

March 16, 2023

The Honorable Representative Lindsey Daugherty
Chair, House Health and Insurance Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, Colorado 80203

Re: Research Supports Passage of the Patients' Right to Know Act (HB 1218)

Dear Chairperson Daugherty and Members of the House Health and Insurance Committee:

I write to you as a bioethicist whose body of research focuses in this substantive area in support of the Patients' Right to Know Act (HB 1218). Thank you for holding a hearing on this important bill, which will provide critical information to patients seeking care. I urge you to swiftly pass this measure because it promises to protect the rights of patients who are subject to the power of enormous institutions and their often-opaque restrictions on care.

Federal and state law allows hospitals and health care facilities to deny various types of care based on nonmedical factors such as the beliefs of hospital executives and boards. Because hospitals often fail to make nonmedical restrictions on services transparent and accessible, patients too-often lack vital information necessary to make critical decisions about their health and where to receive care. The Patients' Right to Know Act would address this lack of information by requiring hospitals and health care facilities to inform patients and the Department of Public Health & Environment (CDPHE) about nonmedical restrictions on care. The informed consent process is a well-recognized and critically important factor in health care, but there cannot be informed consent if key information about treatment options is withheld from patients. As a result of this legislation, patients across Colorado would be empowered to better make decisions about where to seek health care because they would have access to information about which providers deny care and what services they refuse to provide.

For example, a hospital may deny emergency contraception to a survivor of rape, timely abortion care for a pregnant woman whose life is at risk,¹ compassionate end-of-life care to a suffering patient, sterilization procedures for patients seeking them, or gender affirming care for trans patients. There is no requirement that medical providers warn patients that they will be denied care, and too often, patients may not even be informed of all of their medical options. This lack of information can result in patients wasting time and money, being prevented from receiving needed care, facing discrimination, and even suffering increased risk in emergency situations.

¹ A nationally representative survey found that 11% of participants had someone on their plan who was denied reproductive care. Hebert LE, Wingo EE, Hasselbacher L, Schueler KE, Freedman LR, Stulberg DB. Reproductive healthcare denials among a privately insured population. *Preventive Medicine Reports*. 2021;23:101450.

Transparency about restrictions on care is low, making discrimination hard to avoid. My team's nationally representative survey showed that over a third of patient's whose primary hospital for reproductive care was Catholic did not know that it was, and the vast majority of them were unclear about what kind of care was restricted in Catholic facilities.²

With health systems frequently changing ownership or undergoing mergers, many patients are surprised to learn that the hospital at which they have always sought care has new policies denying them the care they need. With the Patients' Right to Know Act in place, patients could learn which types of care are available and which are no longer offered, both at the point of service as part of informed consent and also through a public list maintained by CDPHE. No patient should learn in the midst of an emergency that the hospital they have visited for years has new policies that would impact the care they need.

Refusals of care have real consequences for those denied, particularly if they already face barriers to care. Patients want and need to know if they may be denied critical care that they are relying upon.

In a qualitative study of women's preferences about advance disclosure of restrictions on pregnancy care, most women interviewed wanted to know early in prenatal care about how the hospitals policies could impact their treatment for an obstetric complication, despite the discomfort such a conversation could pose saying, for example, "I would worry really about something like infection setting in, where it would be life-threatening to my daughter or my family member" and "We're preparing in case there's something catastrophic, and your best options aren't going to be available here."³

Pregnant patients should feel comfortable that the hospital they select will provide life-saving care they need in the event of a complication. Patients seeking end-of-life care should know which systems will limit the care they are able to obtain. And LGBTQ patients should know where they will receive the care they need without judgment or discrimination. No one should have to spend time and money seeking health care only to be unexpectedly turned away by hospitals that prioritize the beliefs of executives and boards over the health and safety of their patients. This legislation would allow patients to learn about which facilities deny various types of care and to make better informed decisions about their health care.

Transparency alone does not solve the burden inflicted upon consumers by denial of care. This bill does not change federal law or remove existing denial of care provisions, and patients may face limited choices because of their insurance coverage, costs, or for other reasons. However,

² Wascher, Jocelyn M., Luciana E. Hebert, Lori R. Freedman, and Debra B. Stulberg. "Do women know whether their hospital is Catholic? Results from a national survey." *Contraception* 98, no. 6 (2018): 498-503; Stulberg, Debra B., Maryam Guiahi, Luciana E. Hebert, and Lori R. Freedman. "Women's expectation of receiving reproductive health care at Catholic and non-Catholic hospitals." *Perspectives on Sexual and Reproductive Health* 51, no. 3 (2019): 135-142.

³ Wingo, Erin E., Jocelyn M. Wascher, Debra B. Stulberg, and Lori R. Freedman. "Anticipatory Counseling About Miscarriage Management in Catholic Hospitals: A Qualitative Exploration of Women's Preferences." *Perspectives on Sexual and Reproductive Health* 52, no. 3 (2020): 171-179.

the Patients' Right to Know Act (HB 1218) is an important first step that will help protect patients and raise awareness about denial of care by Colorado hospitals.

If you have any questions about my support for the Patients' Right to Know Act, please contact me at lori.freedman@ucsf.edu.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lori Freedman', with a large circular flourish on the left side.

Lori Freedman
Associate Professor
Department of Obstetrics, Gynecology & Reproductive Sciences
University of California, San Francisco

FREEDOM FROM RELIGION *foundation*

P.O. BOX 750 · MADISON, WI 53701 · (608) 256-8900 · WWW.FFRF.ORG

March 17, 2023

Submitted online

The Hon. Lindsey Daugherty
Chair, House Health and Insurance Committee
200 E. Colfax Ave.
Room 307
Denver, CO 80203

Re: Testimony in support of HB 23-1218

Dear Chair Daugherty and members of the committee:

I am writing on behalf of the Freedom From Religion Foundation (FFRF) and our local membership to urge you to support House Bill 23-1218. FFRF is a national nonprofit organization with more than 40,000 members across the country, including nearly 1,300 members in Colorado and chapters in Denver and Colorado Springs. FFRF protects the constitutional principle of separation between state and church, and educates about nontheism.

House Bill 23-1218 would require the Colorado Department of Public Health and Environment (CDPHE) to obtain and report information about health care services that are, or may be, subject to denial of care for nonmedical reasons. CDPHE would then display this information on a public website and update the website every two years. This information could then be accessed by patients to inform them of medical procedures and services that are denied at certain care facilities.

Recently, Mercy Hospital in Durango abruptly stopped tubal ligation procedures for women in their hospitals. There was no public announcement alerting residents that the only hospital in town with a maternity ward would no longer let women get their tubes tied (which often happens immediately after a Cesarean section birth). Instead, a statement on Centura Health's website (which owns Mercy Hospital) noted that Mercy is to conduct "itself in a manner consistent with the ethical principles of the Catholic church ministry." This vague statement could not reasonably be interpreted as the hospital's refusal to cease all such procedures.

This bill is absolutely vital for medical transparency in Colorado. Researchers at the University of Colorado Anschutz Medical Campus found that many Catholic hospitals do not disclose their religious affiliation while even more do not disclose medical procedures that would be denied. While HB 23-1218 would not put an end to religiously based discrimination that Mercy Hospital and so many other hospitals practice, it would create a mechanism for transparency to patients.

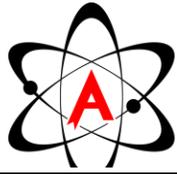
Ideally, the legislature should take steps to ensure that all Colorado residents have access to necessary reproductive health care—it is unacceptable for the only hospital with a maternity ward to deny a basic procedure, requiring patients to potentially undergo an additional and unnecessary surgery at a distant hospital. At a minimum, though, patients should be informed upfront of any procedures that a hospital will not provide, so that patients can make an informed decision about where to seek care.

Thank you for your time and attention to this matter. I urge you to vote yes on H.B. 23-1218.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Dudley", with a stylized flourish at the end.

Ryan Dudley
State Policy Manager
Freedom From Religion Foundation



AMERICAN ATHEISTS

March 17, 2023

The Honorable Rep. Lindsey Daugherty
Chair, House Health & Insurance Committee
Colorado General Assembly, HCR 0112
200 E Colfax Avenue
Denver, Colorado 80203

Re: SUPPORT HB 1218, testimony from American Atheists in support of the Patients' Right to Know Act

Dear Chairperson Daugherty and Members of the House Health & Insurance Committee:

American Atheists, on behalf of its more than 1,300 constituents in Colorado, writes in support of HB 1218, the Patients' Right to Know Act. We thank you for holding a hearing on this important bill, which will provide critical information to patients seeking care in Colorado. We urge you to swiftly pass this measure.

American Atheists is a national civil rights organization that works to achieve religious equality for all Americans by protecting what Thomas Jefferson called the "wall of separation" between government and religion created by the First Amendment. We strive to create an environment where atheism and atheists are accepted as members of our nation's communities and where casual bigotry against our community is seen as abhorrent and unacceptable. We promote understanding of atheists through education, outreach, and community-building and work to end the stigma associated with being an atheist in America. As advocates for the health, safety, and well-being of all Americans, American Atheists objects to efforts to subordinate medical care to the religious beliefs of providers and institutions.

Federal and state law allows hospitals and health care facilities to deny various types of care based on nonmedical factors such as the beliefs of hospital executives. Because hospitals often fail to publicly disclose nonmedical restrictions on services, patients too-often lack vital information necessary to make critical decisions about their health and where to receive care. The Patients' Right to Know Act would address this lack of information by requiring hospitals and health care facilities to inform patients and the Department of Public Health & Environment (CDPHE) about nonmedical restrictions on care. The informed consent process is a well-recognized and critically important factor in health care, but there cannot be informed consent if key information about treatment options is withheld from patients. As a result of this legislation, patients across Colorado would be empowered to better make decisions about where to seek health care because they would have access to information about which hospitals deny care and what services they refuse to provide.

For example, a hospital may deny emergency contraception to a survivor of rape, timely abortion care for a pregnant woman whose life is at risk,¹ compassionate end-of-life care to a suffering patient, sterilization procedures for patients seeking them, or gender affirming care for trans patients. There is no requirement that health facilities warn patients that they will be denied care, and too often, patients may not even be informed of all of their medical options. This lack of information can result in patients wasting time and money, being prevented from receiving needed care, facing discrimination, and even suffering increased risk in emergency situations.

Several factors make denial of care an increasingly significant problem in Colorado. Because nearby states have banned or severely limited access to abortion services after the *Dobbs* decision,² the number of patients crossing state lines to access reproductive care in Colorado has increased dramatically.³ Similarly, an increased number of people are seeking gender affirming care across state lines as more states considering banning health care services for trans people. Patients visiting Colorado for medical services need to know where they can access necessary care and where the care they seek may be denied. This bill will help provide that information.

Compared to most states, Colorado has a very high degree of consolidation by religious hospitals, many of which deny frequently sought types of care. For example, at least 36% of all hospitals in the state (19 of 53) are religious hospitals, and at least 38% of all staffed beds are in religious hospitals.⁴ Colorado is second in the nation with at least 42% of all births taking place at religious hospitals that restrict reproductive care. Individuals seeking reproductive care in Colorado are at significant greater risk for denial of care than in most other states.

Further, due to health systems frequently changing ownership or undergoing mergers, many patients are surprised to learn that the hospital at which they have always sought care has new policies denying them the care they need. With the Patients' Right to Know Act in place, patients could learn which types of care are available and which are no longer offered, both at the point of service as part of informed consent and also through a public list maintained by CDPHE. No patient should learn in the midst of an emergency that the hospital they have visited for years has new policies that would impact the care they need.

In addition, because Colorado has a large percentage of rural areas with low population density, denial of care is both more likely and more harmful for patients seeking care. Research shows that individuals are more likely to be denied reproductive care in more rural

¹ A nationally representative survey found that 11% of participants had someone on their plan who was denied reproductive care. Hebert LE, Wingo EE, Hasselbacher L, Schueler KE, Freedman LR, Stulberg DB. (2020). Reproductive healthcare denials among a privately insured population. *Preventive Medicine Reports*. 2021;23:101450.

² *Dobbs v. Jackson Women's Health Organization*, 597 US __ (2022).

³ Toomer, L. (Nov. 2, 2022). "Abortions in Colorado increase 33% following Dobbs decision." *Colorado Newslines*. Retrieved from <https://coloradonewslines.com/2022/11/02/abortions-colorado-increase-dobbs-decision/>.

⁴ Solomon, T., et al. (2020). *Bigger and Bigger: The Growth of Catholic Health Systems*. Community Catalyst. Retrieved from <https://www.communitycatalyst.org/resources/publications/document/2020-Cath-Hosp-Report-2020-31.pdf>.

areas compared to urban areas⁵ and that rural patients are more likely to expect a full range of contraceptive treatments to be available at religious hospitals (70.9% vs. 46.7% for urban patients), even when they are not.⁶ In some municipalities in Colorado, for example in Durango, Grand Junction, and Lafayette, the sole community hospitals are religious hospitals that refuse to provide certain types of care.⁷

These refusals of care have real consequences for those denied, particularly if they already face barriers to care or discrimination.

- In an assessment of 34 states, one study found that delivering at a Catholic hospital was much more common among Black and Hispanic women than among white women. Black women are especially vulnerable to denial of reproductive health care because they are significantly more likely to die from pregnancy-related causes and more likely to seek frequently restricted services such as abortion or tubal ligation.⁸
- Nearly one in five LGBTQ people, including 31% of trans people, report that it would be very difficult or impossible to get the health care they need at another hospital if they were turned away.⁹

Notably, denial of care is not restricted to any one type of hospital or health facility. Research has also shown that reproductive and LGBTQ care are frequently denied by both religious and secular institutions in Southern states.¹⁰

Pregnant patients should feel comfortable that the hospital they select will provide the lifesaving care they need in the event of a complication. Patients seeking end-of-life care should know which systems will limit the care they are able to obtain. And LGBTQ patients should know where they can receive the care they need without judgment or discrimination. No one should have to spend time and money seeking health care only to be unexpectedly turned away by hospitals that prioritize the beliefs of executives over the health and safety of their patients. This

⁵ Kramer RD, Higgins JA, Burns ME, Freedman LR, Stulberg DB. (2021). Prevalence and experiences of Wisconsin women turned away from Catholic settings without receiving reproductive care. *Contraception*. 2021;104(4):377-382.

⁶ Kramer RD, Higgins JA, Burns ME, Stulberg DB, Freedman LR. (2021). Expectations about availability of contraception and abortion at a hypothetical Catholic hospital: Rural-urban disparities among Wisconsin women. *Contraception*. 2021;104(5):506-511.

⁷ Solomon, T., et al. (2020).

⁸ Shepherd, K., et al. (2018). *Bearing Faith: The Limits of Catholic Health Care for Women of Color*. Public Rights & Private Conscience Project and Public Health Solutions. Retrieved from <https://lawrightsreligion.law.columbia.edu/bearingfaith>.

⁹ Mirza, S. A., & Rooney, C. (2019, July 19). *Discrimination prevents LGBTQ people from accessing health care*. Center for American Progress. Retrieved from <https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/>.

¹⁰ Platt, L., et al. (2021). *The Southern Hospitals Report: Faith, Culture, and Abortion Bans in the U.S. South*. Columbia Law School Law, Rights, and Religion Project. Retrieved from <https://lawrightsreligion.law.columbia.edu/content/southern-hospitals-report>.

legislation would allow patients to learn about which facilities deny various types of care and to make better informed decisions about their health care.

Transparency alone does not solve the burden inflicted upon consumers by denial of care. This bill does not change federal law or remove existing denial of care provisions, and patients may face limited choices because of their insurance coverage, costs, or for other reasons. However, the Patients' Right to Know Act (HB 1218) is an important first step that will help protect patients and raise awareness about denial of care by Colorado hospitals.

We urge you to pass this important legislation to protect patients in Colorado. If you should have any questions regarding American Atheists' support for HB 1219, please contact me at agill@atheists.org.

Very truly yours,



Alison Gill, Esq.
Vice President, Legal & Policy
American Atheists



HB 23-1218: Health Facility Information Patient Denied Service
CHA Written Testimony
House Committee on Health & Insurance

March 17, 2023

Rep. Lindsay Daugherty, Chair
Rep. Kyle Brown, HB 23-1218 Co-Prime Sponsor
Rep. Brianna Titone, HB 23-1218 Co-Prime Sponsor
Rep. Chris deGruy Kennedy
Rep. Lorena Garcia
Rep. Anthony Hartsook

Rep. Sheila Lieder
Rep. Karen McCormick
Rep. David Ortiz
Rep. Matt Soper
Rep. Ron Weinberg

Members of the House Committee on Health & Insurance:

On behalf of our 105 member hospitals and health systems across Colorado, the Colorado Hospital Association (CHA) respectfully submits the following regarding House Bill (HB) 23-1218: Health Facility Information Patient Denied Service. CHA is currently in an **Amending** position, with the hope we are able to get to **Support** following the adoption of amendments.

CHA's core policy principles include support for health care decisions being made by patients in consultation with their health care provider(s) and with all pertinent information regarding their care. As such, we support the goal of HB 23-1218 in facilitating better informed patients.

Our understanding is that **L.001** and **L.002** will be offered during committee, and we **Support** both amendments. L.001 tailors the bill to specific services of concern, such as reproductive health, LGBTQ health services, and end of life care, and L.002 clarifies how information is made publicly available. **We ask for the committee's adoption of L.001 and L.002.**

Our remaining concern is the requirement to provide the newly developed form to every patient and procedure as part of the informed consent process (p. 8, l. 14), as this would be unduly burdensome for the more than 11.5 million patient care visits hospitals provide each year (2021). We would instead recommend that the form developed pursuant to this legislation be provided to all patients served by clinical departments that provide the services contemplated by the legislation (e.g., obstetrics, palliative care), and that such notification be provided upon request or alongside the Notice of Privacy Practices required pursuant to the Health Insurance Portability and Accountability Act (HIPAA).¹

Thank you for your consideration,

A handwritten signature in black ink that reads 'Katherine Mulready'.

Katherine Mulready
Senior Vice President & Chief Strategy Officer

CC: Sen. Jacques-Lewis, HB 23-1218 Prime Sponsor

¹ HHS [requires](#) the HIPAA Notice of Privacy Practices at an initial visit appointment, or as soon as possible after an emergency.

House Health & Insurance
 03/17/2023 Upon Adjournment
 HB23-1218 Health Facility Patient Information Denied Service
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Angela Schultz For Compassion and Choices	<p>We urge you to swiftly pass this measure.</p> <p>Compassion & Choices is the nation’s oldest and largest consumer-based nonprofit organization working to improve end-of-life care. We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of life. As an organization dedicated to end-of-life care, we believe this bill will help ensure that all Coloradans are able to access information about their choices at the end of life and help them chart the path that is best for them.</p> <p>HB 1218 would ensure that individuals at the end of life have this information clearly available to them. This will allow them to plan their end of life journey in a way that honors their final wishes. It would also ensure that patients have all of the information they need to make fully informed decisions.</p> <p>Our organization often hears about the delays that terminally ill individuals face due to lack of transparency from health care facilities. Recently, late Colorado resident Andrea Ankerholz was faced with major obstacles in accessing medical aid in dying under the Colorado End-of-Life Options Act. When diagnosed with terminal cancer, Andrea sought the help of her doctors in charting her end of life path. While she received verbal confirmation from her doctors that they would support her, when it came time for her to request the medication, she found out they would not support her in her decision. Full of fear and frustration, she now had to spend her limited time finding a doctor who would honor her wishes. Transparency from health care facilities, like that offered by HB 1218, will allow terminally ill individuals like Andrea more time to focus on their last days, instead of worrying about coordinating a new healthcare provider.</p> <p>We often receive calls in Colorado from people like Andrea who are shocked to see that their healthcare providers cannot support them in their end of life wishes. They are desperate to find providers who will. Without transparency from healthcare entities, delays and denials of care like Andrea experienced will only continue to be exacerbated.</p> <p>We thank you again for holding a hearing on this bill and encourage its passage.</p>

<p>Michal Duffy For Out Boulder County</p>	<p>Chair Lontine, Vice Chair Ortiz, and members of the committee, thank you for the opportunity to share my testimony in support of HB23-1218, the Patient’s Right to Know Act.</p> <p>My name is Michal Duffy, I use they pronouns, and I am here today on behalf of Out Boulder County where I am the Director of Education & Research.</p> <p>Out Boulder County brings together the lesbian, gay, bisexual, transgender, and queer community, provides services, support, and connection for LGBTQ individuals, and advocates for LGBTQ issues in Boulder County and across Colorado.</p> <p>Our constituents reside in Boulder, Denver, Jefferson, Weld, Broomfield, Larimer, and Arapahoe counties and across the state,</p> <p>and hold an incredible array of diverse identities across race, gender, sexual orientation, disability, age, income, and family structure.</p> <p>This bill is a commonsense strategy to improve the experiences of accessing health care for all Coloradans.</p> <p>Seeking out health care services can be some of the most vulnerable and scary moments of our lives. Navigating confusing health care systems, insurance coverage, and speaking the unnatural language of these systems is intimidating even for the most educated among us -and these challenges are exacerbated when someone is actively experiencing healthcare needs.</p> <p>The vulnerability and urgency of accessing services is heightened for reproductive, gender affirming, and end of life care. Needlessly making people who are experiencing difficult health situations go through the additional trauma, expense, and delays from being denied services is callous and harmful.</p> <p>HB23-1218, A Patient’s Right to Know, is a solution to this unnecessary pain, confusion, and added expense. Requiring health care facilities to proactively communicate what services they do not provide contributes to transparency, provides more clarity, reduces unnecessary expenses for patients, and prevents more harm.</p> <p>This bill will support patients’ dignity while seeking services necessary to their health and wellbeing.</p>
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	<p>Healthcare providers, and by extension health care facilities, should uphold the commitment to do no harm. This bill provides some accountability to realizing that essential ethos.</p> <p>I encourage you to vote yes in support of HB23-1218.</p>
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March 14, 2023

The Honorable Representative Lindsey Daugherty
Chair, House Health and Insurance Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, Colorado 80203

Re: Evidence Supports Passage of the Patients' Right to Know Act (HB 1218)

Dear Chairperson Daugherty and Members of the House Health and Insurance Committee:

My name is Lee Hasselbacher and I am a Research Assistant Professor in the Department of Obstetrics and Gynecology and Faculty Director of Ci3, an academic research center, at the University of Chicago. I have conducted a range of studies exploring the impact on patient care when health centers adhere to religious restrictions that limit access to reproductive health care services. Over the years my colleagues and I have spoken with providers and staff who work in religiously-affiliated hospitals and patients who have sought care in these settings. We have talked to employers about how their insurance plans handle religious hospitals in networks and analyzed Medicaid data to understand disparities in care. We have researched the laws that allow for religious refusal and conducted legal analysis to understand where claims of conscience conflict with professional medical ethics.

I write to you in support of the Patients' Right to Know Act (HB 1218). Our research and that of others demonstrates that patients need and want more information about restrictions on health care services due to religious refusals. With greater transparency, patients and their families can make informed decisions when seeking health care and avoid harmful outcomes and additional costs. We urge you to pass this measure.

People choose to seek health services in religious health centers for a variety of reasons that often have little to do with religious affiliation. Religiously-affiliated hospitals make up a growing share of health care in the United States.¹ Among other things, patients seek care in religious health centers because they are included in their insurance networks, located in their community, referred by family and friends who may not have encountered restrictions; and are employers of trusted individual providers.^{2,3}

Patients are often unaware when their health center has a religious affiliation and, even if aware, may not have information about specific restrictions on health services. In a national survey of reproductive age women, 37% attending a Catholic hospital for OB/GYN care did not know the hospital's religion and of those who identified a hypothetical hospital as Catholic most still did not anticipate reproductive care restrictions.^{4,5} When a subset of survey respondents participated in interviews, some were aware of their hospital's Catholic affiliation and even supportive of religious hospitals but remained unaware of how the religious restrictions could affect their care.^{6,7}

When seeking care in hospitals with religious restrictions—particularly those that follow the Ethical and Religious Directives for Catholic Healthcare Services (ERDs)⁸—patients can be denied a wide range of care, including reproductive care such as family planning services, fertility treatments, abortion, and treatments for pregnancy complications. Catholic hospitals

must follow the ERDs, which are issued by the U.S. Conference of Catholic Bishops. Other hospitals may limit care based on religious influence as well; in our research we found a Protestant hospital where some leaders cited religious influence to limit abortion care, which also affected the treatments patients could receive if their pregnancy was no longer viable.⁹

While respondents working in secular and Protestant systems reported few limitations on contraceptive care, those working in Catholic systems reported multiple barriers. Often, any type of contraception is prohibited, unless it can be shown that it was used to treat some other condition.^{2,3,10} Providers also reported that patients are often unaware of restrictions and it's up to providers to share this information with their patients. As one physician who worked in a Catholic system explained,

"I only talk about [restrictions on care] if it comes up. I don't stand there waving a poster at them saying, 'Don't come here for birth control.' When they come, we have a discussion about the fact that it's a Catholic institution required to uphold the Catholic directive, which comes from higher up."¹⁰

In another study, one patient who delivered in a Catholic hospital and expressed interest in a tubal ligation during their third scheduled Cesarean delivery reported,

"my gyno was just more concerned about putting my body through another surgery after having three [Cesarean deliveries], so his hesitation on tubal wasn't religious based, it was more like what was the best birth control option for me that wouldn't put my body through another surgery. I don't think it tied into that."

In this case, the provider advised against a separate surgery for a tubal ligation and appears not to have counseled that patient that if they delivered in a non-Catholic hospital, the tubal ligation could be done concurrently with Cesarean delivery to avoid the separate surgery. When asked about their interest in that possibility, the patient noted that because of their limited insurance network, *"going somewhere else [to deliver] wasn't an option."³*

Providers who had worked in Catholic systems described variable interpretations of restrictions and enforcement practices, ranging from verbal admonishments to lease agreements prohibiting contraceptive provision in secular clinics on church-owned land. Interviewees described how obstacles to desired care burdened patients, especially those with social and financial constraints, and resulted in delayed or lower quality care.¹⁰ In one of our studies focused on postpartum family planning, patients and providers agreed that lack of hospital transparency meant patients were unable to make fully informed decisions regarding their family planning methods during the vulnerable postpartum period.³ Providers in this study also observed that restrictions on postpartum contraception may cause more harm for some patients who have lower incomes, restricted insurance, reduced access to transportation, childcare needs, and live in areas where referral clinics were overwhelmed.³

In our research on access to comprehensive treatment for pregnancy complications and abortion, we found that few limitations were reported in secular hospitals, while Catholic hospitals prohibited most abortions, and a Protestant-affiliated system banned abortions deemed "elective." Religiously affiliated hospitals allowed abortions in specific cases, if approved through an ethics consultation. Interpretation of system-wide policies varied by hospital. Providers constrained by religious restrictions referred or transferred patients desiring abortion, including for pregnancy complications, with those in Protestant hospitals having more

latitude to directly refer such patients. As a result of religiously influenced policies, patients could encounter delays, financial obstacles, restrictions on treatment, and stigmatization.⁹

Similarly, patients were often only informed of restrictions on an individual basis when actively seeking care. Providers we interviewed reported that the patient's provider was responsible for explaining hospital policies when a conflict arose. Reflecting a commonly expressed sentiment, one obstetrician-gynecologist at a Catholic hospital said, *"I don't think it's a policy where when someone starts and initiates prenatal care at a religious-affiliated institution, they're told these are things we do and don't do because of our religious affiliation in regard to your pregnancy."* In describing limitations to patients, some providers said they would point to the religious influence on restrictions, while others would offer more general explanations, citing "hospital policy" or saying that "we cannot do that at this institution" without explaining the reasoning behind the restriction.⁹

For instance, at one Protestant hospital which limited the provision of dilation and extraction procedures (D&Es) because of its more direct effect of terminating a pregnancy, one obstetrician-gynecologist described a scenario where a patient had instead been induced for three days to end a pregnancy because of a complication. When the patient's friend asked if there had been another, less difficult option, the participant who saw her later said, *"I felt horrible, because her private provider had never explained that, 'Oh, yeah, by the way, we could transfer you out and you could get a D&E somewhere else.'"*⁹

When asked about their perspectives, patients have strong feelings about transparency and concern for others getting the care they need. In one national study, more than 80% of women felt it is somewhat or very important to know about a hospital's religious restrictions on care, and more than half believed a religious hospital should never be allowed to restrict care based on religious doctrine.¹¹ In our study on postpartum contraception access, patients expressed frustration when they were turned away from receiving care. Many patients felt that Catholic hospitals should at least provide educational information and referrals even if they could not provide contraception so that women could plan families and receive counseling about contraception. One patient who desired but did not receive prenatal contraceptive counseling suggested hospitals could provide a "disclaimer" explaining their restrictions to patients and offer referrals. Another patient who delivered multiple times, once without contraceptive counseling and twice with contraceptive counseling noted that patients "should be made aware" and that hospitals "should be very vocal about" their restrictions. Their delivery hospital "didn't discuss it", "they don't give those options to you and you don't know."

While many of these patients eventually found the care they desired, they conveyed concern for other patients who might not be so resilient in overcoming barriers in care, especially given other postpartum challenges. Patients also described how facing religious restrictions on care led to feelings of stigma and judgment, which could impact a patient's motivation to seek out care elsewhere.³

To conclude, findings of our research and that of others suggest that awareness of religious affiliation is insufficient if patients do not receive clear information about limitations on care. In order to protect patient autonomy and balance the rights of patients with rights of religious refusal¹², policies that increase transparency regarding limitations on care should be implemented. Furthermore, policies should also aim to reduce the burden on patients and educate the public about the prevalence and impact of religious restrictions so individuals are empowered to look for this information when they seek care.

I urge you to vote in support of the Patients' Right to Know Act (HB 1218). If you have any questions about this testimony, please contact me at lhasselbacher@uchicago.edu.

Sincerely,



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TESTIMONY: HB23-1218 Health Facility Patient Information Denied Service “Patient’s Right to Know Act”

House Health & Insurance 3/17/23

Madame Chair, Members of the Committee, my name is Leslie Kalechman. I am a volunteer with AARP Colorado. AARP has over 670,000 members in Colorado and is focused on Coloradans aged 50 and above, and their families.

AARP Strongly Supports HB23-1218 Health Facility Patient Information Denied Service, “Patient’s Right to Know Act.”

It is imperative for the provision of appropriate, responsible, and responsive care that Older Coloradans be provided clear information about insurance coverage and what providers and facilities can offer them, and that it is provided in advance of any immediate or urgent needs.

I am a retired Clinical Social Worker, and my practice was focused on patients having Advanced Illnesses and End of Life needs. A primary ethical value in the practice of Health Care Social Work is that of informed patient self-determination regarding their treatment and care goals. A primary role in the work is to help provide access to services and resources to meet expressed wishes and needs. A primary context of this work is support to patients and families through grief and loss.

Health care options for Older Adults with serious and terminal conditions can range from aggressive curative treatments to palliative care models including Hospice for end-of-life care. Older Adults are encouraged to consider and express care preferences and wishes during serious illnesses and end-of-life. Choices must be informed by health status, medical research/standards of care, and personal values and wishes. Patients have a constitutional right to refuse unwanted medical treatments and choose compassionate care and should have the right to have their wishes honored non-judgmentally by Providers and the facilities they use.

AARP believes HB23-1218 is needed so that patients will have early transparent communication about services available and covered, and so that they and their families can deal with medical and physical needs, and also pain, fear, anxiety and grief.

Sincerely,
Leslie Kalechman, LCSW
AARP Colorado Advocacy Volunteer
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