



February 9, 2021

Dear Chair Prusak, and Members of the Committee:

On behalf of NARAL Pro-Choice Oregon, we respectfully request the committee's support for House Bill 2362, the Equal Access to Care Act. This legislation provides for the health of all Oregonians, and most importantly, centers the communities most at risk of experiencing adverse health impacts due to health care consolidation.

NARAL Pro-Choice Oregon is dedicated to developing and sustaining a constituency that uses the political process to guarantee every person the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, raising healthy families, and choosing legal abortion. We applaud the Legislature's recent focus on addressing health care equity in our state. We share this commitment, and have continued to advocate for policies to address the intersectional and unique barriers to reproductive health care that exist for many of the most-impacted populations within our state, policies like the Reproductive Health Equity Act (RHEA), Cover All Kids, Drivers Licenses for All, and Paid Family and Medical Leave.

In 2019, we advocated for the passage of SB 1041, which granted limited merger and acquisition oversight to the Oregon Health Authority for the first time. NARAL and our partners recognize that healthcare consolidation has been indisputably linked to higher prices for healthcare consumers, with Oregon's healthcare costs rising faster than the rest of the nation in recent years. While RHEA was able to address cost as a barrier to reproductive health care access for some additional populations, it could not address all, and included an exemption for Providence private insurance plans, a religiously-affiliated healthcare entity. A few years ago, and just days after an affiliation in Washington State between Providence and Swedish Health was finalized, Swedish stopped providing abortion care out "respect" for their new partner.¹ When news of a potential affiliation between Providence and CareOregon broke in 2019, partners in Oregon realized that we lacked oversight and transparency in our current process (the affiliation was called off in May of 2020). In advocating for protections for reproductive, gender-affirming, and compassionate end-of-life care, we heard from many providers and patients about the unique challenges they face while trying to access the full spectrum of care within large, religiously-affiliated healthcare systems.

Research has shown that COVID-19 is reducing access, with 1-in-3 women (33%) reporting that the pandemic has caused them to delay or cancel an appointment to receive reproductive care or that they have experienced trouble getting birth control; the impact has been far greater on Black (38%) and Hispanic (45%) women, compared to 29% of White women.² Just like many working families, independent practices, small clinics, and community-based hospitals have been stretched thin by the pandemic, and without the passage of HB 2362, we believe many of our safety net clinics may be vulnerable to being acquired by larger health systems or private equity firms.

We expect to see more consolidations and acquisitions be brought forward in this next year,³ and while not all health care mergers are inherently detrimental, there is a long history of seeing additional barriers be put in place on reproductive and gender-affirming health care services once the ink has dried, and once a deal is final, the damage cannot be undone. It is critical that we pass HB 2362 in order to create a true process for approving proposed healthcare mergers, acquisitions,

¹ Martin, N. "[Catholic Hospitals Grow, and With Them Questions of Care.](#)" ProPublica, October 17, 2013

² Lindberg LD et al., Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences, New York: Guttmacher Institute, 2020. DOI: <https://doi.org/10.1363/2020.31482>

³ "[Industry Professionals Weigh In: Future of Healthcare Survey.](#)" Advis, June 2020.

and affiliations throughout Oregon’s healthcare market—from service providers to insurance carriers—and ensure all transactions enhance access to low-cost, high-quality care. Health equity, access and affordability must be at the forefront of these decisions.

Decades of research demonstrates that consolidation generally leads to higher prices with neutral or even negative impacts on patient care.⁴ Without action, the burden of higher healthcare premiums, deductibles, copays or other costs will only get worse due to the economic impact of COVID. The effects of consolidation will be felt deeply among Black, Indigenous and People of Color (BIPOC), whose health and economic stability have been disproportionately impacted throughout this pandemic, and may further exacerbate health inequities in our state.⁵

We appreciate the steps this committee has taken towards identifying the systemic issues that can deepen health disparities, and we share your commitment to centering healthcare policy discussions on the populations that are most impacted. We urge your support for HB 2362.

Thank you,

Christel Allen
Executive Director
NARAL Pro-Choice Oregon

⁴Fulton, Brent D., "[Health Care Market Concentration Trends in the United States: Evidence and Policy Responses](#)." Health Affairs, Sept 2017.

Beaulieu, Nancy et al. "[Changes in Quality of Care after Hospital Mergers and Acquisitions](#)." New England Journal of Medicine, Jan 2020.

⁵Shepherd, Kira et al, "[Bearing Faith: The Limits of Catholic Health Care for Women of Color](#)." Public Rights/Private Conscience Project, Columbia Law School, 2018.