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Sent via Email

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Dear Mr. Campo and Mr. McGill:

Thank you for the opportunity to review the report, "Access to care: A preliminary assessment of the data available regarding the effects of hospital mergers." We appreciate the thorough and unbiased approach to the question, and commend you on careful research.

The answer delivered in the report is that there are not significant detectable impacts on access to care with respect to tubal ligation, abortion, and death with dignity services. Nor have there been reported instances of discrimination in Washington State hospitals against LGBT populations in the last five years. These conclusions echo the statements of the Washington State Hospital Association throughout this deliberation.

The Washington State Hospital Association has maintained throughout this debate that a number of the services considered in the report are by and large not, and should not rightfully be, hospital services. The report finds that "less than 1% of the abortions performed statewide are performed in a hospital inpatient setting" (page 20). Most women prefer a less intensive setting for an elective abortion, and in other states where laws have been proposed to declare abortions as hospital services or services requiring hospital backup, there have been strong protests by advocacy groups.

Most patients seek death with dignity services in a private conversation with a trusted provider. While some patients have sought death with dignity in emergency rooms, the effect of conscience clauses means they have been unable to find a provider who does not know them willing to provide the service.

For the one service that clearly is a hospital service - tubal ligation after a C-section - there appears to be no access issue in catchment areas served by religious hospitals. As

the report finds, “tubal ligation sterilization rates within communities served by religious hospitals are the same as – or higher than – the rates within communities served by secular hospitals.”

While we are very pleased the report finds no evidence of discrimination against LGBT patients and their families, this issue is one we take seriously and have mutual interest in addressing in both our secular and religious hospitals. As we have discussed with the Governor’s office, we would like to work with the Governor to ensure hospitals have effective policies and good training of their staff to ensure welcoming environments for all patients and their families. We recently included this nondiscrimination work in our Leading Edge Advanced Practice Topics (LEAPT) work plan with the Centers for Medicare & Medicaid Services. Our members are unified in their desire to treat all patients fairly.

The report reinforces the position of the Washington State Hospital Association that a dramatic change in Certificate of Need rules to increase the number and types of transactions subject to the Certificate of Need process is unnecessary, ineffective, and not designed to answer the real issue at hand – access to services. Dramatically growing the Certificate of Need program – a program nearly all parties agree is burdensome, lengthy, and unpredictable – is not logical.

If the issue is access to services, then the report’s recommendation to continue tracking types of services offered in various communities is the reasonable path forward. In fact, the Washington State Hospital Association, in its comments on the Certificate of Need rulemaking, suggested one approach forward could be to expand on the health services inventory completed by hospitals to ensure that it includes categories for hospitals to report on the very types of services highlighted in this report. This would provide an easy-to-understand method of cataloging services that the public could understand. Unfortunately, the Department of Health did not adopt this recommendation.

We would also note that the Association of Washington Public Hospital Districts, in consultation with advocacy groups, is actively surveying its members to better ascertain what services are offered in some of the most remote parts of the state – areas on which the report specifically focused.

The Washington State Hospital Association stands ready to work with the Governor’s office, the Department of Health, and advocacy groups to better understand access to services across the state. We remain deeply concerned about the proposed Certificate of Need expansion, and respectfully urge reconsideration of the recently adopted rules.

Sincerely,



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General Counsel



Cassie Sauer
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