

**DEPARTMENT OF SERVICES FOR PERSONS
WITH DISABILITIES**

CITY OF NEW HAVEN

165 Church Street

New Haven, Connecticut 06510

Voice (203) 946-7651 • TTY (203) 946-8582 • Fax (203) 946-6934

Michelle M. Duprey Esq. • Director



Promoting Equality

January 25, 2019

Via E-mail (victoria.veltri@ct.gov)

Victoria Veltri

Executive Director

Office of Health Strategy

450 Capitol Avenue, MS #51OHS

Hartford CT 06106

Re: Docket # 18-32231-CON, Yale-New Haven Hospital Proposed Termination of Outpatient Primary Care Services

Dear Ms. Veltri:

As people with disabilities or representatives for people with disabilities, we are writing in response to Yale-New Haven Health's supplemental responses to OHCA dated January 3, 2019 regarding its proposal to close its outpatient primary care services at its current Primary Care Clinic (PCC) and have these services be provided instead by the two Federally Qualified Health Centers (FQHCs) at an isolated location on Long Wharf (Sargent Drive). Specifically, we are writing in response to YNHH's latest responses which purport to address the grave concerns with transportation issues raised by community representatives and which will affect anyone being moved to this new location for primary care, and even more specifically the needs of those who use wheelchairs or scooters for mobility.

In its original application, YNHH said they would consider creating a shuttle service for the new location, but that was later abandoned. They are now considering an Uber ride service for some people, but it would not work for many current clinic patients, including seniors, people with disabilities, children who need car seats, and pregnant women, in part because YNHH clarified that only patients who now walk or use public transportation to get to the current sites and whose trip on public transportation to the new site would exceed 40 minutes will qualify for rides. Although they state that the Uber service will be available to those

meeting these criteria, the Uber system is premised on the use of smartphones. While they offer that it can be used by patients without a smart phone, because clinic staff will do the coordinating with Uber, we are receiving reports that getting through on the phone to clinic staff now, without the added burden, is already very difficult with many dropped calls. This also ignores the follow-up communication that routinely happens between the Uber driver and the person needing the service to safely make the connection -- something not available under this proposal for using Uber without a smartphone.

For those who use wheelchairs or scooters, Uber simply will not work. While the applicants mention plans to contract with "Uber ASSIST," a very new service offering rides for patients with special needs, that service is not currently operating anywhere in CT, so with no track record here in our state we do not yet know how successful it will be. Furthermore, YNHH hopes to have a contract by Fall 2019, when the new clinic is set to start operating, but even if it was fully functioning then, it would be inadequate for the task. As described by YNHH:

"UberASSIST is a program that has been successfully implement in other parts of the country. This program provides extra assistance for patients with special transportation needs, including those with disabilities, seniors, and pregnant women. Drivers are required to take an online course and drive a vehicle that *can accommodate an assistive device, such as a folding wheelchair or collapsible scooter.*" (emphasis added).

This envisions just regular sedans with trunks which fit folding devices. But many, if not most, wheelchair users either have **non**-folding devices or, even if it is theoretically foldable, they are unable to transfer to get from their wheelchair to a seat of a sedan and back again- and the Uber drivers will be powerless to help in these situations. In either case, only a wheelchair van can accommodate these individuals, and yet YNHH proposes nothing to address their needs.

Needless to say, the obligations of YNHH under the ADA to accommodate people with disabilities do not extend only to those who use "foldable or collapsible" wheelchairs or scooters, but to all people with disabilities. Indeed, the need for accommodation is greater for individuals who use more sophisticated mobility equipment which does not fold or collapse.

Finally, YNHH declares that it "expects that current and future patients with special transportation needs, utilizing the services of Veyo, medical taxis, or other modes of transportation would continue to do so." About 78% of the affected population is on Medicaid. Being very low income, they lack the resources to pay out of pocket for medical taxis. While it is true that in theory the Medicaid program includes non-emergency medical transportation to get to and from all medical appointments, the reality is quite different: Veyo, the CT Department of Social Services' exclusive capitated non-emergency medical transportation broker, is notoriously unreliable, to the point where many Medicaid enrollees, particularly those with special transportation needs, do not even bother trying to use that service. Indeed, two weeks ago, a statewide class action lawsuit was filed against DSS over the gross inadequacies of that service, *particularly for people with severe disabilities who use wheelchairs.*

Accordingly the suggestion that "Veyo" will pick up the slack is unfounded. Even if "UberASSIST" is implemented, people who use wheelchairs and scooters which cannot be folded or collapsed, or cannot transfer to a regular seat in a car, will likely have nowhere to turn to get

to and from their medical appointments at the new facility, so critical health services will become unavailable to them.

Apart from all of the other access issues presented by the proposal, with essentially no countervailing benefits for low income primary care patients, it would be ill-advised to approve this application while so many pieces of the applicants' critical transportation plans are still only theoretical or inadequate on their face.

Thank you for your attention to these additional comments.

Respectfully,

Michelle Duprey

Sheldon V. Toubman
Staff Attorney
New Haven Legal Assistance Association

Melissa Marshall
Coordinator
Connecticut Cross-Disability Lifespan Alliance

Kathy Flaherty
Executive Director
Connecticut Legal Rights Project

cc: Kimberly Martone, OHS Director of Health Systems Planning (kimberly.martone@ct.gov)