We Need Oversight of Health System Consolidations

Frequently Asked Questions

What is the problem?

Health systems across Washington are limiting the reproductive, end-of-life and LGBTQ+ related care that residents need. This problem is exacerbated by the large number of health systems that have consolidated in our state. These consolidations often result in fewer health care options for patients and can be devastating when, for example, hospitals or clinics with religious institutional policies restrict or deny services.

Have there been many religious-secular health system consolidations in Washington state?

Yes. Washington state is an epicenter of religious-secular health system consolidations. In 2010, 26% of the state's hospital beds were in religious or religiously affiliated hospitals. If the recently proposed Virginia Mason-CHI Franciscan consolidation happens, that number would rise to above 50%, with some counties being entirely serviced by religious hospitals. The impact also extends far beyond hospitals – these consolidations encompass medical clinics, physician offices, hospices, and laboratories.

What type of health care services are we talking about?

While not all religiously affiliated health systems deny access to care, Catholic health systems are bound by the Ethical and Religious Directives for Catholic Health Care Services ("ERDs"). Promulgated by religious leaders, these directives forbid or severely restrict many reproductive and end-of-life health care services. These services include contraception, vasectomies, fertility treatments, hormone treatments, tubal ligations, abortion, Death with Dignity, and advance directives. Adherence to the ERDs may also increase the likelihood that LGBTQ+ individuals and families will face discrimination in seeking to access health care services consistent with their medical needs.

Are health system consolidations decreasing access to care?

Yes. For example, the Death with Dignity Act, passed in 2008, enables a terminally ill adult to request medication that allows them to die on their own terms. Yet in Washington state, health system consolidations have resulted in previously secular entities refusing to allow doctors to participate under the act - reducing the number of doctors providing these services. Significant suffering and even violent suicide have occurred when patients have been unable to access Death with Dignity services.

Can't a patient just be referred elsewhere?

Patients, including LGBTQ+ individuals, women, and the terminally ill, should never feel judged or unwelcome at a health care facility because of their identities or personal health care decisions. Referrals also delay care, undermine continuity of care, and can dramatically increase stress that negatively impacts poor health status. Nor is a referral in some instances safe or even feasible. Transferring from one set of providers to another is simply not an option for some end-of-life patients.

Additional complications and risks also increase for patients in rural areas, where access can be limited to a single health facility. In these instances, health care entity restrictions may result in insurmountable barriers to care.

What needs to be done?

We need governmental oversight of health system consolidations to ensure these consolidations do not harm communities' access to care, but rather improve access to quality, affordable health care services.

Do we only need oversight of religious-secular health system consolidations?

No. Health system consolidations impact cost, quality, and access to health care, and can impact working conditions and employee benefits. Irrespective of whether a health system has a religious affiliation, oversight of health system consolidations is essential.