



Melanie Sachs

84 Kelsey Ridge Road

Freeport, ME 04032

Melanie.Sachs@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

May 1, 2023

Testimony of Representative Melanie Sachs, sponsor of

LD 263, "An Act to Ensure Access to Health Care"

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Senator Bailey, Representative Perry, and esteemed members of the Committee on Health Coverage, Insurance and Financial Services:

I am Representative Melanie Sachs, and I am honored to represent Freeport in the Maine Legislature. I am testifying in support of LD 263, of which I am lead sponsor.

I am a licensed clinical social worker. For more than 25 years, I have worked with people needing health care and support in a variety of social service and medical settings, often in the field of reproductive health. I began my career working for one of the only independent reproductive health care centers in the nation during my graduate school years, which provided contraception, education, preventative care, and abortion care. I then worked for several years as a perinatal social worker in a Catholic hospital (and yes, I told them about my previous job, and they hired me willingly!) where prenatal care was given regardless of the ability to pay or of documentation status. I was also elected to the Board of Directors of the National Association of Perinatal Social Workers, working on national policies and practices for reproductive care. I have also served on the Board of Directors of the Mabel Wadsworth Women's Health Center in Bangor which continues to provide a full spectrum of reproductive care, including contraception, gender affirming care, pap smears, abortion care, and prenatal care.

Because of my extensive experience, I firmly believe everyone should have access to high quality, affordable sexual and reproductive health services in their communities, no matter their race, income, citizenship status, type of insurance, religious beliefs, or gender identity. This bill helps ensure that access remains intact for Mainers, regardless of the name on a medical building or the ideologies fueling big healthcare business deals.

I know the members of this committee are familiar with how new healthcare mergers, takeovers, and affiliations are on the rise in Maine and nationwide, especially due to Covid-19. This type of consolidation can have a significant ripple effect on local communities, impacting everything from patient costs, to quality of care, to what services are actually accessible – especially for rural or low-income patients. While the State already exercises robust oversight of potential mergers in Maine, I believe more specific guidance is necessary when it comes to healthcare consolidation and the provision of sexual and reproductive health care.

Especially in the current political climate, where sexual and reproductive health care services are woefully politicized, we must be vigilant about the ways in which our right to such services can be ripped away right from under our noses.

Consider how Catholic health systems are growing and changing the healthcare landscape in this country. A 2020 analysis showed the 10 largest Catholic health systems in the U.S. have expanded and strengthened through mergers and acquisitions, and now control significantly more short-term acute care hospitals than they did 20 years ago. These 10 systems own or control 394 short-term acute care hospitals nationwide – a 50 percent increase since 2001. In Maine, 23 percent of acute care hospital beds are currently in Catholic facilities.

This trend puts sexual and reproductive health care access at risk because to varying degrees, Catholic health entities adhere to what are known as the Catholic Ethical and Religious Directives, or ERDs. These rules from the US Conference of Catholic Bishops prohibit the provision of key reproductive health services, including contraception, sterilization, abortion care, and infertility services. They have also been used to restrict the provision of LGBTQ-inclusive care, such as gender-affirming care.

We need only look to other states, including California, Washington state, and Michigan, for examples of how these policies have made it harder if not impossible for individuals to get medically necessary obstetric care during miscarriages and ectopic pregnancies; wanted tubal ligations; and IUDs.

Other research shows how Catholic-owned or managed health centers have denied birth control refills or other urgent gynecological services — and how patients struggle to understand what services are available following such mergers. Especially in rural locations or places where people already struggle to access the healthcare they need, any reduction in or confusion about services merely exacerbates existing health disparities.

For these reasons, I believe Maine needs this legislation. While I have used Catholic owned facilities as examples, given the extensive research available on that model and my own experience, LD 263 will require close review of any proposed takeovers or transfers of ownership during the certificate of need process so that access to high-quality sexual and reproductive health services remains intact, affordable, and reliable. We need to have the tools in place to provide guidance and oversight, and that's what LD 263 does.

Please vote Ought to Pass on LD 263 to ensure that not one Mainer loses access to essential health care due to health care mergers and acquisitions. Thank you for the opportunity to speak on this important bill.