## maine family planning

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Testimony in support: LD 263, "An Act to Ensure Access to Health Care" May 1, 2023

Senator Bailey, Representative Perry, and members of the Health Coverage, Insurance, and Financial Services Committee, my name is George Hill and I am President and CEO of Maine Family Planning, which provides comprehensive sexual and reproductive health care via telehealth and at 18 health centers statewide. I am testifying in strong support of LD 263.

At clinics all around our large and rural state, Maine Family Planning or MFP offers affordable contraception; screening, testing, and treatment for sexually transmitted infections; gender-affirming care; primary care; abortion care; and more. For more than 50 years, MFP has also served as the non-profit administrator of Maine's statewide family planning network, which encompasses roughly 50 providers, including federally qualified health centers (FQHCs) and school-based health centers. This network ensures that affordable care is available to more than 30,000 mostly low-income patients each year.

At MFP, we believe that everyone should be able to get the high-quality, sexual and reproductive healthcare they need in their communities, regardless of race, income, citizenship status, type of insurance, religious beliefs, or gender identity. We believe it should be easy for people to access these services – no medically unnecessary barriers, no jumping through hoops, no stigma, shame, or confusion.

As we all know, the landscape of healthcare delivery in this country is <u>changing</u>. New healthcare mergers, acquisitions, partnerships, and affiliations – already on the rise even before the Covid-19 pandemic – are accelerating and expected to increase further. This type of consolidation has a significant impact on local communities. Decades of research shows these big healthcare business deals often lead to higher costs for patients, often without any corresponding improvement in care. Indeed, healthcare consolidation can often result in reduced <u>quality of</u> and <u>access to</u> care, especially for rural or low-income individuals. We appreciate what the State already does to ensure robust oversight of potential mergers in Maine, and their impacts on patients. When it comes to sexual and reproductive healthcare, we believe more specific guidance is necessary.

We are particularly concerned about the consolidation trend as it involves Catholic health systems and reproductive health care. A <u>2020 analysis showed</u> the 10 largest Catholic health systems in the U.S. have grown 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.

Reduced access to sexual and reproductive health care is of particular concern when one of the consolidating entities is guided by what are known as Catholic Ethical and Religious Directives, or ERDs. These rules, handed down 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 interpreted to curtail the provision of LGBTQ-inclusive care, such as gender-affirming care. A 2018 update to the ERDs states: "Before affiliating with a health care entity that permits immoral procedures, a Catholic institution must ensure that neither its administrators nor its employees will manage... assist in carrying out, make its facilities available for, [or] make referrals for... immoral procedures."

Our concern is not hypothetical. According to <u>recent reporting</u>, California, Washington state, Michigan, are just a few places where these policies have made it harder if not impossible for individuals to get medically necessary obstetric care during <u>miscarriages and ectopic pregnancies</u>; wanted tubal ligations; and IUDs.

<u>A 2016 analysis</u> by MergerWatch, the ACLU of California, and National Health Law Program, which involved callers contacting a sample of 38 urgent care centers – some Catholic-owned or -managed, and others not – found that Catholic urgent care centers frequently said they were unable to provide birth control refills, or other urgent gynecological services, while non-Catholic centers frequently provided these services. Especially in rural locations or places where people already struggle to access the healthcare they need, any reduction in services merely exacerbates existing health disparities.

Research showed these consolidation deals to be increasingly complex and lacking transparency. Patients suffer as a result. In Wisconsin, <u>a 2021 study</u> showed that while a majority of the women surveyed believed hospitals should not be able to restrict care under any conditions – and that it was "very" important to know about restrictions before deciding where to seek care – a substantial proportion did not know whether the hospital at which they would seek reproductive care was Catholic, or that ownership could determine what services were available. Publicly-insured women and women of color were more likely than privately-insured women and white women, respectively, to misidentify their Catholic hospital as being non-Catholic. Fully one in 12 rural Wisconsinites said they'd been turned away from a Catholic healthcare institution without receiving desired contraceptive or fertility care.

LD 263 would mandate close review of any proposed takeovers or transfers of ownership so that access to high-quality sexual and reproductive health services remains intact, affordable, and reliable. In a national climate where access to these services is dwindling, we must do all we can to preserve them here in Maine.

It is critical that we pass LD 263 to ensure that healthcare business deals and religious ideology never come between Mainers and the healthcare they need and deserve. Thank you for your time.