

Testimony submitted via email.

Chair Greenlick, members of the House Health Care Committee and sponsors of HB 3391,

HB 3391 is a “surprise” bill, replacing HB 2232 on short notice without any explanation. I realize that having a hearing for this bill is progress since 2015 when President Courtney killed any chance for SB 894[1] by not holding a hearing.[2] HB 3391 is purported to be “cleaner” and less likely to be amended.

That said, I am concerned about changes in the new bill and speculate that removing sections from the first bill weakens the new bill. I wonder who is behind the changes and what are the motivations?

- Are changes related to the Republicans proposal to repeal the Affordable Care Act and replace it with the American Health Care Act[3]?
- Are changes related to S.241,[4] a federal amendment proposed by Sen. Joni Ernst[5] to defund Planned Parenthood?
- Are changes specifically related to the role of Catholic hospitals and health plans[6] that reduce reproductive choice?

Section 2 (2) of both bills lists comprehensive reproductive health care coverage that a health benefit plan must offer in Oregon including “pregnancy tests, preconception care, abortion and prenatal care.”

Section 2 (3) of both bills strongly states: A health benefit plan may not impose on an enrollee a deductible, coinsurance, copayment or any other cost-sharing requirement on the coverage required by this section. A health care provider shall be reimbursed for providing the services described in this section without any deduction for coinsurance, copayments or any other cost-sharing amounts.

Aspects of Section (2) were removed from HB 2232. Follow-up language no longer exists in HB 3391:

- Section 2 (2)(n)(E): Diagnosis and treatment services provided pursuant to or as a *follow-up to a service* required under this section.
- Section 2 (5): A health benefit plan must cover the services, drugs, devices, products and procedures required by this section regardless of *whether the services, drugs, devices, products and procedures are in the course of or as a follow-up to other covered services* and shall reimburse the cost of the service, drug, device, product or procedure separately from a global or bundled payment for or a diagnostic related group code associated with the other covered services.

The Section 2 (3) commitment to not impose cost-sharing on an enrollee is conditional when receiving out-of-network care. Section (8) in HB 3391 is identical to Section (9) in HB 2232:

If services, drugs, devices, products or procedures required by this section are provided by an out-of-network provider, the health benefit plan must cover the services, drugs, devices, products or procedures without imposing any cost-sharing requirement on the enrollee if:

- (a) There is no in-network provider to furnish the service, drug, device, product or procedure that is geographically accessible or accessible in a reasonable amount of time, as defined by the Department of Consumer and Business Services by rule; or
- (b) An in-network provider is unable or unwilling to provide the service in a timely manner.

There is no recourse (other than quitting or fully paying out-of-pocket) for the female employee of a business that notifies her that contraceptives and/or abortion procedures will not be covered for religious reasons,^[7] with Sections (9) of HB 3391, which is identical to Section (10) in HB 2232.

An insurer may offer to a religious employer a health benefit plan that does not include coverage for contraceptives or abortion procedures that are contrary to the religious employer's religious tenets only if the insurer notifies in writing all employees who may be enrolled in the health benefit plan of the contraceptives or procedures the employer refuses to cover for religious reasons.

But how do HB 3391's Sections (8) and (9) affect enrollees of all health plans, especially Catholic health plans, when it comes to reproductive health services at Catholic hospitals and their network of clinics?

There are 72 Ethical and Religious Directives (ERD)^[8] which explicitly forbid Catholic facilities from providing several reproductive health care procedures, regardless of the religious beliefs of the patient seeking services or that of the medical professional providing them. Under the Directives, women who receive care at a Catholic hospital have:

- No access to abortion—even in cases of rape or incest (Directive 45)
- No access to contraception (Directive 52)
- No treatment for ectopic pregnancy (Directive 48)

A Catholics for Choice Memorandum notes: “*As nonprofit institutions, Catholic hospitals benefit from significant amounts of public funding, including state and federal grants for Title X family planning programs, Medicare and Medicaid. Despite relying heavily on taxpayers' dollars, however, Catholic hospitals routinely deny basic reproductive health services.*”

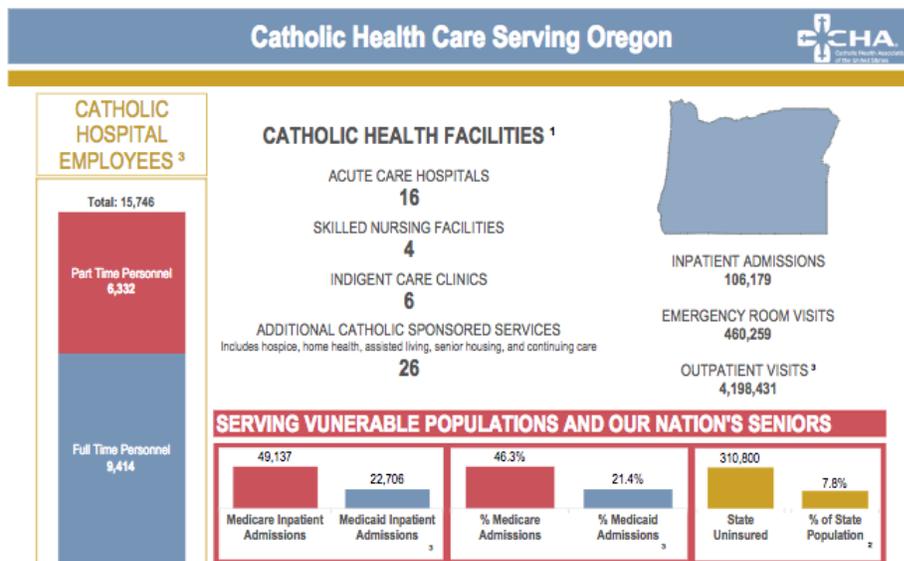
Indeed, around seven years ago, former Bishop Robert Vasa of the Diocese of Baker revoked St. Charles Hospital's Catholic status (in Bend) after hospital administrators refused to stop offering and performing tubal ligations[9].

To bypass the ERDs, nearby physician-owned ambulatory surgery centers might perform these necessary services. But Catholics for Choice also point out, *“medical professionals employed by Catholic hospitals have reported that, out of fear of theo-political retribution or out of sincere adherence to the draconian measures imposed by Directives, their institutions have forced them to endanger women’s lives by denying timely and necessary reproductive healthcare.*

For years, Catholic health plans have been using third parties to provide forbidden reproductive health coverage to their enrollees[10]—although it’s not always clear on the company’s website. Some Providence Health Plans in the Portland metro use Unified Life to cover abortion. I support creative solutions like these to meet the needs of female patients who do not share in the ethical and religious dogma of the Catholic Church.

Oregon is one of 17 states that exceeds federal requirements[11] in funding all or most medically necessary abortions. But **Oregon is also among eight states in the U.S. where more than 30 percent of its total hospital admissions are to Catholic facilities.**[12] 16 acute care hospitals in Oregon are Catholic, employing many Oregonians. In rural Oregon, a Catholic facility can serve as a regional monopoly for many small communities.

<https://www.chausa.org/docs/default-source/advocacy/state-fact-sheets/oregon.pdf>



Catholic health care has a long history of serving people in need, including those with no access to health care services and the millions of low-income children, adults, elderly and disabled who rely on the Medicare and Medicaid programs. The Catholic health ministry is committed to its mission of providing quality care to everyone in our communities, and to using the resources we have for the greatest community benefit.

Source: ¹ Facilities that report to the Catholic Health Association of the United States including Catholic and other-than-Catholic facilities which are owned and operated by Catholic health systems.

² Kaiser Family Foundation estimates based on the Census Bureau's March 2015 Current Population Survey (CPS: Annual Social and Economic Supplements).

³ 2014 American Hospital Association Annual Survey

Catholic Health Association Facilities Oregon

Hospitals

CHI St. Anthony Hospital ◦
 Mercy Medical Center
 PeaceHealth Cottage Grove Community Medical Center + ◦
 PeaceHealth Peace Harbor Medical Center ◦
 PeaceHealth Sacred Heart Medical Center at RiverBend +
 PeaceHealth Sacred Heart Medical Center, University District Center, University District +
 Providence Hood River Memorial Hospital ◦
 Providence Medford Medical Center
 Providence Milwaukie Hospital
 Providence Newberg Medical Center
 Providence Portland Medical Center +
 Providence Seaside Hospital + ◦
 Providence St. Vincent Medical Center
 Providence Willamette Falls Medical Center
 Saint Alphonsus Medical Center-Baker City ◦
 Saint Alphonsus Medical Center-Ontario +

Pendleton
 Roseburg
 Cottage Grove
 Florence
 Springfield
 Eugene
 Hood River
 Medford
 Milwaukie
 Newberg
 Portland
 Seaside
 Portland
 Oregon City
 Baker City
 Ontario

**HOW MANY VISITS TO
CATHOLIC HOSPITALS
HAPPEN IN A YEAR?**



Nearly
20 MILLION
ER Visits



Over
101 MILLION
Outpatient Visits

2014 American Hospital Association Annual Survey

CATHOLIC HOSPITALS IN THE UNITED STATES

639 *Hospitals*
114,121 *Beds*
5,040,723 *Admissions*
\$109 BIL. *Expenses*
615,585 *Full-time equivalent staff*
1,013,277 *Medicaid discharges*

2014 American Hospital Association Annual Survey

5 MILLION PATIENTS
 were admitted to Catholic hospitals
 during a one-year period.

2014 American Hospital Association Annual Survey

**HOW MANY CATHOLIC
HOSPITAL EMPLOYEES
ARE THERE?**



516,410
Full-Time Employees



220,795
Part-Time Workers

2014 American Hospital Association Annual Survey

There are only 11 facilities^[13] (8 of them Planned Parenthood) that provide abortion services in Oregon. Rural Oregon is grossly under-served. Providence Plans are not included among the marketplace and Medicaid plans that cover health services at Planned Parenthood facilities^[14] in the Portland metro—and presumably throughout Oregon.

So, let's create a scenario for HB 3391. A young, unmarried woman from Roseburg has an unplanned pregnancy and seeks an abortion. She has a Regence BlueCross BlueShield plan through her employer, but none of the providers affiliated with Mercy Medical Center perform that service so she should qualify for out-of-network care. She goes to an Ashland Planned Parenthood for a first trimester abortion. It turns out that BlueCross is not an in-network provider at this Planned Parenthood Center.

In/Out of Network:

Every insurance company has a "network," a list of specific health care providers where you can use your insurance. If you visit an "in-network" provider, your insurance company will cover the cost of your care according to your plan. If you visit an "out-of-network" provider, you will likely have to pay much more for your health care – or pay for all of the cost yourself at the time of service. And some insurance plans don't cover any of the costs for out-of-network providers.

Note: Some plans include Planned Parenthood as an in-network provider. Some don't. If you want to come to Planned Parenthood or have us as an option for care with your new insurance, look for a health insurance plan that includes us. [To find out which plans include Planned Parenthood, use our plan finder tool.](#)

She gets the procedure done, goes home, and develops a fever within 24 hours. **Will her BlueCross BlueShield plan reimburse all costs for the abortion? Will it cover follow-up care for any possible complications of the abortion at nearby Roseburg facilities, including at Mercy Medical Center? Would the no cost-sharing provisions apply to follow-up care she'd hope to subsequently receive close to home and in-network?**

What if her health plan is through Providence? **With HB 3391, will all Providence plans in Oregon automatically cover abortion—including medical abortion^[15]? Or will she needed to have purchased a Section 2 (2) qualifying supplemental plan through a third party, such as Unified Life? Will Providence plans provide follow-up services for complications from out-of-network abortions, including secondary anxiety or depression? Will these follow-up services be without cost-sharing?**

Pope Benedict XVI, in Catholic San Francisco online edition,^[16] November 28, 2012:

Hospitals and other facilities "must rethink their particular role in order to avoid having health become a simple 'commodity,' subordinate to the laws of the market, and, therefore, a good reserved to a few, rather than a universal good to be guaranteed and defended."

"Only when the well-being of the person, in its most fragile and defenseless condition and in search of meaning in the unfathomable mystery of pain, is very clearly at the center of medical and assisted care" can the hospital be seen as a place where healing isn't a job, but a mission.

For HB 3391 to hold up as a Reproductive Rights Bill for all Oregon women, access to contraceptives and abortion must not come with emotional and financial price tags. I sincerely hope that the sections removed from HB 2232 do not create a giant loophole for insurance companies and hospitals.

Respectfully,

Kris Alman MD

[\[1\] https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB894](https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB894)

[2] <https://www.thelundreport.org/content/democratic-leaders-spike-women%E2%80%99s-health-bill-over-abortion-issue>

[3] Leading to 14 million Americans losing insurance next year (24 million by 2026), and steep increases in premiums (especially for poor, older people in the individual market) while top income earners get in \$285 billion in tax breaks, according to the CBO.

<http://www.cnn.com/2017/03/13/politics/cbo-report-health-care/index.html>

[4] <https://www.govtrack.us/congress/bills/115/s241>

[5] <http://www.cbsnews.com/news/can-planned-parenthood-survive-without-federal-funds/>

[6] <https://www.chausa.org/docs/default-source/advocacy/state-fact-sheets/oregon.pdf>

[7] Hobby Lobby, despite their opposition to abortion and contraceptives, invests in contraceptive products such as Plan B, Ella, and IUDs.

<https://www.forbes.com/sites/rickungar/2014/04/01/hobby-lobby-401k-discovered-to-be-investor-in-numerous-abortion-and-contraception-products-while-claiming-religious-objection/#60216c1f1b38>

[8] Catholics for Choice Memorandum on The Ethical and Religious Directives for Catholic Health Care Services <http://www.catholicsforchoice.org/wp-content/uploads/2014/01/CFCMemoontheDirectivesweb.pdf>

[9] <http://www.bendbulletin.com/news/1263656-151/hospital-has-catholic-identity>

[10] <http://www.cnn.com/2014/09/18/health/catholic-insurance-contraception/index.html>

[11] And goes beyond the 1977 federal Hyde Amendment which bans state use of federal Medicaid dollars to pay for abortions unless the pregnancy is the result of rape or incest, or the abortion is "necessary to save the life of the woman." <http://kff.org/medicaid/state-indicator/abortion-under-medicaid>

[12] According to a 2011 American Hospital Association survey.

<http://www.bendbulletin.com/news/1263656-151/hospital-has-catholic-identity>

[13] <http://www.nroptions.org/resource-center/abortion-clinics>

[14] <https://www.plannedparenthoodhealthinsurancefacts.org/about/>

[15] <https://en.wikipedia.org/wiki/Mifepristone> Also known as RU-486 and typically used with misoprostone. This combination is more than 95% effective during the first 50 days of pregnancy.

[16] http://www.catholic-sf.org/printer_friendly.php?id=60745