



PEOPLE FOR HEALTHCARE FREEDOM

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VIA U.S. MAIL AND ELECTRONIC MAIL

Janis Sigman, Program Manager
Washington State Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

**Re: Comments on Department of Health Concept Draft of Proposed Changes to
Certificate of Need Regulations, Implementing Governor's Directive 13-12**

Dear Ms. Sigman:

We are residents of Skagit County. Five months ago, we learned that the four public hospitals in and adjacent to our county were considering partnerships with Catholic healthcare entities. After learning about the proposed Catholic-secular partnerships in our area, several of us concerned residents formed the undersigned group, People for Healthcare Freedom, with the purpose of informing ourselves, our neighbors, and our commissioners of the issues involved in religious takeovers of secular public hospitals.

The first of our four hospitals seeking an affiliation with a Catholic healthcare entity was United General Hospital in Sedro Woolley (Skagit Public Hospital District No. 304). Your department issued the Certificate of Need (#1504) for that affiliation on June 10, 2013.

The other three hospitals are Skagit Valley Hospital in Mount Vernon (Skagit Public Hospital District No. 1), Island Hospital in Anacortes (Skagit Public Hospital District No. 2), and Cascade Valley Hospital in Arlington (Snohomish Public Hospital District No. 3). These three hospitals (hereinafter, the Interlocals) joined together to seek a fourth larger partner and, on March 18, 2013, issued a joint Request for Proposals to four healthcare entities: PeaceHealth (a Catholic entity), Providence Health (a Catholic entity), Virginia Mason Hospital (a secular entity), and the University of Washington (a secular entity). The Interlocals received proposals from all four entities and are currently in the process of deciding which proposal to accept.

It is important to our concerns to further note that United General Hospital and the Interlocal hospitals are completely surrounded by Catholic hospitals: to the north, the only hospital between United General Hospital (in Sedro Woolley) and the Canadian border is St. Joseph's in Bellingham, a PeaceHealth facility; to the south, the only hospital between the Interlocals and Seattle is Everett General, a Providence hospital; to the west, on the San Juan Islands, the only hospital is the new the Peace Island Hospital, a PeaceHealth facility. This means that, if the three Interlocal hospitals also choose Catholic entities as partners, all Western Washington hospitals (and their clinics, including Hospice clinics) from the Canadian border to Seattle, will be operated by Catholic healthcare entities.

We are pleased to have this opportunity to raise questions and make suggestions that are pertinent to our current hospital affiliation situation and which, therefore, raise questions about your task of reforming the CON rules.

1. The issue of permanent loss of services that are not currently being provided

In issuing Certificate of Need #1504 in the United General Hospital case, the Department ruled that "services cannot be discontinued if they are not currently offered." While this statement makes logical sense, it needs further exploration because its effect can be *permanent* loss of access to best care medical services. In the UGH case, the hospital had not provided ob-gyn services for several years before the affiliation because they were unable to find providers for the 24/7 anesthesiology required for those services. We argued in that proceeding that the fact that United General could not provide ob-gyn services at the time of the affiliation should not result in the loss of abortion and other reproductive services for the future. If a hospital does not provide cardiac or brain surgery at the time of an affiliation, then there are no services lost, currently or in the future, because the new entity is always free to add those services if and when finances and other considerations permit. However, when a hospital does not currently provide certain services and the affiliating entity prohibits those services for religious reasons, then those services will *never* be able to be added. Would it be a desirable public policy to allow an affiliation where the new entity says it would prohibit chemotherapy or appendectomies or any other service? We think not. **The CON rule changes have to provide for review of any affiliation in which services will be prohibited in the future.**

2. How can a hospital substantiate its claim that its providers have never offered given services?

If affiliating hospitals claim that they can limit services on the basis that said services are not currently performed, how can the Department or the public have confidence that such a claim is accurate? What is done in a physician's clinic or office, whether it be writing an "abortion pill" prescription or performing a Death with Dignity Act (DWDA) interview, is private. How can the affiliating entities prove a negative? Will they search all patient charts? Will they ask their providers whether they have ever done X or Y procedure? If they do ask, will the providers give an accurate answer if they think it will be unpopular with their future employer? **The CON rule changes need to address this issue of accuracy and transparency when ruling that services are not currently being provided.**

(3) Should new affiliates be allowed to prohibit services on the grounds that there is a "workaround" elsewhere in the community?

In the case of the Interlocals, all three hospital/clinics provide full ob-gyn services and none of them restricts their physicians from participating in the DWDA procedures (though two of the three hospitals have decided not to participate in DWDA procedures *in* the hospital). Should a new

affiliate entity be allowed to prohibit its providers from providing some or all of these services on the grounds that there are workarounds in the community (e.g., referral to Planned Parenthood or to an outside physician willing to do Death with Dignity procedures)? A loss of services is a loss of services, even if another non-affiliate clinic offers the services. Forcing a patient to find services away from their trusted provider is a burden on the patient. Also, public hospitals have at least some reliable funding through levies and taxes, while the "workaround" entities do not. This is an especially important question when we consider that the usual abortion workaround, Planned Parenthood, has fierce political opposition that could end its existence. **The CON rule revisions should clarify this issue.**

4. Even if a proposed religious affiliate currently allows some of the procedures prohibited by its church doctrine, how can a community have any confidence that the affiliate will continue to allow said procedures in the future? This is an issue of transparency. For example, if a proposed religious affiliate claims that it offers some of the services prohibited by the ERDs, how can a community be assured that the services will continue to be offered if a new--or even the current--religious authority decides that those services should no longer be provided? At this time, the offering in Catholic hospitals of services prohibited by the ERDs, if any, are dependent on "workarounds" or the "blind eye" of the local bishop or, in some cases, "stealth medicine" on the part of the providers. What if that "blind eye" opens and sees and prohibits? **The CON rule revisions must provide for ongoing monitoring of promises made to the community.**

(5) Should the fact that an affiliation will substantively change the mission statement of the original hospital automatically trigger the CON process? The mission statement of each of the Interlocals is currently free of religious goals and restrictions. The mission statements of two of our proposed affiliates are not. The mission statement of PeaceHealth begins with the sentence, "We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way."¹ That this statement substantively alters the mission of the non-religious hospitals becomes apparent in the PeaceHealth proposal itself, which requires affiliates ". . . to operate consistently within PeaceHealth's Statement of Common Values." The Statement of Common Values, which is appended to the proposal, prohibits all providers from participating in elective abortion, *in vitro* fertilization, donor insemination, any act done with the explicit intent of ending a patient's life, and any benefits from research using embryonic stem cell research.² The same is true with Providence/Swedish. The Providence mission statement begins with: "Providence Hospitals extends [sic] the healing ministry of Jesus Christ to God's people."³ The Providence/Swedish proposal says, "Swedish is currently and will always be a secular entity that is not subject to the Ethical and Religious Directives for Catholic Health Care Services, *except that no elective abortions, physician assisted suicide, euthanasia or intentional embryonic destruction can be performed in any affiliated facility*"⁴ [emphasis added]. Calling a mission "secular" does not make it so. **A CON review should always be required when the mission of the affiliate entity substantively changes the mission statement of the original hospital.**

¹ [PeaceHealth Mission Statement](#)

² [PeaceHealth Response to Request for Proposal](#), pp. 86-88

³ [Providence Mission Statement](#)

⁴ [Providence/Swedish Western Washington Response](#), p.27

It is our view that our hospitals' healthcare practices should be determined by the standard of best care and patient needs or interests, not by religious doctrine. To that end, we urge you to implement the suggestions made herein.

Sincerely,

A handwritten signature in blue ink that reads "Mary Kay Barbieri". The signature is written in a cursive, flowing style.

Mary Kay Barbieri, Chair
People for Healthcare Freedom