



CHI Franciscan

EvergreenHealth

MultiCare



March 25, 2019

Dear Washington State Senators and Representatives:

We are writing to share serious concerns about how the on-call and mandatory overtime language in Section 3 of 2SHB 1155 could affect access to women’s health services in Washington State due to the restrictions on on-call and mandatory overtime. We want to highlight that part of quality and compassionate health care is managing potentially emergent conditions, so they do not become emergencies. Providing timely treatment that does not allow a disease process to progress or cause emotional suffering while a patient awaits a diagnosis or to begin treatment is also critical. There are a number of procedures and treatments that do not meet the definition of an emergency but can greatly impact the health and wellbeing of a woman if they are delayed.

Labor, Delivery and Medical Inductions

Labor and Delivery is an area where care needs are unpredictable, and the routine can become emergent with delay. We’re concerned about how 2SHB 1155 would impact our ability to deliver the best care to mothers and babies.

The inability to call in staff or have staff stay could mean care for a mother and baby is delayed until the situation becomes an emergency. Physicians schedule medical inductions that are not emergent, but there is a medical reason. Caring for a mother with diabetes, hypertension, or risk of hemorrhage from placenta previa could lead to a scheduled induction, and delays can impact health outcomes for mothers and babies.

Even if an emergency does not occur because of a delayed scheduled induction, preparing for a medical induction and then going to the hospital expecting to have a baby and being rescheduled can take a real emotional toll on the expectant mother.

Miscarriage and Death of a Baby

A more tragic example is the death of a baby in utero late in the pregnancy. This is not an emergency, but delayed delivery of the baby that has died could have deep emotional impacts on the whole family. In addition, the potential for infection or clotting complications rises if delivery is not completed in a timely fashion.

Diagnosis and Treatment of Cancer and Reproductive Health Conditions

We are concerned that a number of diagnostic procedures and treatments could be delayed by this legislation. Specialized staff are needed to perform these procedures and these staff often work on call due to fluctuating patient volumes. While these delays may seem minor, to the person awaiting answers

about a diagnosis or the start of treatment, there can be devastating emotional impacts during an already traumatic experience. We are particularly concerned about the impact care delays created by 2SHB 1155 could have on:

- Imaging and biopsies needed to diagnose breast and cervical cancers;
- Procedures to remove cancerous masses or those to place ports to begin chemotherapy treatment;
- Procedures to determine the cause of an abnormal pap smear, one of which can be cancerous cells;
- Hysteroscopies used to determine the cause of repeated miscarriages; and
- Gynecological surgeries used to diagnose uterine conditions.

This bill could negatively impact our ability to deliver timely diagnoses and care for women facing life-changing illnesses. Delaying non-emergent care may later result in great harm to countless patients. We would ask you to remove the prohibition on overtime and pre-scheduled on-call in 2SHB 1155 for women's physical and emotional health

Sincerely yours,



Ketul Patel
Chief Executive Officer
CHI Franciscan, Tacoma



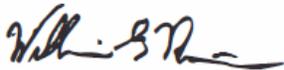
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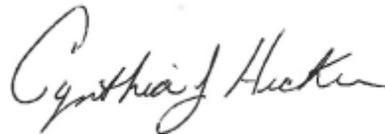
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