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**Testimony of Ed Lazere, Executive Director
At the Public Oversight Hearing on
The Department of Health's Role in Approving Providence Hospital Proposed Elimination of
Acute Care Services and the Impact on District's Emergency Health Care System
DC Council Committee on Health
October 10, 2018**

Chairman Gray and members of the committee, good morning and thank you for the opportunity to speak today. My name is Ed Lazere, and I am the Executive Director of the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes budget choices to reduce economic and racial inequality and build widespread prosperity in the District of Columbia through independent research and thoughtful policy recommendations.

I am here today to join others to share my concern about the closure of Providence Hospital and its potential adverse impact on access to health care in the District and especially its community in Ward 5 and eastern DC. I share the view, expressed by others today, that the hospital should not be allowed to close without a thorough analysis of its impact on the community, and without meaningful public input.

As you know, hospitals must seek approval from the District to expand health services to ensure that there is a need for such services. This is important to managing the District's health system in an efficient way.

For the same reason, there should be a careful approval process, with meaningful public input, when a hospital seeks to scale back services, or close entirely. Any proposed reduction of acute care hospital services should be studied carefully to assess how it will affect access to health care in the District, and especially its impact on particular populations, such as low-income residents, residents of color, and older residents. According to the D.C. Department of Health, 50 percent of the patients who receive care at Providence are insured through Medicaid, while another 30 percent receive Medicare. Three quarters of patients accessing care at Providence are DC residents, primarily from Wards 5, 7, and 8. The District faces unacceptably high rates of infant mortality and maternal mortality, and Black DC residents face very high rates of conditions like diabetes and cancer.

Any review of proposed hospital closure or scaling back of services also should include meaningful public input as an important part of the effort to gauge the possible impact.

This kind of review would help residents and policymakers take steps to address the impact on the loss of services. Those steps could include having the District work with the hospital to maintain services, with possible support from the District. It also could include working with community organizations and other hospitals to ensure that residents have easy access to needed health care. DCFPI supports the proposed emergency legislation to mitigate the impacts of hospital closures.

Thank you for the opportunity to testify.