
INCREASE HOSPITAL TRANSPARENCY AND IMPROVE ACCESS TO HEALTH CARE

No one should be turned away from a hospital when they need health care. And yet, hospitals often deny treatment based on the bureaucratic decision-making of non-medical personnel rather than sound medical science.

To make matters worse, because information about what care hospitals provide is often impossible to access, patients cannot determine whether their local hospital provides the care they need.

THE PROBLEM

Whether they know it or not, patients in regions throughout the state lack access to reproductive health care, end-of-life care, gender-affirming care, and other types of sensitive health services.

These denials of care sometimes violate state and federal law and they have real-world consequences. Tamesha Means sought care at Mercy Health Partners in Michigan when her water broke at 18 weeks of pregnancy. The hospital sent her home twice even though she was in excruciating pain, there was almost no chance her pregnancy would survive, and continuing the pregnancy put her life in danger.

The hospital did not tell Ms. Means that ending her pregnancy was an option – or that it was the safest option in her situation. Ms. Means returned to the hospital a third time with an infection and in extreme distress. The hospital was about to discharge her again when her pregnancy ended in miscarriage

In another case, Evan Minton's hysterectomy at Dignity Health in

California was canceled two days before the procedure when the hospital learned that he is transgender. Dignity Health regularly performs hysterectomies for patients who are not transgender.

There are similar stories in New York State. Providers alerted the NYCLU to a hospital in upstate New York with a policy against treating miscarriages so long as there is a fetal heartbeat. Patients who miscarry have languished without care as a result, sometimes going into sepsis – a life-threatening medical emergency. Their only hope is that a sympathetic provider will transfer them to a hospital without this policy.

These stories play out amidst a wave of hospital consolidation. Since 2003, more than 40 community hospitals in New York State have closed. As a result, large health care systems now control more than 70 percent of hospital beds in the state, and hospital takeovers in New York continue. Communities pay the price for this rapid consolidation, especially when hospitals deny people care for no good reason.

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Types of care that are frequently denied include:

- **Reproductive care** like contraception, miscarriage management, in vitro fertilization, abortion, sterilization, treatment of ectopic pregnancy, and some prenatal diagnosis.
- **Gender-affirming care** like gender-affirming surgeries and hormone replacement.
- **End-of-life care**, organ transplants from living donors, dialysis, or other advanced life support options.

Hospital staff are also often prevented from telling patients about health care services that are available at other hospitals or from referring people to those hospitals.

THE SOLUTION

A.6334 (Rozić)/S.5400 (Hinchey) will provide New Yorkers with the tools to determine whether their local hospital provides the care they need prior to admission and to identify communities where particular services are completely unavailable. In doing so, the bill lays the groundwork to expand access to care in health care deserts around the state.

The bill requires the Department of Health to collect a list of banned health care services from each general hospital and to publish that information, in easy to understand language, on its website. It also requires hospitals to add a link to the

Department's website and information about banned health care services to their patients' bills of rights.

The legislation further requires the Department of Health to publicly report on how the denial of these services is impacting patients, with a particular focus on how access to care varies by community, race, ethnicity, and socioeconomic status.

This legislation brings much needed transparency to the services New York hospitals do and do not provide, and it paves the way to increase and improve care across the state.