick especially those suffering from mental illness and chemical dependency.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister August Holmberg, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I am a volunteer at St. Joseph's hospital - visiting patients and providing spiritual health. I believe other hospitals provide spiritual care as well as St. Joseph's - however, I am convinced St. Joseph's provides a spiritual care that helps medical care to be

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Sincerely,

Kathleen Holmberg

as forrunner in medical health and chemical dependency care, St. Joseph's is necessary now and into the future.

more effective.



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I want to emphasize the importance of this legislation not to be voted on until the MN. DEPT. of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in St. Paul and State of MN. Regions Hospital is a good hospital but the loss of 105 beds at St. Joseph's Hospital, dedicated to caring for patients experiencing mental health and chemical dependency issues, would NOT be taken up by Regions to serve those who NEED that help. Consider all the news on TV!!

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God bless you,

Sincerely,

Sister Diane Hunker, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

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St. Paul, MN 55164-0975

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The poor will be always with us. We need to continue to help them. St. Joseph's Hospital is needed.

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Sincerely,

Sister Jane Hawley, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Commissioner, I thank you for your service to our community. I am asking that our dear St. Joseph's Hospital remain open. I have been there many times. It is a great place. Could you imagine St. Paul not having a Catholic Hospital?

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Agnes Hen, CSJ



Sisters of St. Joseph of Carondelet
St. Paul Province

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Thirty four years of my active ministry in Spiritual care were at St. Joseph's Hospital. I am still there for casual ministry. This is not just a Catholic hospital it is an icon in our twin cities where life + death are a mission + where they are met with love + care + openness! There is a legislation in place

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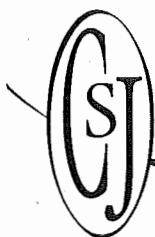
Sincerely, *Fr. Ann Michel*

derailing this situation. Please do not allow a vote until honest assessment can take place!
 (over)

What honest + valid reason is there for requesting an exception without open + honest communication with all parties involved?

Do the right thing!

Sr. Ann Michele Jelenki



Sisters of St. Joseph of Carondelet

St. Paul Province

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As a recovering person myself and as one who ministered in spiritual care to patients first at Mounds Park Hospital (Baptist) and later at St. Joseph's, I know the importance of spiritual care in recovery from mental and emotional illnesses. Now for serious kidney problems I depend upon the personal care lovingly given to me at St. Joseph's.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Catherine E. Jenkins, CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
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St. Paul, MN 55164-0975

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I'm concerned about the effects to St. Joe's and its valuable patients and work.

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Sincerely,

*Bridgette Kelly
CSJ Partner in Mission*



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
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I am a sister of St. Joseph for 65 years of care, my heart is here at St. Joe's. Our hospital has always served faithfully the most needy with the best of care. We want to continue the service - it is our call. Now the mentally ill is most in need of our services with all the support we can get.

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Sincerely,

Laurie Kelley, CSJ



Sisters of St. Joseph of Carondelet
St. Paul Province

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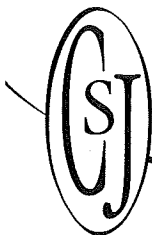
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I am concerned that the process in place for increasing beds in mn hospitals has not been followed. Also I would hope for better collaboration among the St. Paul hospitals to best serve the people in the region. At least I ask that the Department of Health study be finalized and considered before any vote

In the 167 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Liz Kerwin CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

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I have worked with elders with chronic disease and mental illness. I know the difficulties they experience in admission to hospitals especially those who have mental illness. Please do a thorough assessment prior to this legislative decision. Thank you.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Kathleen Kietz
1495 Laurel Ave
St. Paul
Employee



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

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This issue is very important to me and I do want St. Joseph's Hospital, only Catholic hospital in St. Paul, to stay open. I'm a sister of St. Joseph Thank you!

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Mary Clare Korb, CSJ



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Sincerely,

Sister Sylvia Krawczynski CSJ



Sisters of St. Joseph of Carondelet

St. Paul Province

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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

I am a sister of St. Joseph, and I volunteer at St. Joseph's there regularly. I am very concerned about Hospital this because St. Joseph's Hospital would be very negatively impacted.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Sister Mary Lamski, CSJ



Sisters of St. Joseph of Carondelet

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I am a consociate (lay member) of the sisters of St Joseph & am very concerned about all three issues listed above, but mostly about the potential loss of mental health beds. The 105 St Joseph's mental health beds have been fully inhabited. The need for mental health beds is increasing quickly.

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with the drug and alcohol problem escalating, the beds need to be dedicated to mental health + chem dep - not considering the vulnerable + needy.

Sincerely,

Margaret McLoach

Thank you.



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

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The recent decision by St. Joseph's Hospital to devote more than half of its beds to patients with mental health and chemical dependency issues speaks to the long-term commitment by St. Joseph's (rooted in the mission of the Sisters of St. Joseph) to serve the underserved at the same time that the number of patients with this particular need ^{NOW} is increasing dramatically. My own mother benefitted dramatically from her care in that department at St. Joseph's.

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Sincerely,

Mary Kaye Medinger, CSJ Conventicle (associate)



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*I worked at St Joe's as a chaplain.
I volunteer there also. It is a hospital
that is unique and essential in
our community*

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Sincerely,

*Judith Oberhauser, CSJ, consecrate
and chaplain*



Sisters of St. Joseph of Carondelet

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As someone who has worked at St Joe's' hospital I am appalled at how Insurance companies manipulate and decimate at times the values and mission of health care groups such as the Sisters of St Joseph who simply want to care for the sick. This is

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Sincerely,

Judith Oberhauser, CSJ consecrate

Not an issue between hospitals who do hire people with a mission sense. This is rather a conflict with health care Insurers such as Health Partners. They have consistently been profit-driven and Their decisions are based on financial gain. Regions is under This system and as a former health care worker for Health East I know of many times when ethics were shared by Health Partners policies in order to make more money. This is wrong and needs to be addressed.

I write This for Sr Gerri Lane, CSJ and Sister Marcan Louwage, CSJ, both committed chaplains for St Joe's, now deceased.



Sisters of St. Joseph of Carondelet

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Please wait for the Dept of Health to complete their assessments of needs and then make your decision

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Sincerely, *Sister Patricia De Bliet RN, BSN, MSN CNRN*
Sister Carol Podlasek, CSJ



Sisters of St. Joseph of Carondelet

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- St. Paul's only Catholic Hospital.

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This is a justice issue! (not to St. Joe's, but to the increasing # of mentally ill.

(think Mass Murders of our time! & by Mentally ill brothers & sisters.) Our country is suddenly filled with injustice.

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Sincerely,

Margaret Preator CSJ



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As a licensed psychologist, I have grave concerns about any short term or long term action that would further limit accessibility to those in need of mental health care.

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Sincerely,

Carolyn Purcell, CSJ, MA, LP



Sisters of St. Joseph of Carondelet

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I am concerned that this exception will have impacts on mental health and chemical dependency care in St. Paul, the metro-area, and throughout the state. Regions states that it will not "impact area hospitals" but I ask that the Health Dept.'s report seriously looks at all potential impacts positive & negative esp. on mental health & chemical dependency care in MN.

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Sincerely,

Marty Rocca

*Partner in Mission
with the Sisters of St. Joseph*



Sisters of St. Joseph of Carondelet
St. Paul Province

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*We need St Joseph's Hospital.
Our hospitals should not be in
competition with each other.
Regions Hospital should not have an
advantage over any of the other hospitals.*

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Sincerely,

*Kathleen Ryan
1854 Randolph
St Paul, MN 55116 651-699-1161*



Sisters of St. Joseph of Carondelet

St. Paul Province

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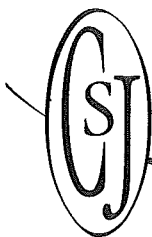
As the only Catholic Hospital in St. Paul, its long history of health care for St. Paul's residents is and has been deeply appreciated. The values espoused by the hospital has made this institution a mainstay, ^{not} only for Catholics but for others who also appreciate its values.

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Do the hospitals' personnel dialogue with each other about crucial issues such as this current one?

Sincerely,

Angela Schreiber, CSJ



Sisters of St. Joseph of Carondelet

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*Not a good idea, Commissioner!
The poor, sick and distressed need care
and this threat to them looks like
a pry on them... save our community
hospitals! T.Y!*

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Sincerely,

Ann Clare Smith, CSJ



Sisters of St. Joseph of Carondelet

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Sincerely,

Sister Susan Smith CSS



Sisters of St. Joseph of Carondelet

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I have been a Sister of St. Joseph for 67 years and have received excellent care from St. Joseph's Hospital. Rather than solving the issue adversarially, will you please ensure that the parties collaborate? Have them meet and negotiate to craft a solution that will be good for each hospital and for patients in St. Paul. I certainly want St. Joseph's hospital to be able to continue to provide health care.

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Sincerely, *Florina Storch, CST*

Thank you for facilitating a wise, compassionate resolution to this crucial issue. Count on my prayers.



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I object to opening 100 new beds as it would affect St. Joseph's hospital which has been open for so many years and gives such valuable care to so many people. I graduated from St. Kate's with my Chirochols at St. Joseph's Hospital - I was employed there - and volunteered there

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Susan Straff CSJ

Sincerely,



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Sincerely,

Jennifer Lachney
CSJ Employee & Partner in Mission



Sisters of St. Joseph of Carondelet

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Sincerely,

Christine Steiner, CSJ Consolata



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A decision such as this merits the perspective of various parties, including Regions, St. Joseph's, and current health demands in Minnesota and St. Paul. An assessment from the Health Dept. is essential.

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Sincerely,

S. Jill Underdahl, CSJ



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Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Joanne Wieland CST



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

Dear Commissioner Malcolm,

Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

We are concerned that this exception could result in the loss of:

- **St. Joseph's Hospital in St. Paul.** (That would be a loss of approximately 200 active beds and about 1400 employees.)
- **105 inpatient beds in St. Paul dedicated to caring for patients experiencing mental health and chemical dependency crises.**
- **St. Paul's only Catholic Hospital.**

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

Please put a high priority to getting the full report to the legislators. Thank you.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

Sincerely,

Joan Wittman^{CSJ}, Convent



Sisters of St. Joseph of Carondelet

St. Paul Province

Commissioner Jan Malcolm
P.O. Box 64975
St. Paul, MN 55164-0975

April 20, 2018

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Does it matter if **St. Joseph's Hospital in St. Paul** closes? When Health Partners (HP) and its hospital, **Regions**, recently requested an additional 100 beds requiring an exception to an existing hospital building moratorium, in S.F. 2892 / H.F. 3202, we became alarmed at how this seemingly simple exception could impact our whole state. We ask that this **legislation not be voted on until the Minnesota Department of Health provides a complete and thorough assessment of this exception's impact on healthcare delivery in Saint Paul and the State of Minnesota.**

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- St. Paul's only Catholic Hospital.

Long term, we believe this legislation could limit access, harm patients, and hurt area community hospitals while directly benefitting Regions/HealthPartners over its competitors. This includes people suffering from mental health and addiction issues.

In Regions's plan, they will not take care of mental health patients until 2025.

In the future, clinics and one-day surgeries will replace some of the hospital beds, so 100 new beds seems unnecessary.

In the 165 years since the St. Paul Province of the Sisters of St. Joseph of Carondelet (CSJs) founded St. Joseph's Hospital, we have given our lives in service to our "Dear Neighbors" most in need throughout St. Paul, Minnesota and beyond. We are concerned that this decision could disrupt healthcare services statewide.

*Sister A. Ann
William
Leach CSJ*

Sincerely,



West Side Community Health Services

153 Cesar Chavez Street, St. Paul, MN 55107 651.602.7500 www.westsidetchs.org
An Equal Opportunity Employer

March 30, 2018

Alisha Simon
Health Economics Program, Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the lead nurse midwife at West Side Community Health Services. As the largest FQHC in Minnesota, we attend about 500 births per year at Regions Hospital. We are honored to serve women and families from the many diverse communities that make up our community. Last year we attended the births of women born in 44 different countries and from all across the income spectrum. Located at the heart of the city, Regions is a unique place that serves our community.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center.

I have had the pleasure of working with the team who is designing the new Birth Center building at Regions Hospital. I have been so impressed with the care that is being taken to responsibly design a space that meets and serves the needs of women, children and families from the full array of the city and community. I am particularly thrilled that our new space will be able to offer the first mom-baby couplet care design in Minnesota for mothers and babies to room and stay together even if one or both of them requires a more intensive level of care.

The new building will also allow us to better meet the capacity needs for our women and children without having to overflow into space that is not designed or staffed to meet the unique needs of birthing mothers and children. At present, we need to move women of certain weight limits to other areas in the hospital because our current space does not allow us to care for them safely. We also have to separate moms and babies to provide for their individual needs when best care practices would keep the pair together.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Sonja Batalden, MS, CNM
Lead Nurse Midwife, West Side Community Health Services

La Clinica
153 Cesar Chavez Street
St. Paul, MN 55107
651.602.7500

East Side Family Clinic
895 East 7th Street
St. Paul, MN 55106
651.602.7500

McDonough Homes Clinic
1544 Timberlake Road
St. Paul, MN 55117
651.602.7500

West Side Dental Clinic
478 South Robert Street
St. Paul, MN 55107
651.602.7500

East Side Dental Clinic
895 East 7th Street
St. Paul, MN 55106
651.602.7500

Health Care for the Homeless/House Calls
438 Main Street
St. Paul, MN 55102
651.793.2201

Health Start
895 East 7th Street
St. Paul, MN 55106
651.793.2222



March 12, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 3109
St. Paul, MN 55155

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
St. Paul, MN 55155

Senator Benson and Representative Schomacker:


The Saint Paul Area Chamber of Commerce supports the application by Regions Hospital to expand its number of licensed hospital beds contained in House File 3202/Senate File 2892.

Regions Hospital is a unique and vital part of the health care fabric of the east metro and has been so for 145 years. As well as being a safety net hospital, and the largest provider of charity care in Ramsey County, it is also a teaching hospital, training some 500 residents annually. In addition, it is the only Level I Adult/Pediatric Trauma Center and Burn Center in the east metro area. Regions is also a leading provider of mental and chemical health services for the east metro.

More beds will allow Regions to better coordinate patient care and meet the increasing demands of healthcare into the future. Issues such as the needs of the impending “silver tsunami” will be best addressed if we plan ahead, and as mental health continues to drive attention, the importance of bed availability grows. In addition, we take economic impact into consideration when supporting this project, as this expansion will generate jobs.

Regions Hospital is an active, long-time member of the Saint Paul Area Chamber of Commerce and we encourage your support of House File 3202/Senate File 2892. It is in our best interest that Regions be equipped to meet the needs of current and future patients of our state, and especially the east metro.

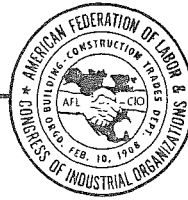
Sincerely,



B Kyle
President & CEO

Saint Paul

Building and Construction Trades



Council

February 26, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Ave. West
Minnesota Senate Building, Rm 3109
Saint Paul, MN 55115

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
100 Rev. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

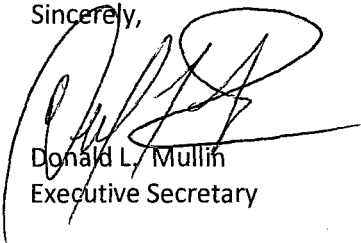
Dear Senator Benson and Representative Schomacker:

We are writing you today to show our support for your legislation to permit Regions Hospital to expand its number of licensed hospital beds. The bed request is currently being reviewed by the Department of Health, and we hope their findings will be in front of you shortly.

Regions greatly needs to expand its bed capacity, as it will reach 100% of its available licenses sometime early in 2018. More beds will allow the hospital to better coordinate patient care, meet the increasing demands outlined above, as well as generate almost a thousand new full-time jobs in the area. In addition to the estimated 1,000 permanent jobs that would be created for health care personnel; the expansion would also create construction jobs for tradespeople across the metro area; as we have seen with other health care facilities in recent years.

Thank you for your consideration of our support in assisting Regions Hospital with providing the best possible care to the patients of our state, and especially the east metro area.

Sincerely,



Donald L. Mullin
Executive Secretary



235 State Street
St. Croix Falls, WI 54024
www.scrmc.org

March 23, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions Hospital is a great partner and a fundamental part of the medical and safety-net infrastructure of the east metro.

With the rapidly growing population in the St. Croix Valley area it is vitally important that our community has access to the high acuity level of care provided at Regions when needed. As the closest Level I Adult and Pediatric Trauma Center, Burn Center, and mass casualty hospital for the St. Croix Valley community, we need Regions' capacity to expand to meet the needs of our growing community.

We appreciated your review and hope you find Regions Hospital's proposal for additional beds to meet critical health care needs for east metro and the greater St. Croix Valley.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Dobosenski".

Dave Dobosenski
Chief Executive Officer



April 11, 2018

The Honorable Senator Michelle Benson
Chair, Senate Health and Human Services Policy & Finance Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 3109

The Honorable Representative Joe Schomacker
Chair, House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Sen. Benson and Rep. Schomacker:

On behalf of the Saint Paul Promise Neighborhood, I write to you in full support of the application by Regions Hospital to expand its number of licensed hospital beds, under SF2892/HF3202.

Saint Paul Promise Neighborhood is an education partnership that puts children in the Frogtown, Rondo, and Summit-University neighborhoods of Saint Paul on the pathway to college and career success. Our neighborhoods are directly adjacent to Regions Hospital and we are vested stakeholders in this project.

Launched in 2010 and housed at the Amherst H. Wilder Foundation, Saint Paul Promise Neighborhood takes a proactive and preventive approach to the education opportunity gap by focusing early in a child's life. Our end game is to pave pathways of opportunities leading to college and career success. As a comprehensive initiative serving children and their families holistically, accessible health care is part of our work. Regions Hospital and HealthPartners have been a key partner of the Saint Paul Promise Neighborhood since its founding.

As you know, Regions is also a large part of the health care delivery system for Saint Paul and the east metro, providing over \$16 million in charity care in 2017, and treats many patients that would otherwise have limited options. It takes a village for a child to succeed, and our village includes doctors and nurses as well as parents, teachers, and mentors. We enthusiastically applaud your leadership in supporting SF2892/HF3202 so that Regions can continue its work in providing the best possible care to the patients of our state, and especially the east metro.

Thank you,

Muneer Karcher-Ramos

Muneer Karcher-Ramos
Senior Director, Saint Paul Promise Neighborhood
Tel: (320) 493-1900
Email: muneer.karcher-ramos@wilder.org

Dubuque / Des Moines, IA Office
195 East 14th Street
Dubuque, IA 52001-4909
Phone 563-583-9149
Fax 563-583-6488

Rochester, MN Office
401 Woodlake Drive SE
Rochester, MN 55904
Phone 507-288-6577
Fax 507-288-4552

Teamsters Local Union No. 120

AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS
TEAMSTERS JOINT COUNCIL NO. 32

Main Office

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www.teamsterslocal120.org

North Dakota Office
1114 Main Ave., Suite A
Fargo, ND 58103
Phone 701-365-4070
Fax 701-365-4071

South Dakota Office
105 N. Conklin Avenue
Sioux Falls, SD 57103
Phone 605-336-7499
Fax 605-336-7504

TOM ERICKSON
President

BILL WEDEBRAND
Secretary Treasurer

JOHN ROSENTHAL
Vice President

CHRIS RILEY
Recording Secretary

February 14, 2018

The Honorable Senator Michelle Benson, Chair
Senate Health and Human Services Policy and Finance Committee
Minnesota Senate Building, Room 3109
Saint Paul, MN 55155

The Honorable Representative Joe Schomacker, Chair
House Health and Human Services Reform Committee
509 State Office Building
Saint Paul, MN 55155

Dear Chairs:

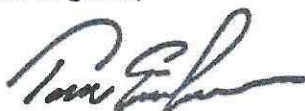
We are writing to you in support of your legislation to grant Regions Hospital an exemption to the hospital moratorium law in order to add 100 bed licenses.

As representatives of Regions employees who serve the growing patient base we know that the additional capacity is needed to meet the needs of the growing and aging East Metro population. The unique services Regions' provides in the areas of trauma, burn, mental health and as a safety net hospital make the request even more critical.

In addition to meeting the needs of Regions patients, expanding Regions' capacity will result in approximately 1000 new jobs over the course of the expansion. We welcome these additional opportunities for Minnesotans to join and advance in the health care workforce.

Thank you for your authoring this legislation and supporting Regions' patients and workforce.

Best Regards,



Tom Erickson
President
Teamsters Local 120

"The Rights Which Labor Has Won, Labor Must Fight To Protect"





OFFICE OF THE WASHINGTON COUNTY ATTORNEY
PETER J. ORPUT COUNTY ATTORNEY

April 2, 2018

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

I am the Washington County Attorney and in that capacity I write to you in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center for citizen patients as well as those from county jails.

As you are undoubtedly aware, a real issue facing Minnesota Counties and their jails is the lack of beds for treating offenders with a myriad of problems- mental health and drug addiction are just two examples where offenders are too often confined due to a lack of available treatment options. Regions Hospital has always played a vital role in providing proper treatment for our East Metro citizens and adding much needed beds is the right thing to do.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,

Pete Orput
Washington County Attorney

PJO/cr

Alisha Simon
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Ms. Simon,

My name is Reuben Moore and I am the Chief Executive Officer of West Side Community health services. Regions Hospital is our closest prenatal and women's health partner; allowing us to offer end to end birthing services for our patients. We use the Regions hospital facilities to give birth to nearly 500 babies a year with a strong clinical alliance that creates a positive impact on the health of our shared community.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed license. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center.

This facility will improve health access for the growing St. Paul community and I am a strong supporter of any effort that strengthens the well-being of our shared community.

For these reasons I urge you to find Regions proposal for 100 additional inpatient beds in the public interest.

Sincerely,



Reuben Moore
Chief Executive Officer
West Side Community Health Services
Phone: 651-602-7536
Work Cell: 651-604-7554
Personal Cell: 612-275-1171
Email: rmoore@westsidechs.org



www.westsidechs.org