

**DARTMOUTH-HITCHCOCK HEALTH – CMC HEALTHCARE SYSTEM
RESPONSES TO CONCERNS RAISED DURING PUBLIC INPUT PERIOD**

The following is a compendium of the public commentary, including web site postings, regarding the proposed affiliation between Dartmouth-Hitchcock Health and CMC Healthcare System. The chart identifies the concern, the section of the Affiliation Agreement or the Amended and Restated Professional Services Agreement attached as Exhibit 4.3-1 (PSA) (as those sections may be modified by the First Amendment) which pertains to the concern, and the parties’ response as to how the concern is addressed.

I. LIMITATIONS ON CARE CURRENTLY PROVIDED BY DARTMOUTH-HITCHCOCK		
Concern	Legal Document	Response
The proposed affiliation will limit the scope of comprehensive care currently provided by the Dartmouth-Hitchcock physicians and providers due to limitations set forth by the Ethical and Religious Directives for Catholic Healthcare (ERDs).	Professional Services Agreement, Paragraph J of the Preamble, as amended. <i>See also</i> PSA, Section 4, Affiliation Agreement, Section 3.5.	The First Amendment to the Affiliation Agreement (“First Amendment”) amends the Preamble, Section J of the PSA to clarify, “Services provided by DHC Providers other than through this Agreement are not subject to the conditions and limitations of the Agreement.” This exclusion is contained in Section 4 of the PSA and Section 3.5 of the Affiliation Agreement.
This affiliation will alter Dartmouth-Hitchcock’s approach to pregnancy termination and will promulgate a more conservative approach to providing care, especially when it comes to women and their choices.	Professional Services Agreement, Exhibit 1(b)(5); Sections 1(b)(5) and 4, as amended.	DH-Manchester has never offered abortions and has agreed to continue to not perform them in the Manchester and Bedford facilities while acting under the proposed affiliation agreement. The First Amendment amends Section 1(b)(5) of the PSA to clarify that D-H providers may give public information to patients about non-ERD compliant care, and Section 4 of the PSA permits certain non-ERD compliant care to continue to be conducted at the DH-Manchester facilities outside of the PSA.
CMC does not allow certain procedures like Reiki and therefore DH will be forced to not allow such services either	Professional Services Agreement, Section 4 and Paragraph J of the Preamble, as amended.	Programs or services not compliant with ERDs will not be included in the PSA under Section 4 and may be offered by D-H, most of them at the Manchester/Bedford facilities. While CMC may not offer Reiki therapy, there are ample opportunities in the community for such treatment, through Dartmouth-Hitchcock as well as other healthcare providers and spa therapy locations.

II. MISSION OF EITHER ORGANIZATION WILL CHANGE AS A RESULT OF THE PROPOSED AFFILIATION		
Concern	Legal Document	Response
CMC’s mission will be violated or altered.	Affiliation Agreement, Sections 1.1 and 2.3.	CMC’s mission will remain unchanged as a result of the proposed affiliation. Furtherance of compatible missions is a shared vision and guiding principle embodied in Sections 2.3 and 2.5 of the Affiliation Agreement.

III. RECONCILING HISTORICAL PRO-LIFE VS. PRO-CHOICE PHILOSOPHIES; VIOLATION OF THE ERDS		
Concern	Legal Document	Response
Dartmouth-Hitchcock is a strong advocate for abortion which is contrary to CMC’s position on life issues.	Professional Services Agreement, Section	DH-Manchester has never offered abortions and has agreed to not offer them in the future in the Manchester/Bedford facilities while acting

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Concern	Legal Document	Response
	1(b)(5) and Exhibit 1(b)(5).	under the proposed affiliation agreement.
Upon opening of the West Side Neighborhood Health Center by CMC and DH-Manchester, there was no protocol in place for the adherence to the ERDs.	Affiliation Agreement, Sections 2.5 and 3.9.2.9, as amended.	As a department of Catholic Medical Center, the West Side Neighborhood Health Center must be in compliance with the ERDs. This applies to any practices and to the providers providing patient care.
Advance directives are being violated.	Affiliation Agreement, Section 3.9.6, as amended.	The First Amendment amends Section 3.9.6 to clarify that CMC has in the past, and will continue, to honor and abide by legally-valid advance directives, consistent with the ERDs.
CMC will not help a woman with an ectopic pregnancy.	N/A	The ERDs allow for the compassionate treatment of a woman with an ectopic pregnancy which permits options that do not constitute direct abortion.
There are no consequences should a physician violate an ERD.	Professional Services Agreement, Section 1 (b) 5, as amended.	When a provider is credentialed at Catholic Medical Center, he/she must sign an application which clearly states he/she will abide by the ERDs. Additionally, the provider receives a copy of the ERDs for reference. Should a violation be reported, CMC's Chief Medical Officer will conduct a full administrative review. If the allegation is true and in fact the ERDs have been violated, the physician is subject to a loss of privileges at CMC as well as being reported to the state Board of Medicine. As part of the proposed affiliation, under the PSA, all providers must undergo ERD training and monitoring.
There has been no attention paid to the ERDs in this process.	Affiliation Agreement, Sections 2.5 and 3.9.2.9, as amended.	The First Amendment amends Sections 2.5 and 3.9.2.9 of the Affiliation Agreement to state explicitly that CMC will remain Catholic and continue to operate in accordance with the ERDs, and any new services brought to CMC must be in accordance with the ERDs. Both a review of canon law and compliance with the Ethical and Religious Directives of the Roman Catholic Church are an important part of understanding the full relationship between both organizations, and adherence to the ERDs is required under the Affiliation Agreement. CMC Healthcare System (CMCHS) is the sole member and supporting organization of Catholic Medical Center (CMC), a non-profit hospital. CMCHS is a public juridic person of diocesan right under the canon law of the Roman Catholic Church and is responsible for assuring that CMC operates in adherence to the ERDs and is subject to the powers reserved to the Roman Catholic Bishop of Manchester. CMCHS and its affiliates must continue to comply with the canon law and the Ethical and Religious Directives of the Roman Catholic Church.

IV. CMC WILL LOSE ITS INDEPENDENCE AND THEREFORE LOSE ITS CATHOLIC IDENTITY

Concern	Legal Document	Response
DHH will mandate (top-down) changes, proposals and recommendations that will result in a loss of CMC’s independence therefore causing irreparable harm/damage to the CMC’s identity and values.	Affiliation Agreement, Sections 1.5, 3.1.1, 2.5, 3.9.2.9, and 3.9.6, as amended.	As part of the guiding principles committed to under the Affiliation Agreement, both organizations have agreed that is a fundamental value and understanding that there will be deference to local decision-making and adherence to ERDs for all parties operating under the Manchester System and as well as the importance of preserving and respecting the Catholic elements of the Manchester System and the charitable purposes for which they were established in addition to the Bishop’s reserved powers.
CMC as public juridic person should be run by a Catholic and must preserve the powers of the Bishop.	Affiliation Agreement, Exhibit 3.5.	Competent canon lawyers have been consulted and have found no credibility to the assertion that a Catholic hospital must be “run” by a Catholic. Under Exhibit 3.5 of the Affiliation Agreement, the Bishop has the requisite reserved powers.
There will be a loss of local-decision making.	Affiliation Agreement, Section 1.5	Section 1.5 of the proposed affiliation documents clearly outlines the need and importance of local decision-making. “The Parties envision that both the Manchester System and the Regional System will be dynamic networks rather than static, hierarchical structures. Because the missions of the Manchester System, the Regional System and their respective Provider Organizations focus on the provision of necessary and beneficial health care services to their communities, it is expected that most clinical and strategic planning initiatives and decisions will originate at the “local” level from the Provider Organizations which deliver the health care and have the most direct interaction with patients and community members. CMCHS, through the exercise of its reserved approval powers, will be responsible for assuring that these initiatives and decisions, and the activities of all Manchester Provider Organizations generally, are consistent with the broad goals and parameters established for the Manchester System.”
What was initially communicated is not consistent with the proposed documents filed with the Attorney General’s office; the original “intent” that was communicated did not include the regional integration.	N/A	As early as September 2008, it was reported in the Union Leader that both CMC and Dartmouth-Hitchcock acknowledged they had established a dialogue with one another to explore how they might further collaborate. We subsequently, made a public announcement in February of 2009 of our collective signing of a formal letter of intent based on conditional approvals made by the both boards’ and the Bishop of Manchester. It has always been publicly stated through website posting and through message delivery, the desired outcome is to create an integrated healthcare delivery system that maximizes Manchester-based resources aimed at increasing access to enhanced quality patient care for the greater Manchester community. In order to accomplish this objective as fully as possible, the integration of CMC Healthcare System and its subsidiaries into a broader regional healthcare delivery system

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		with Dartmouth-Hitchcock Health is part of this proposal. A priority is to communicate our collective process and proposed outcomes to the community and key stakeholders, particularly those with a direct impact on patient care in Manchester, and to evaluate public comment regarding the proposed Affiliation.
CMC needs to remain independent and Catholic.	Affiliation Agreement Sections 2.5 and 3.9.2.9, as amended.	CMCHS and its affiliates will continue to comply with the canon law and the Ethical and Religious Directives of the Roman Catholic Church. Under the First Amendment of the Affiliation Documents, Sections 2.5 and 3.9.2.9 of the Affiliation Agreement explicitly state that CMC will remain Catholic and continue to operate in accordance with the ERDs, and any new services brought to CMC must be in accordance with the ERDs.

V. THIS IS NOT AN AFFILIATION: IT IS A MERGER OR TAKEOVER, WITH DHH TAKING CONTROL OVER CMC

Concern	Legal Document	Response
DHH will be “top dog” “calling all the shots.”	Affiliation Agreement Sections 1.5 and 3.9.6	Section 1.5 of the proposed affiliation documents clearly outlines the need and importance of local decision-making. This principle is embodied in Section 3.9.6 regarding clinical operations, financial and administrative matters, and the exercise of DHH reserved powers.
DHH is plotting a takeover to create a regional system that has nothing to do with Catholic health care.	Affiliation Agreement Sections 3.1.1 <i>et seq.</i>	Sections 3.1.1 <i>et seq.</i> of the Affiliation Agreement outline the description of the proposed affiliation including but not limited to the leasing arrangement and professional services agreement between CMCHS and Alliance Health Services, continued applicability of the ERDs, CMCHS as the Manchester System Parent Company, CMCHS Reserved Powers over AHS, CMCHS Reserved Powers over CMC, Public Juridic Person, Trustee representation, Management and reporting, Financial matters and the integration into a regional system, with definitions regarding sole membership and reserved powers.
If it’s not an acquisition, why file paperwork with the Attorney General under an acquisition state statute?	N/A	The statute governing affiliations between healthcare institutions, RSA 7:19-b, is broader than the terminology drafted into the original statute that uses the word “acquisition” to include affiliations of this nature.
CMC did not fully determine if they could first find another Catholic institution to partner with before communicating with Dartmouth-Hitchcock.	N/A	Over the past five years, Catholic Medical Center (“CMC”) and Dartmouth-Hitchcock Clinic have collaborated on several specific successful and efficient integrated healthcare patient services. The proposed affiliation creates an opportunity to enhance access to high quality patient care for the greater Manchester community. The benefits of such an affiliation include: <ul style="list-style-type: none"> • An increased ability to address the primary care needs of the

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		surrounding communities, including indigent care delivery; <ul style="list-style-type: none"> • The ability to expand and grow specialty care services, including bringing tertiary (sub-specialty) level care from Dartmouth-Hitchcock Clinic to Manchester; • Improved coordination of care across outpatient and inpatient settings; and • The ability to recruit and retain hard to find sub-specialists.

VI. THE BISHOP WILL LOSE HIS RESERVED POWERS UNDER THE AFFILIATION AGREEMENT

Concern	Legal Document	Response
The Bishop will lose his reserved powers.	Affiliation Agreement, Exhibit 3.5, Sections 5.5.1.4, 5.7.4 and 5.5.2.4 as amended.	Under Optima, the Bishop had no civil legal authority. Under the proposed affiliation agreement documents the Bishop has significant reserved powers of approval over a number of material decisions and actions undertaken by the CMCHS Board and the Manchester System. In addition, the Bishop retains a meaningful role in assuring compliance by CMCHS with the ERDs. Exhibit 3.5 of the Affiliation Agreement enumerates the requisite reserved powers of the Bishop. Additionally, language to strengthen the application of this has been added in the First Amendment clarifying the Bishop’s role and rights, retirement, resignation and or incapacity. The First Amendment also expressly acknowledges that the Bishop may enforce his reserved powers in civil court.

VII. THE PROPOSAL SHOULD BE REVIEWED BY THE PROBATE COURT

Concern	Legal Document	Response
There is a need for a probate court review.	N/A	Legal counsel for each of the organizations have confirmed that Probate Court is unnecessary and duplicative. The Change of Control Statute, RSA 7:19-b, expressly authorizes and directs the Attorney General, through his Director of Charitable Trust, to ensure that the mission of the parties is being maintained and furthered, and that the proposed affiliation meets additional standards which would be beyond the jurisdiction of the Probate Court.

VIII. FINANCIAL CONCERNS

Concern	Legal Document	Response
CMC funds will be diverted to fund programs or services contrary to the ERDs.	Affiliation Agreement Sections 3.9.3.2, 3.9.2 and Sections 3.9.6.	Section 3.9.3.2 prohibits funds from leaving the Manchester System unless the financial conditions in Exhibit 3.8 are met, the Leadership Council proposes the allocation, the allocation is consistent with the

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Concern	Legal Document	Response
		<p>ERDs, and the allocation is approved by CMCHS as part of the budget process.</p> <p>Section 3.9.2 of the Affiliation Agreement outlines, “As a sole member of CMCHS, DHH will retain certain reserved powers over CMCHS and, if and to the extent expressly stated below, its direct subsidiaries so that DHH can serve as the coordinator and steward of the Regional System. [A]s permitted by Section 1.4 of the DHH bylaws, however, DHH agrees that it will reserve only the following powers over CMCHS, which modified powers will be set forth in the CMCHS Articles of Agreement or Bylaws and are in the best interests of the Regional System.” The First Amendment clarifies Section 3.9.2.2 of the Affiliation Agreement to reflect the parties’ understanding that the DHH Board will not have a “line item veto” over any annual or revised operating or capital budgets of CMCHS.” Section 3.9.6 further identifies the respect for local-decision making and needs regarding clinical programming.</p>
<p>Terms of the Professional Services Agreement have not been posted as part of the public review process. Exactly what percent of the services will be exempt from ERD applicability?</p>	<p>Professional Services Agreement, Section 4, as amended.</p>	<p>The First Amendment amends Section 4 of the PSA to describe the method for determining this percentage, which may vary in any budget year. It is anticipated to be 3 to 4% as of the Effective Date, which is a conservative estimate so that non-ERD compliant services being conducted by D-H Manchester will not be curtailed.</p>
<p>Cost will increase as a result of this proposed affiliation.</p>	<p>N/A</p>	<p>One outcome of health care reform will undoubtedly be a focus on delivering quality health care in more cost-efficient ways. Providing value will be at the center of the discussion. Key to maximizing value will be ensuring highly coordinated services and programs focused on providing evidenced-based care across the continuum of care—from primary to specialty to tertiary care—in larger population areas. Delivering a full spectrum of coordinated health care services requires:</p> <ul style="list-style-type: none"> ▪ a community hospital that provides superior clinical care ▪ a multi-specialty practice group of like mind that provides high quality primary, specialty and subspecialty care ▪ an affiliated tertiary and academic medical center that provides advanced levels of care <p>CMC Healthcare System will not command higher reimbursement rates from insurers because of its affiliation with Dartmouth-Hitchcock Health. On the Effective Date, the parties will honor their current payor contracts.</p>
<p>Bond covenants currently held by both organizations will be violated.</p>	<p>N/A</p>	<p>Legal counsel has confirmed that the proposed affiliation is a permitted transaction which is not prohibited by, and does not require consent under, CMC’s existing bond covenants.</p>

IX. PATIENT CHOICE WILL BE LIMITED THROUGH THE PROPOSED AFFILIATION

Concern	Legal Document	Response
Dartmouth-Hitchcock patients will be forced to go to CMC for their care which will be restricted under the ERDs.	Professional Services Agreement, Section 1(b) 2, as amended.	<p>Patient choice always will be honored. The First Amendment amends Section 1(b)(2) of the PSA to clarify this, as well as the ability of D-H Providers to be credentialed at other health care facilities.</p> <p>The exclusion from the PSA for non-ERD compliant services is described above. There will be no restriction on the services currently provided by DH-Manchester providers.</p>

X. THIS IS OPTIMA ALL OVER AGAIN

Concern	Legal Document	Response
“I was on the Optima Board, how is this affiliation different?”	<p>See Sections 3.1.1 <i>et seq.</i> of the Affiliation Agreement.</p> <p>Affiliation Agreement Sections 2.5 and 3.9.2.9, as amended.</p>	<p>Some of the differences are the following:</p> <p><u>The Proposal is a “Holding Company Affiliation” Not a Merger:</u> Optima involved the dissolution of two hospital holding companies (Elliot Health Systems and Fidelity Health Alliance) and the creation of one merged holding company (Optima Health).</p> <p><u>No “Mirror Boards:”</u> Following the Optima merger, the articles of agreement and bylaws of each CMC and Elliot were amended by substituting the Optima Board as the Board of Directors/Trustees for each CMC and Elliot. In effect, the same handful of citizens served as the fiduciaries of all three entities: Optima, CMC and Elliot.</p> <p><u>Bishop Has Reserved Powers:</u> Under Optima, the Bishop had no civil legal authority. Under the <i>status quo</i> and under the Affiliation, the Bishop has significant reserved powers of approval over a number of material decisions and actions undertaken by the CMCHS Board and the Manchester System. In addition, the Bishop retains a meaningful in assuring compliance by CMCHS with the <i>Ethical and Religious Directives for Catholic Health Care Services</i> (“ERDs”).</p> <p><u>No Change in Charitable Mission:</u> In its <u>Optima Report</u>, the Attorney General found that Optima effectively <u>terminated</u> “CMC's historical charitable mission as an acute care religious hospital by the removal of all acute care services from CMC and the conversion of CMC to a psychiatric and rehabilitation facility.” Under the Affiliation, there will be no change in the charitable mission of any entity and any such change to CMCHS, CMC their affiliates would require the approval of the Bishop in addition to the CMCHS Board before applying to the Probate Court in order to deviate from the original mission.</p>

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		<p><u>Local Decision-Making Retained:</u> Optima effectively transferred proactive decision-making authority to a centralized, regional company, Optima Healthcare, through a joint operating agreement. Under the Affiliation, decision-making will remain local subject only to certain enumerated limited reserved approval authority at the regional level to be exercised by DHH, and most concurrently with the Bishop.</p> <p><u>Optima Used Catholic Assets to Violate the ERDs:</u> Optima misappropriated Catholic assets by consolidating certain CMC clinical services, such as maternity services, on the Elliot campus and used these consolidated assets to perform abortions and perform other procedures in violation of the ERDs.</p> <p><u>Optima Failed to Involve the Public in Implementing Its Re-Organizational Proposals:</u> In its <u>Optima Report</u>, the Attorney General faulted Optima for implementing proposals which altered the fundamental character and mission of CMC and misappropriating its charitable assets without involving the community and/or the Director of Charitable Trusts in its decision-making.</p> <p><u>Optima Officials Did Not Conduct Sufficient Ethical Due Diligence Prior to Consummating the Merger:</u> In its <u>Optima Report</u>, the Attorney General faulted Optima for failing “to address the complex ethical issues raised by the merger of a religious and a secular hospital forthrightly, publicly and on the basis of accurate information regarding practices at both hospitals has led to the apparent compromise of the charitable identities and missions of both institutions....” Specifically, the Attorney General found: “Optima has not provided this office with documents or evidence which indicate that the historical applicability of the Ethical Directives at CMC was ever actively considered by its constituent boards in connection with the consolidation of acute care services at a single site. Indeed, this issue appears to have gone unaddressed until the 1996 controversy regarding the availability of certain abortion procedures at Elliot Hospital led to promulgation of a controversial policy regarding religious principles and abortion procedures.”</p>

XI. QUALITY ISSUES PERSIST FOR BOTH ORGANIZATIONS

Concern	Legal Document	Response
Both organizations have quality issues, how will this affiliation	Affiliation Agreement,	The relationship between CMC and Dartmouth-Hitchcock Manchester

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Concern	Legal Document	Response
address quality problems and solutions.	Sections 1.3, 2.1 and 2.2.	<p>during the past few years has provided increased access and care options to patients, including specialty cancer care, cardiology, maternity services, expanded primary care, hospitalist services and a community health center for low-income children and adults.</p> <p>During this time, CMC also has <i>exceeded</i> the state and national rates for quality of care measures for patients being treated for heart attack, congestive heart failure, pneumonia, and selected surgical processes. Details on CMC’s quality of care rankings, and that of other New Hampshire hospitals, are available at www.nhqualitycare.org, which is a joint venture between the NH Foundation for Health Communities and the Northeast Healthcare Quality Foundation. Catholic Medical Center has demonstrated an ongoing commitment to delivering the highest quality care in all patient settings.</p> <p>A reason for the proposed affiliation between CMC and Dartmouth-Hitchcock Manchester is to allow for further integration of services that will allow for the management of the entire continuum of care—from the primary care physician to the Dartmouth-Hitchcock intensivist to tertiary care at Dartmouth-Hitchcock Medical Center in Lebanon if needed. Under Sections 1.3, 2.1 and 2.2 of the Affiliation Agreement, the parties have committed to meeting the health needs of the Manchester System service area with the highest quality care possible.</p>

XII. EMPLOYMENT BASE OR BENEFITS WILL SHIFT

Concern	Legal Document	Response
Employees of either organization will lose their jobs.	N/A	Both organizations are confident that as they work together to expand appropriate services in the community, there is an opportunity for new jobs to be created. There is no planned shift in the existing employment base of either organization. Persons currently employed by CMC will continue to be employed by CMC and persons currently employed by Dartmouth-Hitchcock Clinic- Manchester will continue to be employed by Dartmouth-Hitchcock Clinic - Manchester.
Employees will lose their pension plan or retirement options.	N/A	There will be no impact to existing employees with regard to their pension or retirement options.

XIII. BOTH ORGANIZATIONS HAVE BEEN “CONSPIRING” BEHIND CLOSED DOORS FOR YEARS

Concern	Legal Document	Response
The public has been duped by this proposal.	N/A	Catholic Medical Center and Dartmouth-Hitchcock Manchester have

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Concern	Legal Document	Response
		publicly and openly collaborated for more than five years to bring advanced, quality care to the citizens of the greater Manchester community. Since 2003, strategic initiatives have included midwives providing birthing services to The Mom’s Place, Dartmouth-Hitchcock Manchester providing 24/7 hospitalist coverage, New England Heart Institute cardiologists providing on-site cardiac care at the Hitchcock Way facility, the relocation and expansion of the Dartmouth-Hitchcock Norris Cotton Cancer Center and Dartmouth-Hitchcock providing intensivist coverage at CMC’s ICU. There has also been increased access and care options to patients, including expanded primary care and a community health center for low-income children and adults. As early as September 2008, it was reported in the Union Leader that both CMC and Dartmouth-Hitchcock acknowledged they had established a dialogue with one another to explore how they might further collaborate. We subsequently made a public announcement in February of 2009 of our signing of a formal letter of intent based on conditional approvals made by the both boards and the Bishop of Manchester.
Patients of both organizations have not been notified of this change.	N/A	Because the proposed affiliation has not yet been approved by regulators, patient notification would be premature.

XIV. CMC WILL BECOME A TEACHING HOSPITAL

Concern	Legal Document	Response
CMC will become a teaching hospital.	N/A	Whether a teaching component will be instituted at CMC is yet to be determined. Currently there are medical school students who rotate into the clinical practice of Dartmouth-Hitchcock Clinic Manchester. There may be discussions regarding the potential of establishing a teaching/academic component at CMC in the future, however in the near term there are no plans to establish a resident program at CMC.

XVI. CANON LAW IS BEING VIOLATED

Concern	Legal Document	Response
Canon law says that CMC must have a Catholic CEO.	N/A	Competent canon lawyers have been consulted. They find this assertion to be inaccurate. Their input and assessment has allowed us to continue with the proposed affiliation because there are no legal issues in conflict with Church laws.
Ethicists were not consulted.	N/A	The Bishop consulted with a broad range of individuals, including three nationally recognized ethicists, the opinions of which have been confirmed by the parties. CMC also is in the process of engaging a fourth ethicist so that a confirmation of compliance with canon law can be made public.

THE FOLLOWING SECTION LISTS REPRESENTATIVE PUBLIC TESTIMONY IN FAVOR OF THE PROPOSED AFFILIATION:

It seems as though you have learned a lot through the Optima failure.
Thank you for attempting to improve the services provided to the Catholic Community of Southern NH, while retaining the Catholic identity of CMC.
This will be of great benefit, particularly on the Westside, where those people need improved facilities nearby.
I am so pleased that this Affiliation is moving forward. This is a positive step in providing high-quality care to patients.
I am an employee of CMC and know people who have been treated at Norris Cotton. This is a win-win. The care in the community will improve.
This Affiliation will improve the healthcare of the community. This is not two hospitals; this is a hospital joining with a multi-specialty practice group in order to improve access to services.
What a benefit to our community! This means there will be access to specialized care at CMC and individuals will not have to travel to Lebanon or Boston.
This is what the future of healthcare will look like; community hospitals closely aligned with physician groups.
This is a great benefit to the community, it will improve care and lower costs.
This will allow these organizations to share resources and improve the quality and access of care.
Our children see DH doctors and we see CMC physicians; this will be a great fit.
This is an exciting opportunity for increased access to specialized care.
This has the potential to greatly expand and improve services.
I am an employee of CMC. This Affiliation will increase the quality and access of care, and CMC will not sacrifice its identity. These organizations will complement one another.
This is of great interest. We support it so long as CMC still stands for life.
I trust these organizations to work together to offer quality care while respecting each other's mission.
As the provision of healthcare becomes more challenging, this forward thinking combination of two organizations that have already worked well together is something I support.
This will be such a positive for the community; it will open up access to specialties. CMC will keep its Catholic identity but be able to provide a wider array of services.
This Affiliation will increase CMC's ability to meet the healthcare needs of the community it serves.
Both organizations are committed to providing quality care to those who need it. This affiliation will ensure the continuity of quality care, and provide for the continuation of local control of CMC.
The CMC mission will remain unchanged.
As an employee, I have worked with both entities; they are already doing great work together.
As a trustee of NLH, I have witnessed successful affiliations with DH. An affiliation with DH is of benefit to local community hospitals and their patients.
At the United Way we have partnered with DH on a number of occasions; they are good at collaborating and enhancing the missions of their partners.
I am affiliated with Cheshire Medical Center. We have partnered with DH, and it has improved the quality of care we can provide, and enhanced our mission.
Having local first class care is needed; this is what this affiliation will accomplish. I needed cancer treatment, and knowing that I could get it closer to home (at Norris Cotton) and be closer to my family meant the world to me in the course of my treatment.
Elliot is expanding; I do not see this [the proposed affiliation] as a threat to competition. There will still be choice and competition.
We needed specialty care for our child. We got this care at CHAD and it was wonderful. But to have been able to get this specialty care at the local level, that would have been great, and this Affiliation will provide for that.
We had a child with cystic fibrosis that needed specialty care. In such situations, normalcy is a good thing to have, and care closer to home provides some normalcy. Having easier access to specialty care will result from this Affiliation.
This is not the same as Optima for a number of reasons: (1) The parties have disclosed their plans, there is transparency.

THE FOLLOWING SECTION LISTS REPRESENTATIVE PUBLIC TESTIMONY IN FAVOR OF THE PROPOSED AFFILIATION:

- (2) They have taken the ERDs into account.
- (3) This is an affiliation, not a merger, nothing is going to close.