



MergerWatch Project

Protecting Patients' Rights
When Hospitals Merge

475 Riverside Drive, Suite 1600
New York, NY 10115
212-870-2010

www.MergerWatch.org

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DSRIP Project Approval and Oversight Panel
New York State Department of Health
Corning Tower
Empire State Plaza,
Albany, NY 12237

Dear members of the DSRIP Project Approval and Oversight Panel:

We write to provide comments on the Project Plan applications submitted in connection with the New York State Delivery System Reform Incentive Payment Program (DSRIP). New York State's DSRIP program cannot achieve the "Triple Aim" (improving the health of a population, enhancing the experience and outcomes of the patient and reducing the per capita cost of care) without focusing on women's health care needs, including the provision of comprehensive reproductive health services.

The MergerWatch Project has 17 years of experience working with communities across the nation, including here in New York State, to protect patients' rights and women's access to reproductive health care in health system mergers, particularly when secular hospitals form partnerships with religiously-sponsored hospitals. Through our Raising Women's Voices initiative, we have also worked to ensure that women's reproductive health services are covered in health insurance programs, including Medicaid, and that provider networks include sufficient numbers of qualified reproductive health providers.

Prioritize Women's Health in each PPS

In order to maximize the benefits of DSRIP, it is imperative that the New York State Department of Health require all PPSs to prioritize reproductive health care as a fundamental focus of overall health service provision. Two-thirds of all adult Medicaid beneficiaries are women, and nearly three-quarters of them fall within the reproductive age (15-44) group. So, a significant proportion of the PPS-attributed patients will be women and adolescent girls requiring reproductive health services. For many Medicaid enrollees who are women/girls of reproductive age, their point of entry into the health care system is their women's health or family planning provider. According to the Guttmacher Institute, 6 in 10 women view their gynecological provider as their primary care provider, and for 4 in 10 women, gynecological services are their only point of medical contact.

Reproductive health providers are often gateways to providing women with a broader range of medical services.

We urge the NYS DOH to ensure that comprehensive reproductive health services are offered within all Performing Provider Systems funded through the NYS DSRIP program. Studies have consistently shown that the provision of preventive services such as well-woman visits, STI screening and counseling, contraceptive counseling, supplies and procedures (including voluntary tubal ligations), gestational diabetes testing, breast-feeding supports, and interpersonal and domestic violence screening and counseling improve women's health and can also lead to significant cost savings in averted services. It is imperative that the NYS DOH ensure that family planning providers and other essential health benefit providers are included in each PPS. Without inclusion and promotion of these services, the NYS DSRIP cannot achieve its goals of improving the overall health of New Yorkers served by the Medicaid program, while achieving real cost savings.

Potential for religious/ethical restrictions on provisions of women's health care services

Since 1997, the New York-based MergerWatch Project has been working to ensure that women's access to reproductive health care is not impeded by religious or ethical restrictions imposed by health providers or payors. With the rise of integrated delivery systems and collaborative care networks like Performing Provider Systems, there is a potential that the religious or ethical policies of one participating provider (such as a Catholic hospital or health system) could be extended to other providers participating in a PPS. Given the wide geographic coverage of the PPS systems, many thousands of women in multiple counties could then encounter difficulty in obtaining needed reproductive health coverage.

It's important to recognize that Catholic affiliated hospitals and health systems are required to operate in accordance with *The Ethical and Religious Directives for Catholic Health Care Services (Directives)*. The *Directives* do not merely restrict the provision of particular services; they also ban the provision of information about, counseling on, and referrals for the restricted services. The *Directives* prohibit the use of contraceptives, and so Catholic health systems are restricted from providing contraceptive counseling and services, including tubal ligations. Additionally, there are documented examples of hospitals that adhere to the *Directives* preventing physicians from following accepted standards of medical care to promptly and appropriately treat premature rupture of membranes and ectopic pregnancies. It is crucial for the provision of women's health that New York State take actions to ensure that women whose care will be entrusted to a PPS do not encounter barriers when seeking such reproductive health care, especially in cases of emergencies.

Ensuring Transparency and Protection of Patients' Rights

We urge the NYS DOH to have measures in place to ensure that patients are informed that their health care provider is now part of a PPS and are given clear explanations of what this means for the provision of health care. When health care providers are incentivized to substantially reduce costs, there is a concern that the best care may not be provided if those services are associated with higher costs. Therefore, patients must be informed of these financial incentives, as well as the

quality measures that their providers are required to meet. This level of transparency would allow patients to make the best possible choices for themselves. All information should be designed for those with low literacy and in multiple languages.

Ensure Ongoing Engagement of Women in Assessing PPS Performance

We firmly believe that to be successful, New York's Performing Provider Systems must engage women and women's health organizations on an ongoing basis, so as to identify barriers to care and address those barriers promptly. We urge that such engagement be assured at both the community level, for each PPS, and on a statewide level for consideration of policy implications.

Thank you for the opportunity to submit these comments. We are available to answer any questions you may have and to provide ongoing suggestions about how to ensure that New York's pioneering Medicaid redesign program improves women's health through timely access to quality care from trusted providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Lois Uttley". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Lois Uttley, M.P.P.
Director

Christine Khaikin, J.D.
Advocacy Coordinator