



May 21, 2013

Governor Jay Inslee
Office of the Governor
P.O. Box 40002
Olympia, WA 98504-0002

**Re: Request for a Six-Month Moratorium on Agency Decisions
Related to Pending Hospital Transactions**

Dear Governor Inslee,

The undersigned organizations urge your immediate action to protect Washingtonians' access to health care. Patients are at risk of being denied medically appropriate health care due to the unprecedented number of medical facilities in Washington that are considering or planning mergers with religious health care corporations. When such mergers take place, secular hospitals are required to follow religious doctrine, resulting in patient care dictated by someone else's religious beliefs, not the patient's needs or interests.

Serious state constitutional concerns arise when public, tax-funded hospitals consolidate with religious health care corporations. The Washington Constitution explicitly prohibits tax dollars and public property from being used to support religious establishments. Yet some of these completed and pending transactions involve public hospitals ceding operations to religious health care corporations, and include long-term taxpayer subsidies.

As leader of our state, we ask you to act immediately to safeguard patients' access to all lawful and medically appropriate health care services by: (i) enacting a six-month moratorium on any decision by the Washington State Department of Health on proposed or pending applications related to hospital ownership, operation, or management; and (ii) utilizing this six-month period to conduct a community health needs assessment that would provide an objective evaluation of such mergers' impact on patients' ability to access medically appropriate health care services and provide policy guidance moving forward.

Religious Hospital Mergers are a Serious and Growing Problem in Washington

National expert group MergerWatch reports that the number of pending, simultaneous religious hospital mergers in Washington is unprecedented in the 15 years it has tracked the issue. While 26% of hospital beds were in religious hospitals in April 2010, today that figure is 40% and could rise to 45% by year's end. Already, in certain parts of the state, the only option available to residents is religious-based

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health care. Several well-publicized incidents highlight the problems that arise when religion interferes with medical judgment and patient care.¹

The hospital transactions underway in Washington are primarily with Catholic institutions,² which are required to abide by the Ethical and Religious Directives for Catholic Health Care Services (“the Directives”) promulgated by the U.S. Conference of Catholic Bishops.³ The Directives restrict access to the full range of reproductive health care services for men and women, severely limit a patient’s ability to make end-of-life health care choices that will be respected, and raise the likelihood that LGBT families will be unable to access health care services consistent with their medical needs, free from discrimination based on religious teachings.

No health care facility serving Washington’s public should be allowed to refuse patients these kinds of medically appropriate services based on religious doctrine.

Washington is a National Leader in Patient Protection and Non-Discrimination

Washington voters have consistently led the nation in championing bodily autonomy, health care choice, and LGBTQ rights. The Reproductive Privacy Act, enacted via initiative in 1991, establishes as that “every individual has the fundamental right to choose or refuse birth control,” and “every woman has the fundamental right to choose or refuse to have an abortion.” In 2008, voters enacted the Death with Dignity Act, which respects the end-of-life choices of terminally ill adults, including the decision to end their lives. And in 2006, the legislature passed the landmark Anderson Murray Anti-Discrimination Law, which prohibits discrimination based on sexual orientation or gender expression and identity, including by providers of medical services.

The current volume and pace of religious hospital mergers would allow the Directives to interfere with patients’ ability to exercise their rights under all three of these landmark laws.

Washington’s Leaders Must Act Now to Preserve Patient Rights

By enacting the moratorium requested above and halting state action on mergers for the next six months, you will give our state’s leaders an important opportunity to gather data and consider in-depth how these fast-moving transactions are changing the face of health care access in Washington.

In addition, the assessment of community health care needs requested above will help ensure that all Washingtonians can access affordable health care, regardless of where

¹ See Attachment A for articles: Rob Stein, *Religious Hospitals’ Restrictions Sparking Conflicts*, *Scrutiny*, WASH. POST., Jan. 19, 2011; Jonathan Cohn, *Unholy Alliance*, THE NEW REPUBLIC, Feb. 22, 2012; Jon Perr, *Expanding Catholic Hospitals Put Reproductive Care, Women’s Health at Risk*, DAILY KOS, Mar. 8, 2012.

² Four out of the five religious health care corporations that operate in Washington are affiliated with the Catholic Church: Ascension Health, Franciscan Health System (a subsidiary of Catholic Health Initiatives), PeaceHealth, and Providence Health & Services.

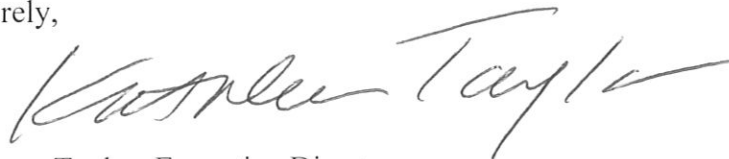
³ See Attachment B for a sampling of the restrictions on health care services imposed by the Directives.

they live. We urge your office use these six months to move forward with the important community health needs assessment called for in RCW 43.370. That law called for an initial report by 2010, but it was never completed. Such an assessment would evaluate the statewide impact of recently completed and pending transactions on patients' ability to access medically appropriate health care services consistent with state law.

Hospital mergers are often intended to improve coordination of patient care and increase system efficiencies. But where mergers involve religious health care corporations, safeguards are needed to ensure health care decisions are based solely on medically accepted standards of care and the law, not religious directives. Together, the moratorium and assessment requested above would provide an opportunity for our leaders to consider what safeguards are needed in this context.

Thank you for your leadership in taking these immediate steps to protect Washington's patients.

Sincerely,



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ACLU of Washington

Deborah Oyer, MD, Medical Director
Aurora Medical Services

Robb Miller, Executive Director
Compassion & Choices, Washington

Lisa Stone, Executive Director
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Enclosures