



IS YOUR HOSPITAL NEXT?

SB 672/HB 1139

Massachusetts patients count on their hospitals to provide essential health services - but across the state, hospitals have been closing or eliminating these essential services.

- In 2010 it was a 15 bed psychiatric unit at Burbank Hospital.
- In 2012 Brigham & Women's Faulkner Hospital closed a medical detox unit.
- In 2013, Morton Hospital shut its pediatric unit.
- In 2013, North Adams Regional Hospital closed its inpatient psychiatric unit and its Critical Care Unit before the hospital itself illegally closed the next year with just three days notice; minimally at least a 40 minute ride from North Adams to Berkshire Medical Center in Pittsfield – even in an ambulance - the closest Massachusetts hospital. There are closer hospitals in Vermont and New York, but those present MassHealth and other insurance challenges.
- In 2015, Quincy Medical Center closed- leaving a city of just under 100,000 people without a hospital.
- In 2017, UMass Memorial psychiatric closure – 13 of their 27 inpatient psychiatric/medical beds were closed. It is the ONLY unit of its kind in the region.
- In 2017, Harrington Hospital in Southbridge closed its Labor & Delivery and Maternity units.
- In 2018 Morton Hospital closed its Maternity Unit.
- In 2018, UMass Memorial HealthAlliance Clinton Hospital-Leominster Campus closed its Pediatric Unit, Respiratory and Cardiac Rehab Programs. The Urgent Care Center at the Burbank Campus was also closed.
- And just one month into 2019, Baystate Health announced plans to close inpatient behavioral health beds at Baystate Franklin Medical Center, Noble Hospital and Wing Memorial Hospital.

In nearly all of these cases, the Department of Public Health ruled that these services were essential to the communities they served and recommended against closure- but under existing laws, there is nothing to ensure that communities retain these services nor any consequences for hospitals that proceed with closures.

An Act Relative to the Closing of Hospital Essential Services (SB 672/HB 1139) would:

- extend the official notice period to the Department of Public Health (DPH) in advance of a closure or discontinuation of health services;
- require any hospital proposing closure or discontinuation of health services to provide evidence of having actively sought and received community input;
- prohibit a hospital from eligibility for an application for licensure or expansion for a period of three years from the date the service is discontinued if the DPH deems it essential;
- require the Attorney General to sign off on any closures the DPH deems essential.

**When people get sick they need to know they can go to their hospital and be treated.
Help keep these services open!**