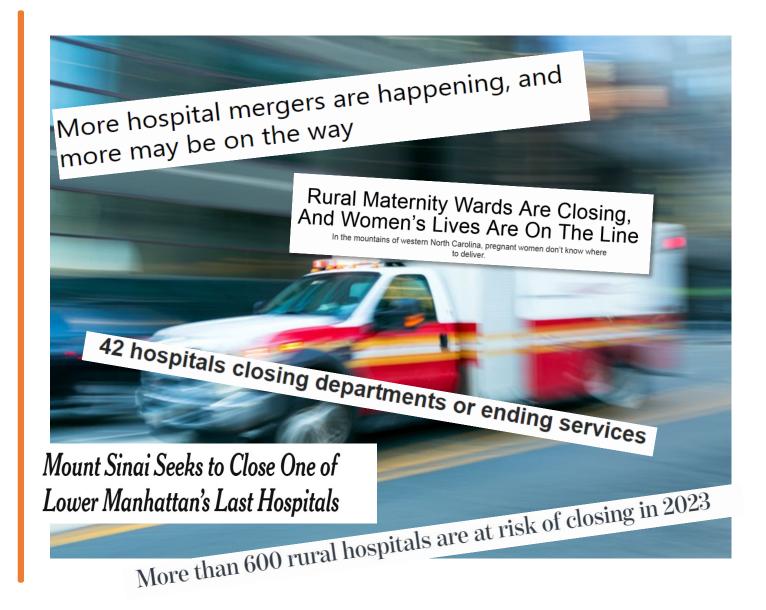
Addressing the impact of hospital consolidation on access to care and health equity

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Hospital consolidation is changing the health care landscape for patients



Increasing numbers of independent hospitals have been joining health systems



For more information or to purchase access to AHA data | ahadatainfo@aha.org

Frequent promises made to communities where hospitals are joining big systems



1. The merger will stabilize your hospital financially and ensure it's still here for you in the future.

2. The merger will improve the quality of care at your hospital.



3. Your hospital will have access to capital needed to carry out renovations of aging buildings.

Then, those promises are broken We're closing maternity care, but you can just go to our other system hospital, 25 miles away.

We won't be allowing contraception, tubal ligations, abortion or any other services that violate our system's religious directives.

To achieve optimum efficiency and effectiveness, we need to cut the hospital staff by 20%.

Unfortunately, we must close your hospital entirely.

Who is harmed by hospital consolidation?

- People in rural areas left without ready access to medical care.
- People in low-income urban neighborhoods of color, including immigrants.
- Women and other people capable of pregnancy, who are forced to travel long distances to maternity care or who suffer the loss of reproductive services in Catholic/secular mergers.
- People with disabilities and elderly people, who cannot easily navigate changing health delivery systems.
- LGBTQ+ people, who often struggle to find health providers they trust.



Introducing health equity impact assessments into review of proposed hospital consolidation

- In New York, a new law took effect June 22, 2023, amending the existing Certificate of Need (CON) process for state review of proposed health facility changes.
- Requires health facilities to commission health equity impact assessments *if a transaction would cause the elimination, reduction or relocation of services.*
- Assessment predicts the likely impact of the change on medically-underserved people, and requires "meaningful engagement" of those people and key stakeholders:
 - low-income, uninsured or publicly-insured, women, LGBTQ+ people, racial and ethnic minorities, immigrants, people with disabilities, rural residents, older adults.
- Assessors must be independent, have expertise in health equity and have no conflicts of interest (such as interest in approval of the transaction).



First test of new health equity law: Proposed birth center closing

Community members protest against Burdett Birth Center closure

NEWS

Bishop Scharfenberger slams proposed closure of Catholic-run birth center

Albany diocesan leaders have jurisdiction over medical practices, values and reputation of facilities in the St. Peter's Health Network.

OPINION

State reviews closure request for Rensselaer County's sole birthing center amid health equity concerns

Letters: Proposed closure of Burdett Birth Center in Troy draws ire

Readers question how citing the lack of profit at Samaritan Hospital's birth center jibes with St. Peter's Health Partners' core values

FROM OUR READERS

'I wouldn't be here' Mothers call for action preventing Burdett Birth Center closing

Nurses, mothers and advocates called Tuesday for Advocates rally to save Samaritan's maternity ward the center to remain open

THE WALL STREET JOURNAL.

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Fight to Save a New York Birth Center Tests State Law

As maternity wards close across the U.S., some states weigh impact on underserved people before approving health-facility

changes

Save Burdett coalition did its own health equity impact assessment

As an African American woman, I have been failed countless times by the health care system. I have anxiety and fear when it comes to hospitals. My number one goal was to be heard and to bring my baby safely into the world I had an amazing natural water birth at the Burdett Center in 2020. This community needs this center and its health care workers.

- Black, Latinx pregnant people said they feared loss of Burdett, where they feel respected and listened to.
- 44 % of births are attended by midwives, compared to 16% at St. Peter's.
- Burdett has the lowest c-section rate in the Capital District, reassuring pregnant people wary of being coerced into medical interventions.
- Transportation to hospitals in Albany, Schenectady or Saratoga would lengthen travel time, endanger people with pregnancy emergencies. EMS could not handle additional burden of trips out of town.

Troy birth center closure delayed, equity study released

St. Peter's Health Partners voluntarily undertook the heath equity impact assessment, vowing more community engagement to address outstanding transportation and EMS concerns.

- Birth center closure "will not improve health equity and will not reduce disparities for medically underserved groups in the service area."
- Longer travel times to alternative hospital maternity services. Transportation challenges for people without cars.
- 98% of those surveyed oppose the closure.
- However, the assessment accepted St. Peter's claims that it could arrange transportation for people in Rensselaer county and nearby communities and that patients could use midwives at St. Peter's.
- Save Burdett Coalition called on St. Peter's to "change its attitude" toward the birth center and invest in the center's successful model of care of low-intervention birthing, instead of closing the center.

Dozens plead with attorney general to stop Troy birth center closure

Attorney General Letitia James hosted a public hearing Monday on St. Peter's Health Partners' plan to close Burdett Birth Center



At daylong hearing, New York state AG takes testimony on proposed closure of Burdett Birth Center

Are other states introducing health equity into review of proposed hospital consolidation?

- 2021 state law gave Oregon Health Authority ability to deny approval of large-scale proposed mergers if they would not increase access to services in medically underserved areas, improve health outcomes or reduce patient cost.
- New Minnesota statute says state AG can prohibit a transaction if it "will reduce delivery of health care to disadvantaged, uninsured, underinsured, and underserved populations and to populations enrolled in public health care programs."
- Connecticut has a robust existing process for review of proposed health industry transactions. In late August, state Office of Health Strategy (OHS) <u>rejected</u> the Nuvance Health System's plan to close the maternity unit at its Sharon Hospital, located in the rural northwest corner of the state. The OHS said the closure would result in "'less diversity of health care providers and less patient choice in the geographic region."
- On the federal level, President Biden has said hospital mergers "left many areas, especially rural communities, without good options for convenient and affordable healthcare service."

Resources on the impact of hospital consolidation on access to care, equity

- Introducing Health Equity Analysis into State Review of Most Proposed Health Facility Changes, Lois Uttley, Milbank Memorial Fund, Nov. 9, 2023: <u>https://t.co/HOiBVOTqBI</u>
- Health Equity Impact Assessment Community Guide, Aug. 17, 2023, <u>https://hcfany.org/health-equity-impact-assessment-community-guide/</u>
- Community Catalyst Urges Federal Anti-Trust Regulators to Use Health Equity Assessment, Community Catalyst, May 2, 2022: <u>https://communitycatalyst.org/posts/communit</u> <u>y-catalyst-urges-federal-anti-trust-regulators-to-</u> use-health-equity-assessment/