

Testimony of Kim Callinan, President & CEO  
Compassion & Choices Action Network

[HB 2362](#): Relating to health care providers; prescribing an effective date.  
House Health Care Committee  
February 10, 2021

Good afternoon Chair Prusak and Members of the Committee. My name is Kim Callinan. I am the President and CEO of Compassion & Choices and the Compassion & Choices Action Network. Headquartered in Oregon, the birthplace for the end-of-life autonomy movement, we are the oldest, largest and most active national non-profit organization working to improve care and expand options at life's end. On behalf of our 10,000 supporters across the state, I am testifying in support of [HB 2362](#).

Health systems receive billions of dollars in tax-payer money. Yet, consolidations impact cost, quality, and access to health care. Mergers and consolidations of health care entities have the potential to decrease a patient's ability to access end-of-life care that meets their needs.

#### Access to End of Life Care

In 1994, Oregonians sent a clear message when they voted to pass the nation's first medical aid in dying law, the Oregon Death with Dignity Act: autonomy and compassion at life's end are of paramount importance.

Oregon leads the nation in recognizing patients should have the full range of end of life options — palliative care, hospice, the withdrawal of non-beneficial treatments, voluntarily stopping eating and drinking, pain management and medical aid in dying. However, those options are meaningless if patients can't access them.

Mergers and acquisitions, if not properly monitored, can drastically change the experience Oregonians have at life's end by reducing their ability to access the care they want. Beyond medical aid in dying, mergers can limit access to other legal end of life options — voluntarily stopping eating and drinking, palliative sedation, withdrawal of care — often leading to unnecessary suffering for patients and loved ones. Most critically, it is impossible to undo the harm caused by denial of services: these memories of suffering are etched in their loved ones memories forever.

#### Deepening Systemic Inequities in Health Care

In Oregon, 30-40% of acute care beds are already controlled by systems that restrict access to these services.<sup>1</sup> Mergers and consolidations, if not properly monitored, will further exacerbate

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<sup>1</sup> [Bigger and Bigger: The Growth of Catholic Health Systems](#) by Tess Solomon, MPH Lois Uttley, MPP Patty HasBrouck, MBA and Yoolim Jung, MPH. Community Catalyst. October 2020.

this problem, which is even more pronounced in rural and low-income areas. Access can be limited to a single health facility, leaving a person without options.

#### Loss of Provider-Patient Autonomy by Corporate Policies

Furthermore, many providers are being put in the unconscionable position of having to deny legal options to their patients due to unchecked consolidations and the proliferation of corporate policies that dictate end-of-life medical care.

#### Conclusion

At all times, and especially during a worldwide health pandemic, the government must ensure health system consolidations are in the best interests of the communities they serve. We ask you to act immediately by passing HB2362. This law creates transparency by engaging communities through an open public process, requiring entities to demonstrate transactions will benefit Oregonians, and maintaining a holistic picture of the impact of consolidation in the state through regular reviews of changes in access, cost and health equity. Thank you again, for your timely leadership on this important issue.

This testimony was paid for by the Compassion & Choices Action Network.