



Testimony in support of LD 263, *An Act to Ensure Access to Health Care*

Senator Bailey, Representative Perry and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Nicole Clegg and I serve as the Acting CEO at Planned Parenthood of Northern New England and I am pleased to submit testimony in support of LD 263, *An Act to Ensure Access to Health Care*.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 14,000 people in Maine at four health centers located in Biddeford, Portland, Sanford and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$4 million in free and discounted care to our communities in Maine.

As a mission driven health care provider, we fundamentally believe everyone should be able to get affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make and we advocate for policies that help make this vision a reality.

Over the last four years, the Legislature has engaged in important work to protect and expand access to abortion and other sexual and reproductive health care services including repealing the restriction on the types of qualified and trained medical professionals able to provide abortion care to their patients, ensuring the coverage for low-income people for abortion, and protecting those seeking access to health centers from harassment by protestors.

LD 263 seeks to address a potential loss of access that can arise from the consolidation and merger between healthcare providers, specifically the takeover and absorption of

non-sectarian providers by religiously controlled ones. In those instances, the merged provider is often forced to observe the parent organization's religious prohibitions against providing certain healthcare services. Although such mergers may be motivated by economic considerations, and not necessarily the desire to curtail reproductive services, the impact on the availability of necessary health care is serious and far-reaching. Four of the ten largest healthcare systems in the country are religiously affiliated.¹

The potential impact of mergers— especially mergers with religiously run health care systems – on access to sexual and reproductive healthcare extends far beyond just abortion. In Catholic health care facilities, providers are bound by the Ethical and Religious Directives (ERDs) issued and enforced by the U.S. Conference of Catholic Bishops. In practice this means that they are prohibited, unless otherwise required by law, from providing basic reproductive health services, including birth control, sterilization, most forms of assisted reproduction including IVF, comprehensive AIDS prevention and condom distribution, as well as the dispensing of emergency contraception for victims of sexual assault.

Concern over the impact of hospital system mergers and consolidations on access to health care has in recent years led legislatures in states from coast to coast to pass legislation requiring that any proposed large-scale hospital merger be assessed for its potential impact on the accessibility and provision of services within the geographic footprint that it serves prior to being approved. LD 263, if passed, would implement similar criteria here in Maine, using the existing regulatory infrastructure provided by Maine's Certificate of Need ("CON") Act.

Amendments to the CON Act would provide that a merger or acquisition of a hospital may only be approved if it would not reduce access to sexual and reproductive health care— including abortion. LD 263 would also allow the Commissioner of Health and Human Services to monitor compliance with this access criterion beyond the three year time frame provided in current law for so-called "subsequent review."

¹ Frances Stead Sellers, Meena Venkataramanan, "Spread of Catholic hospitals limits reproductive care across the U.S.", *Washington Post*, October 10, 2022, <https://www.washingtonpost.com/health/2022/10/10/abortion-catholic-hospitals-birth-control/>

To ensure careful consideration of this access issue, the bill also requires that the new access criterion must be met even if a project would otherwise qualify for simplified, essentially fast-tracked, CON review. By instituting these requirements this bill will help to ensure that sexual and reproductive healthcare in Maine maintains its current high levels of accessibility– something of particular importance given our state’s rural nature. This bill is an important safeguard for future health care access in our state. It is for this reason that I urge the committee to vote Ought to Pass on LD 263.