Via Electronic Mail and United States Postal Service

March 25th, 2019

Ben Steffen, Executive Director
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215
ben.steffen@maryland.gov

Re: Interested Party Written Comments for Docket No. 18-24-2430

Dear Executive Director Steffen,

On behalf of United Workers, Charmed City Land Trust, and Sanctuary Streets, we are submitting Reply to Johns Hopkins Bayview Medical Center's (JHBMC) Response to Interested Party Comments regarding the Application for Certificate of Need submitted by Johns Hopkins Bayview Medical Center-Docket No.18-24-2430.

Please direct all future communications to Peter Sabonis of United Workers and Charm City Land Trust (peter@nesri.org), and Chelsea Gleason of Sanctuary Streets (chelsea.gleason@gmail.com).

Thank you for your consideration.

Respectfully submitted,

Peter Sabonis
United Workers
Charm City Land Trust

Chelsea Gleason
Sanctuary Streets

cc: Kevin McDonald, Chief, Certificate of Need, Maryland Health Care Commission (kevin.mcdonald@maryland.gov)

Reply to Johns Hopkins Bayview Medical Center's (JHBMC) Response to Interested Party Comments

Regarding the Application for Certificate of Need Submitted by Johns Hopkins Bayview Medical Center (Rehab) - Docket No. 18-24-2430

On behalf of United Workers, Charmed City Land Trust, and Sanctuary Streets, we are submitting this reply to JHBMC's response to our Interested Party Comments submitted February 14, 2019, regarding JHBMC's Certificate of Need application, Docket No. 18-24-2430. Below we present our response to JHBMC's arguments regarding our standing to be interested parties in the Certificate of Need (CON) approval process, requirements for sworn affidavits and documentation, quality of care standards, charity care standards, and housing issues in the community.

We would like to note that we find it disappointing that JHBMC, or any hospital with a project under review by the Maryland Health Care Commission (MHCC), would seek to exclude community organizations from having an opportunity to provide input regarding its projects or service changes during the CON review process. Hospitals are a vital part of any community, and to deny the community a voice in how they are to be changed or developed is a violation of the spirit of Maryland's CON Program and undermines the principles of open government and democracy. Community input during the CON review process should not only be accepted, but encouraged – a principle that is made clear in the Final Report recently completed by MHCC's Certificate of Need Modernization Task Force.[1]

[1] Modernization of the Maryland Certificate of Need Program: Final Report. Maryland Health Care Commission, December 20, 2018. Hospital Services Issue and Potential Solution Matrix, page 12. http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_con_modernization.aspx

As a Threshold Matter, JHBMC's Request to Exclude Interested Party Comments by United Workers, Charmed City Land Trust, and Sanctuary Streets in its Response is Improper Under COMAR 10.24.01.10(B), which Requires a Motion

The Commission's regulations on the Certificate of Need (CON) review process stipulate that:

> *(3) The following actions shall be taken by motion:*
> ***(a) A demand for an action which the movant desires the Commission, the reviewer, or the staff of the Commission to take;***
> *(b) A request for reconsideration, under Regulation .19 of this chapter;*
> *(c) An objection to the introduction of a statement or other evidence by a party during an evidentiary hearing held under Regulation .11 of this chapter;*
> *(d) A challenge to a reviewer or other member of the Commission;*
> ***(e) An action that might be initiated properly or undertaken by a party to a review, and that is not otherwise provided for in these regulations;*** *and*
> ***(f) Any other question that is justiciable.***
> COMAR 10.24.01.10(B) (emphases added).

Here, JHBMC's response improperly seeks to exclude the United Workers, Charmed City Land Trust, and Sanctuary Streets (hereinafter "our organizations") from providing interested party comments in this matter. Pursuant to COMAR 10.24.01.10(B)(3)(a), this request is a demand for an action by the Commission and/or the reviewer, which must be undertaken via motion.

Additionally, as discussed *infra*, JHBMC requests that the Commission determine whether our organizations constitute aggrieved parties for the purpose of a judicial appeal. If this question were an appropriate one for the Commission, which it is not, it should have been raised by a motion—not a response—in accordance with COMAR 10.24.01.10(B)(3)(e) or (f).

Due to JHBMC's failure to abide by the Commission's procedural requirements, the Commission and/or reviewer should not consider JHBMC's request to exclude our organizations from presenting interested party comments in this matter.

The Commission Has "Sole Discretion" to Deem United Workers, Charmed City Land Trust, and Sanctuary Streets Interested Parties, and JHBMC Improperly Requests that the Commission Adjudicate Our Organizations' Status as "Aggrieved" Parties for the Purpose of Judicial Review

In its efforts to exclude our organizations' comments from consideration in the instant proceeding, JHBMC incorrectly conflates an "interested party" under COMAR 10.24.01.01(B)(2)(d) with an "aggrieved party" under COMAR 10.24.01.09(F)(2), and improperly requests that the Commission make a determination as to whether our organizations would have judicial standing to appeal a grant of a CON.

"The requirements for administrative standing under Maryland law are not very strict. Absent a statute or a reasonable regulation specifying criteria for administrative standing, one may become a party to an administrative proceeding rather easily." *Sugarloaf Citizens' Ass'n v. Dep't of Env't*, 344 Md. 271, 286 (1996).

"Any 'interested party' may submit written comments on the application in accordance with procedural regulations adopted by the Commission," according to state law. Md. Code Ann., Health-Gen. § 19-126(d)(7) (West 2019). The Commission must "define the term 'interested party' to include, **at a minimum**: (i) The staff of the Commission; (ii) Any applicant who has submitted a competing application; **(iii) Any other person who can demonstrate that the person would be adversely affected by the decision of the Commission on the application**; (iv) A local health planning agency for a jurisdiction or region in which the proposed facility or service will be located; and (v) In the review of a replacement acute general hospital project proposed by or on behalf of a regional health system that serves multiple contiguous jurisdictions, a jurisdiction within the region served by the regional health system that does not contain the proposed replacement acute general hospital project." Md. Code Ann., Health-Gen. § 19-126(d)(8) (West 2019) (emphases added).

In fact, the Commission's regulations have provided the following additional criteria for ascertaining an "interested party":

> "Adversely affected", for purposes of determining **interested party status in a Certificate of Need review**, as defined in § B(19) of this regulation, means that a person: [...] (d) Can demonstrate **to the reviewer** that the person could suffer a potentially detrimental impact from the approval of a project before the Commission, in an issue area over which the Commission has jurisdiction, **such that the reviewer, in the reviewer's sole discretion, determines that the person should be qualified as an interested party to the Certificate of Need review**. COMAR 10.24.01.01(B)(2) (emphases added).

The regulations further clarify that "**[i]n order to take a judicial appeal**, an interested party must be an aggrieved party." COMAR 10.24.01.09(F)(2) (emphasis added). Accordingly, although an "aggrieved party" must have been an "interested party" during administrative proceedings, the regulations do not require an "interested party" to be an "aggrieved party" for the purpose of an appeal.[2] [3]

In its Response to our organizations' comments, JHBMC marshals state and federal case law regarding *aggrieved* parties in the judicial review context to argue that our organizations do not constitute *interested* parties under the Commission's regulations and for the purposes of its proceedings. In doing so, it imposes its own interpretation of the regulations, which flatly contradicts the regulations themselves, and incorrectly requires "interested parties" to meet stricter judicial standing requirements to participate in the CON review process.[4] Moreover, JHBMC essentially asks the

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[2] Indeed, Maryland courts "recognize a distinction between standing to be a party to an administrative proceeding and standing to bring an action in court for judicial review of an administrative decision. Thus, a person may properly be a party at an agency hearing under Maryland's 'relatively lenient standards' for administrative standing but may not have standing in court to challenge an adverse agency decision." *Sugarloaf Citizens' Ass'n*, at 285–86.

[3] Our organizations **do not** concede that we are not an aggrieved parties under the relevant standards. However, we are under no obligation to respond to JHBMC's arguments at this juncture.

[4] "[A]n agency is best able to discern its intent in promulgating a regulation. Thus, an agency's interpretation of the meaning and intent of its own regulation is entitled to deference." *Changing Point, Inc. v. Maryland Health Res. Planning Comm'n*, 87 Md. App. 150, 160 (1991)(citing *Maryland Comm'n on Human Relations v. Bethlehem Steel Corp.,* 295 Md. 586, 593, 457 A.2d 1146 (1983).

Commission to improperly settle the question of our organizations' standing for the purpose of a judicial appeal, which is a proper question for the courts, not an administrative agency.[5]

The reviewer designated by the Commission has "sole discretion" to determine whether our organizations constitute "interested parties," and should do so because our organizations, our members and employees, and the communities we serve would be adversely affected if the CON for the project is approved.

As discussed in our Interested Party Comments, detrimental impact would be caused primarily in the areas of quality of care and entitlement to charity care – areas over which the Commission has jurisdiction. Our organizations serve and are comprised of people who live within the service area of JHBMC, and thus already have been or may in the future be patients of the hospital. Some of our organizations also employ their own staff and participate in health plans that provide health benefits to active employees, their dependents and retirees (primary coverage for retirees under 65 and secondary coverage for Medicare eligible retirees) and their dependents, many of whom reside in the service area of the JHBMC. Moreover, we are membership organizations, and our members are low-income and may lack health insurance for some periods of time and thus be entitled to charity care under state law.

Furthermore, the need for community and public input for CON projects is highlighted in the Final Report recently completed by MHCC's Certificate of Need Modernization Task Force. The authors of the report noted that the CON process currently has a problem with the "underdeveloped capability to obtain broader community perspectives on regulated projects."[6] The report's authors go on to highlight that one of the benefits of modernizing the CON process would be the "potential for more

[5] "[T]he determination of whether a person has standing to maintain an action in court is exclusively a judicial function." *Sugarloaf Citizens' Ass'n*, at 290.

[6] Modernization of the Maryland Certificate of Need Program: Final Report. Maryland Health Care Commission, December 20, 2018. Hospital Services Issue and Potential Solution Matrix, page 12. http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_con_modernization.aspx

direct input from communities and general public to MHCC's regulatory review process."[7] Given that the CON Modernization Task Force has identified the lack of community input as both a current problem and expanding it as a desired goal, it would be contrary to MHCC's interests to exclude a community organization's comments from consideration. Our organizations are important representatives and advocates of working people in JHBMC's service area, and our comments should not be excluded from review.

Response to JHBMC's Claims Regarding Lack of Documentation:

JHBMC argues on page 2 and 3 of its response letter that our Interested Party Comments contain several factual assertions that are not supported by sworn affidavits or appropriate documentation, and that they should be dismissed from consideration. JHBMC specifically mentions "several factual assertions to support the Commenters' request to be recognized as interested parties in this case," that it believes require sworn affidavits. However, the basic facts we presented regarding the nature and attributes of our organizations are true on their face and commonly known, and therefore do not require sworn affidavits. As a courtesy, we will provide affidavits swearing to the accuracy of these issues.

JHBMC also argues that our review of medical debt lawsuits filed by the hospital was provided without documentation. This claim is incorrect, however, as we did provide documentation within our discussion of Bayview's medical debt lawsuits. Specifically, we provided the sources used for our review. Moreover, the sources we used for the review are free, publicly accessible through the internet, and are provided by government agencies. Where this wasn't the case, in the section "Examples of Johns Hopkins Suing the Poor," we provided segments of the court records that were referenced. These

[7] Modernization of the Maryland Certificate of Need Program: Final Report. Maryland Health Care Commission, December 20, 2018. Hospital Services Issue and Potential Solution Matrix, page 12. http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_con_modernization.aspx

records are also publicly available, but can only be viewed and copied at the District Court offices. Again, as a courtesy, we are providing affidavits swearing to the accuracy of our review of JHBMC's medical debt lawsuits. We are also providing tables showing the underlying data of our review of JHBMC's medical debt, as well as the underlying court records of the 4 cases we used as examples of JHBMC suing poor patients over debt.[8]

Response to JHBMC's Claims Regarding Quality Standards:

JHBMC claims it has fully complied with the Quality of Care standard in the State Health Plan. This is not an accurate claim. According to the State Health Plan for Acute Inpatient Rehabilitation Services, "An applicant shall be required to meet quality of care standards or demonstrate progress towards reaching these standards that is acceptable to the Commission, before receiving a CON." (COMAR §10.24.09.04A.2.b). Similarly, the State Health Plan for Acute Care Hospital Services states that "An acute care hospital shall provide high quality care" (COMAR §10.24.10). If a hospital is found to not be providing high quality care, then it is not in compliance with the State Health Plan, and MHCC will be required to deny or delay approving its CON application. JHBMC's performance on a number of quality measures is dramatically worse than the state and national averages. The hospital's failures on these measures call into question whether it is providing high quality care, as required by the State Health Plan, and should not be deemed acceptable by the Commission.

JHBMC's response letter addresses its struggles with patient falls in its rehabilitation unit on page 14 of its response letter. Hospital data from its CON application showed that over the last 2 years, its rehabilitation unit had an average rate of falls per 1,000 patient days that was 50% greater than the

[8] We discovered a small error in our analysis of the poverty and demographic information of the zip codes where defendants of the medical debt lawsuits lived. Though correcting this error changed the number of patients sued in certain zip codes slightly, none of the percentages presented in our Interested Party Comments were altered. The corrected tables are included in the exhibits.

average fall rate for all hospitals, and was 64% higher than the median rate for all hospitals.[9] In its response letter, JHBMC states that it has implemented a fall prevention strategy to remedy its problem with patient falls, and presents data that shows fall rates have declined in the 2 most recent quarters. While it is undoubtedly a positive development that patient falls have decreased, it is also premature to assume that the problem has been alleviated. Two quarters of data is not enough time to indicate a trend one way or the other. More time is necessary to demonstrate that progress is being made on this quality measure.

JHBMC's response letter also fails to adequately acknowledge that its emergency department (ED) wait times are significantly worse than other hospitals: ED patients at JHBMC experience wait times before being admitted to the hospital that are 29% longer than the average for Maryland hospitals, and 60% longer than the national average. The percentage of ED patients that leave without ever being seen at JHBMC is over 3 times greater than other Maryland hospitals, and 5 times greater than the national average.[10] JHBMC addresses its ED problems on page 15 of its response letter by claiming its planned conversion to private rooms will reduce wait times. This conversion, detailing in its pending CON application (Docket No. 18-24-2414), will result in the reduction of acute care beds from 342 to 315, which may in fact make the problem of wait times worse. JHBMC leaves unexplained how a reduction in inpatient beds will lead to a decrease in ED wait times.

Likewise, when it comes to providing appropriate care for sepsis and septic shock, JHBMC is 53% worse than the Maryland average, and 39% lower than the national average. JHBMC patients were 8 times more likely than patients at other Maryland hospitals to have suffered a blood clot and not receive

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[9] Johns Hopkins Bayview Medical Center (Rehab) - Docket No. 18-24-2430. Exhibit 6: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/filed_2018/Bayview%20Rehab/Exhibit%206.pdf

[10] Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. https://www.medicare.gov/HospitalCompare/search.html

the treatment that could have prevented it. The rate of readmission at JHBMC is also worse than the national rate.[11]

Taken together, the quality failures are deeply concerning to the community, and call into question whether JHBMC is meeting the quality care standards of State Health Plan. JHBMC should not be awarded the CON until it can demonstrate progress towards overcoming its quality failures.

Response to JHBMC's Claims Regarding its Charity Care Policy:

JHBMC states on page 18 of its response letter that it complies with the charity care policy required by the State Health Plan. This claim is not true. Specifically, the charity requirements of the state plan stipulate that a hospital's written policy must at minimum include the following standard:

> *"Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital."* (COMAR §10.24.10)

As JHBMC indicated in its CON application, and is shown on its website, its charity care policy does not include this standard. Rather, JHBMC's written policy stipulates only that "A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request (emphasis added)."[12] To be in compliance with the State Health Plan, JHBMC must change its written policy to include this minimum standard.

JHBMC indicates on page 18 of its response letter that it notifies patients of the availability of charity care at the time of registration by giving them a patient handbook. This may be the case, but it is not written into the hospital charity care policy, as required by the State Health Plan. Furthermore, the patient handbook is a 16 page booklet, dense with information (Exhibit 6). The section on charity care, titled "Patient Billing and Financial Assistance Information," is found on page 14. This section, which is

[11] Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. https://www.medicare.gov/HospitalCompare/search.html

[12] Johns Hopkins Medicine: Financial Assistance Policies (accessed 2/27/2019) https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html

not highlighted in any way and is found at the back of the booklet, could easily be missed by a sick or injured patient.

Furthermore, both the patient handbook and Exhibit 7 (Understanding Your Medical Bills) state that a patient must be a US citizen or a permanent resident living in the US for at least a year to qualify for charity care.

> *"If you are unable to pay for medical care, you may qualify for free or reduced-cost medically necessary care if you:*
> - *Are a US citizen or permanent resident living in the US for a minimum of one year"* (Exhibit 6)

> *"Financial Assistance will be based on the following factors:*
> - *US citizen or in the US legally."* (Exhibit 7)

This information contradicts JHBMC's own charity care policy, which states that noncitizens are in fact eligible for charity in certain circumstances:

> *"JHHS Hospitals may extend Financial Assistance to residents with demonstrated financial need, regardless of citizenship, in the neighborhoods surrounding their respective hospitals, as determined by the hospital's Community Health Needs Assessment."*[13]

By implying in its patient handbook that undocumented noncitizens and legal residents in the country for less than 1 year categorically will not qualify for charity care, the hospital is discouraging noncitizen patients who may qualify for charity care from applying, undermining its own charity policy.

In addition, by denying charity care to noncitizens who do not live in the neighborhoods surrounding JHBMC, the hospital is in violation of both the State Health Plan and Maryland law. The State *Health Plan states:*

> *"Each hospital shall have a written policy for the provision of charity care for indigent patients to ensure access to services regardless of an individual's ability to pay."* (COMAR §10.24.10)

The above standard mandates charity policies for "indigent patients," with no exception for noncitizens. JHBMC's policy, which is to deny charity care to indigent patients who are noncitizens and who do not live in certain zip codes, explicitly contradicts the above standard.

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[13] Johns Hopkins Medicine: Financial Assistance Policies (accessed 2/27/2019) https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html

Likewise, Maryland law regarding charity care states that hospitals must have charity policies that provide free or reduced care to low-income patients, with no exceptions for noncitizens:

> *"[E]ach chronic care hospital under the jurisdiction of the Commission shall develop a written financial assistance policy for providing free and reduced-cost care to low-income patients who lack health care coverage or to patients whose health insurance does not pay the full cost of the hospital bill."* (COMAR §10.37.10.26)

Again, a low-income patient who is not a US citizen is still a low-income patient. Under Maryland law, low-income noncitizen patients should not be excluded from charity care policies. JHBMC's policy of denying charity care to certain noncitizen low-income patients violates the standards laid out in §10.37.10.26.

JHBMC also claims on page 21 of its response letter that our discussion of its aggressive and predatory medical debt collection practices is "improper and irrelevant." This claim is meritless. As we make clear in our Interested Party Comments, our discussion of JHBMC's medical debt lawsuits is to provide proof that the hospital may be neglecting to follow its own charity care policies, as is required by both the State Health Plan and §10.37.10.26. Many of the patients pursued by JHBMC come from impoverished neighborhoods with large minority populations, indicating that many of them would qualify for charity care. In fact, 40% of JHBMC's medical debt cases are located in zip codes where the median household income is below 200% of the federal poverty line for a family of 4. That means a substantial portion of individuals in those neighborhoods would qualify for free care, and an even higher number would qualify for cost reductions. Why is Johns Hopkins suing these patients rather than fully implementing its charity care policy? This question goes to the very heart of the charity care policy requirement in the State Health Plan, and should be addressed by JHBMC before its application is approved.

JHBMC goes on to claim on page 21 of its response letter that its debt collections practices are not aggressive. This is a surprising claim, given that one its competitors in Baltimore, Bon Secours Hospital (2000 W Baltimore St, Baltimore, MD 21223), has filed no medical debt lawsuits against its

patients in Maryland courts since at least 2009.[14] By comparison, JHBMC has over the same period sued its patients who could not pay their bills 2,373 times, in some cases for as little as $250, taken legal action to seize patient property and/or wages in 604 instances, contributing to 69 bankruptcies. In fact, the aggressive nature of JHBMC's collection practices is indicated by the name the Internal Revenue Service uses to describe such tactics – "extraordinary collection actions."[15] The practices utilized by JHBMC are not ordinary, and relative to the practices of nearby hospitals, cannot be categorized as anything other than aggressive and predatory.

JHBMC dismisses our analysis of the poverty and demographic details associated with the zip codes of those who have been targeted by the hospital's lawsuits as "unsurprising," on page 17 of its response letter and "misleading and unfounded" on page 18. First, JHBMC rightly points out that the zip codes containing the highest number of medical debt lawsuits are within its primary and secondary service area. But the fact that the hospital also seems to find uninteresting the poverty and demographic details of the areas where its lawsuits are concentrated illustrates the problem underlined by our analysis. That many JHBMC patients come from high poverty areas should be of significant concern to the hospital, especially in relation to how it carries out its charity care and medical debt collections. The high levels of poverty found in the neighborhoods of those targeted by JHBMC's lawsuits provides a strong indication that many of those patients who are subject to litigation may themselves be impoverished. If JHBMC's charity policies were fully and correctly implemented, many of those patients would likely have been provided charity care rather than sued.

It's worth noting that the city in which the hospital operates suffers disproportionately from medical debt. Baltimore residents are 71% more likely to have medical debt in collections than those of the rest of the state, with nearly 1 in 3 nonwhite Baltimore residents holding medical debt in

[14] Maryland Judiciary Case Search database: http://casesearch.courts.state.md.us/casesearch/inquiry-index.jsp
[15] 26 CFR § 1.501(r)-6 - Billing and collection. https://www.law.cornell.edu/cfr/text/26/1.501(r)-6

collections.[16] In addition, JHBMC readily acknowledges the level of socioeconomic disadvantages of its surrounding neighborhoods on pages 16 and 17 of its response letter, as a justification for its high readmission rate. In spite of acknowledging the disadvantages of those living in its service area, JHBMC boasts about ranking 20th highest out of 52 hospitals by rate of charity. This ranking puts it near the middle of the pack of Maryland hospitals. If a hospital's patients are coming from communities with high rates of poverty, one could reasonably expect its level of charity care would rank closer to the top than to the middle. In our view, JHBMC's charity level rank is a disappointment, and is another indication that it may not be fully implementing its charity care policy.

Response to JHBMC's Claims Regarding Displacement of East Baltimore Residents

Although housing equity issues may not be explicitly within its ambit, the Commission is required to consider the "[v]iability of [a] [p]roposal," including "the availability of... community support..." for a proposal in its evaluation of CON applications.[17] Here, our organizations' interested party comments—including our discussion of the negative implications of a CON grant on affordable and equitable housing for people of color and low-income people—are clearly probative of the availability of "community support" (or a lack thereof) for JHBMC's CON application, consequently fall within the scope of "an area over which the Commission has jurisdiction," and warrant the Commission's consideration.

Furthermore, housing quality and instability is a widely acknowledged social determinant of health, and should be of great concern to JHBMC. Numerous health complications result from poor housing quality, including respiratory problems due to polluted indoor air, cognitive development issues in children due to lead exposure, and injuries resulting from structural and maintenance lapses. Those

[16] Debt in America: An Interactive Map. https://apps.urban.org/features/debt-interactive-map/
[17] Overview of Maryland Certificate of Need (CON) Program: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_overview.aspx

who lack of housing stability suffer from disruptions in work, school, childcare, and social networks. Worries over housing instability can cause distress, anxiety, mental disorders, and addiction.[18]

In fact, JHBMC identified the lack of adequate housing as a top need in the neighborhoods surrounding the hospital in its Community Benefits Report from 2017.[19] Additionally, the Johns Hopkins Urban Health Institute, of which Johns Hopkins Medicine is a partner, is currently planning a "Social Determinants of Health Symposium" in which access to affordable and quality housing will be prominently discussed.[20]

As we mentioned in our Interested Party Comments, Johns Hopkins institutions have played a prominent role in exacerbating housing problems in East Baltimore. In addition to contributing to gentrification and the displacement of hundreds of African American families over the years, Johns Hopkins is further aggravating housing problems by owning a large number of housing units and keeping them vacant. According to a 2014-2015 survey of East Baltimore by Housing Our Neighbors, Johns Hopkins owns 5.3% of vacant housing in East Baltimore. By keeping these units vacant, Johns Hopkins is reducing the amount of housing available in East Baltimore, and lowering the community housing equity for the area.[21] As a subsidiary of Johns Hopkins, JHBMC cannot be held apart from Johns Hopkins institutions and must respond to the housing problems its organization helped create. JHBMC should address the needs of the underserved who live in the poorest neighborhoods near its campus by taking

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[18] Housing as a Social Determinant of Health By: Diana Hernandez, PhD Shakira Suglia, ScD Columbia University, Mailman School of Public Health. June 2016: https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/Housing2.pdf

[19] Johns Hopkins Bayview Medical Center Fiscal Year 2017 Community Benefits Report. https://hscrc.state.md.us/Pages/init-cb-indiv-narr.aspx

[20] Social Determinants of Health Symposium, May 13, 2019. http://urbanhealth.jhu.edu/SDH_Symposium/ Although the agenda for the Social Determinants of Health Symposium has not been posted, housing topics where discussed in several sections of the minutes from the report from the Community Planning Meeting: http://urbanhealth.jhu.edu/_PDFs/SDH/SDH_2019_Community_Planning_Meeting_Notes.pdf

[21] Community + Land + Trust: Tools for Development Without Displacement. The Baltimore Housing Roundtable. 2016. https://www.nesri.org/resources/community-land-trust-tools-for-development-without-displacement

steps to reduce the involuntary displacement caused directly or indirectly by its development program. We outlined a number of proposals in our Interested Party Comments through which JHBMC could begin to address the housing problems in its surrounding neighborhoods. The CON should be withheld until JHBMC implements these or similar proposals.

CONCLUSION

Based upon the issues discussed above and in our Interested Part Comments filed previously, the United Workers, Charm City Land Trust, and Sanctuary Streets respectfully request that the Commission delay approval of the requested CON until JHBMC has fully addressed and remedied these concerns. Failure to require JHBMC to do so will cause adverse impacts upon these organizations and its members who live and work in the service area of the hospital.

Respectably submitted:

Peter Sabonis
United Workers
Charm City Land Trust

Chelsea Gleason
Sanctuary Streets