



**Planned Parenthood Votes Northwest**

August 5, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Washington State Department of Health  
PO Box 47854  
Olympia, WA 98504-7854

Dear Ms. Sigman,

Planned Parenthood is the nation's oldest, largest, and most trusted reproductive health care organization in the country, and in Washington we work to protect and advance the reproductive health of individuals, families and communities across the state. On behalf of Planned Parenthood Votes Northwest, I write to provide comments on the Governor's Directive 13-12 regarding health care mergers.

As a health care provider and patient advocate, ensuring access to the full range of family planning and reproductive health services is our top priority. Accordingly, we have deep concerns about religiously affiliated hospitals' restricting access to certain kinds of medical care, and we appreciate the opportunity to share our perspective on a problem that is becoming increasingly pervasive in modern health care delivery.

In Washington, just over 40 percent of all acute care hospital beds are owned or controlled by Catholic health systems, and proposed transactions involving secular and religiously-affiliated health systems could push that rate closer to 50 percent, threatening local access to comprehensive health care for women. Across the state, patients seeking medical information and treatment are encountering health care restrictions based on institutional religious doctrine, and reproductive health care services – including birth control, sterilization, abortion, and infertility services – are the type of care most frequently banned.

In particular, many religiously sponsored hospitals restrict the services they provide, despite a growing conflict between these hospitals and the diverse communities they serve. Moreover, religious hospitals have consolidated into large regional and national health systems that wield considerable market power.

These health systems are acquiring non-religious community hospitals and physician practice groups at an alarming rate, and these entities are subsequently all subject to the same extreme religious restrictions. In some instances, hospitals prohibit physicians from even making referrals for reproductive health services. Finding an appropriate response to this matter is more urgent than ever – in the past fifteen years, never have so many religious/secular hospital mergers been active in one state as in Washington.

In many public hospital districts, these mergers mean that health care access is limited to only one facility, and patients have no other convenient choice for hospital care. Patients may also be restricted in where they can seek care because of managed care rules requiring members to

use “in-network” hospitals. When patients have but one convenient choice for hospital care, they frequently only learn about the restrictions in a religious hospital once they are in emergency need of such care.

Public hospital districts serve residents who have the right to expect that a tax-supported health care facility will not deny them legal and medically appropriate health services. Medical care that is restricted by conservative religious doctrine undermines patients' rights to informed consent and interferes with their ability to obtain a full range of health care services. Health care refusals like these hurt all patients, but they fall most heavily on women, the LGBT community, and the poor.

Religiously-affiliated hospitals are restricting women's access to abortion care, contraception, and other reproductive health services across the state, and lesbian, gay, bisexual and transgender individuals are also at risk of the denial of all manner of medical care because of bigotry based on sexual orientation and gender identity. These denials can come with refusals to refer patients to helpful providers and refusals to provide medically accurate information about a patient's options.

Additionally, low-income women are disproportionately affected by religious health care restrictions because they tend to be more dependent on hospitals and hospital outpatient clinics for “safety net” health care. Rural women are also especially affected, because when services are unavailable due to a conflict with a hospital's religious doctrine, they may not have an easily accessible alternative provider of health care.

Monopolies are created when hospital entities merge in rural or under-served areas, and that frequently results in inflated costs for patients. For example, research from staff at Mount Baker Planned Parenthood shows that while the average cost for a vaginal delivery performed at Island Hospital in Anacortes is between \$7,117-\$8,454, PeaceHealth charges between \$10,886-\$19,738. Moreover, they found that Skagit Valley Hospital in Mount Vernon charges between \$10,867-\$18,659 for a C-section, compared to PeaceHealth's charges of \$22,148-\$34,357.

The problem isn't limited to in-patient hospital care. In March of 2012, PeaceHealth administrators informed one of our affiliates, Mount Baker Planned Parenthood (MBPP), that they would like to discontinue lab services for our patients at the request of the bishop (PeaceHealth processes lab tests to (1) determine ectopic pregnancy, (2) conduct semen analysis for vasectomy patients, and (3) determine best treatment for wounds). While they did offer two “work-around” options, we declined them because they were financially unsustainable for MBPP and put our patients at risk. Under the duress of a great deal of public scrutiny, for the moment PeaceHealth has stated they will continue to provide lab services as they explore solutions that will work for the bishop.

We take this threat very seriously, as PeaceHealth has terminated lab services for Planned Parenthood in Eugene at the request of the bishop, and a Catholic-affiliated lab in Spokane has terminated services for another Washington affiliate, Planned Parenthood of Greater Washington and North Idaho (PPGWNI). Without competition, PeaceHealth is the only hospital in MBPP's service area that is currently purchasing labs.

Hospital mergers are often intended to improve coordination of patient care and increase system efficiencies. But where mergers involve religious health care corporations, safeguards are needed to ensure health care decisions are based solely on medically accepted standards of care and the law, not religious directives.

All hospitals have a responsibility to make sure the community has access to the health care services they need, including a full range of reproductive health care. We ask that the Washington Department of Health do everything in its power to ensure that public hospital district residents can access all of the health care services that best medical practice would dictate, without restrictions based on religion. While we respect religious freedom, a patient's best medical interests must always be the paramount duty of a hospital and all of its providers.

Thank you for the opportunity to provide input. We welcome any opportunity to further discuss this issue.

Sincerely,

A handwritten signature in purple ink, appearing to read "J. M. Allen". The signature is fluid and cursive, with a large initial "J" and "M".

Jennifer M. Allen  
Public Policy Director, Planned Parenthood Votes Northwest