



Advisory Neighborhood Commission 2A

“Serving the Foggy Bottom and West End communities of Washington, D.C.”

October 23, 2018

Councilmember Vincent Gray
Chair, Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 406
Washington, DC 20004
vgray@dccouncil.us

RE: DC Council Bill B22-0959 – the "East End Health Equity Act of 2018"

Dear Councilmember Gray,

At its regular meeting on October 17, 2018, Advisory Neighborhood Commission 2A (“ANC 2A” or “Commission”) considered the above-referenced matter. With seven of seven commissioners present, a quorum at a duly-noticed public meeting, the Commission unanimously voted **(7-0-0)**, after a motion made by Commissioner Smith and seconded by Commissioner Campbell, to adopt the following resolution:

WHEREAS, decades of failed long-term healthcare policy planning and misguided short-term crisis management have led to a “healthcare desert” in Wards 7 and 8,

WHEREAS, DC Council Bill B22-0959 – the "East End Health Equity Act of 2018" was introduced on September 18th, 2018,

WHEREAS, ANC 2A fully supports the bill’s stated goal, which is to expedite a “comprehensive integrated health care system that equitably serves all residents of the District of Columbia,”

WHEREAS, the effect of the legislation is “To exempt certain health care projects of the District of Columbia and District Hospital Partners, LP, doing business as George Washington University Hospital (GWU Hospital) from the Certificate of Need Process,”

WHEREAS, lines 39, 40, and 41 of the legislation specifically list as an exempted project “The construction, equipment acquisition, and operation by GWU Hospital of a new bed tower on or adjacent to the existing GWU Hospital campus, which shall increase the licensed bed capacity of GWU Hospital by 270 beds” in the Ward 2 Foggy Bottom hospital,

WHEREAS, the real delivery needs in Wards 7 and 8 are in the area of community-based primary healthcare and, as of this date, the for-profit District Hospital Partners, LP does not deliver, and has no contract to deliver, any health services in Wards 7 and 8,



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WHEREAS, current healthcare reimbursement schemes reward tertiary and quaternary in-patient care, like that provided via in-patient services at District Hospital Partners, LP’s for-profit Foggy Bottom hospital, over the primary care delivery needed in Wards 7 and 8 and, from a public health perspective, such inpatient care provides a poor return on investment and drives healthcare inflation,

WHEREAS, there are more than ample supply of tertiary and quaternary care beds in the District of Columbia to meet the referral needs of Wards 7 and 8 and patients in those Wards deserve the right to choose, from the full array of providers, the one that best meets their needs in terms of both clinical excellence and convenience of access,

WHEREAS, all new hospital construction in the District of Columbia is legally mandated to complete the Certificate of Need (CON) process as an important step in avoiding the unnecessary duplication of infrastructure that contributes to healthcare inflation, a leading cause of personal and corporate bankruptcy, and no project of this size and scope has ever been exempted in this manner before,

WHEREAS, the bill provides no indication as to how a new 270-bed expansion of tertiary and quaternary in-patient beds in Ward 2 will meet the needs of residents in Wards 7 and 8,

WHEREAS, the 6-month CON process mandated by DC law might help to answer the question of whether new in-patient hospital construction in Ward 2 is really helpful to healthcare delivery in Wards 7 and 8 and needed in the District of Columbia as a whole,

WHEREAS, on many occasions since initial construction, and most recently less than one year ago, leadership of the for-profit District Hospital Partners, LP has represented to the Ward 2 community that no expansion of that hospital was either planned or needed,

WHEREAS, the for-profit District Hospital Partners, LP provided virtually no notification and engaged in no consultation with the State Health Planning and Development Agency (SHPDA), the George Washington University, ANC 2A, community organizations, or community members prior to the introduction of DC Council Bill B22-0959,

WHEREAS, given the early stages of this proposed Ward 2 hospital construction project, eliminating a successful, six-month CON process will have a negligible impact on construction timelines, and

WHEREAS, any discussion of the community impact of new hospital construction in Foggy Bottom, which would be considerable, last for decades and



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run counter to a number of zoning ordinances and community agreements, must be predicated on a clear and verifiable understanding, as established through the CON process, of the precise manner in which it contributes to improving health outcomes in Wards 7 and 8.

THEREFORE, BE IT RESOLVED that ANC 2A supports compliance with the Certificate of Need Process, legally mandated by the District of Columbia, for any hospital construction on, or adjacent to, the for-profit District Hospital Partners, LP’s Foggy Bottom hospital.

BE IT FURTHER RESOLVED that ANC 2A opposes DC Council Bill B22-0959 – the "East End Health Equity Act of 2018" on the basis that it has not established a clear connection between its stated aim of expediting a “comprehensive integrated health care system that equitably serves all residents of the District of Columbia” and the specific exemption it provides for the for-profit District Hospital Partners, LP from the Certificate of Need Process relative to a 270-bed hospital construction project in Ward 2.

BE IT FURTHER RESOLVED that ANC 2A expresses its strong concern and disapproval over the bill’s approach, and the precedent it sets, in allowing this for-profit entity to circumvent a legally mandated processes that would establish and demonstrate need as a prerequisite for a meaningful discussion and consideration of the inevitable community impact associated with new hospital construction in the ANC.

Commission Chair William K. Smith, MD (2A04@anc.dc.gov) is the Commission’s representative in this matter and is authorized to give testimony regarding this matter before the DC Council.

ON BEHALF OF THE COMMISSION.

Sincerely,

William K. Smith, MD
Chairperson

CC: Councilmember David Grosso, At-Large
Councilmember Brianne Nadeau, Ward 1
Councilmember Jack Evans, Ward 2
Councilmember Mary Cheh, Ward 3
Councilmember Brandon Todd, Ward 4



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Councilmember Charles Allen, Ward 6

Councilmember Trayon White, Ward 8