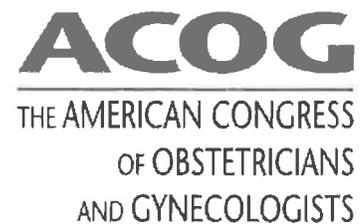


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Testimony to the Senate Health Policy Committee on behalf of the Michigan Section of ACOG regarding Senate Bill 136:

Senate Bill 136 will serve to undermine the health care needs of women in our State by allowing individuals, institutions and insurers to select which services to perform and cover as benefits. Senate Bill 136 will only serve to protect the health care industry from liability in failing to provide the necessary and preventive services our patients require.

Senate Bill 136 under Section 5 states *a health facility may assert as a matter of conscience an objection to providing a health care service and may decline to provide a health care service that violates its conscience in pursuant to this section.* The Michigan Section of ACOG takes issue with this portion of the Bill as it provides immunity to health care facilities to withhold necessary treatment to patients as a matter of conscience and objection. Patients may not have prior knowledge about their chosen health facility's position regarding certain medical services prior to the actual time this service is needed. In an emergency situation, a patient would be transferred to the nearest health care facility which may not provide the necessary service. The American Medical Association also opposes this type of exemption. In an article in the Journal of Ethics, the AMA asserted the beliefs of an employer, insurer or health care provider should not take precedence over those of its employees, enrollees or patients.<sup>1</sup> Allowing this type of conscience objection would interfere with the individual's access to health care that they deem necessary and in line with their own religious and moral beliefs. This Bill would protect the health care facility from any criminal or civil liability. The Michigan Section of ACOG is concerned this type of legislation would allow a health care facility to abandon their responsibility to care for patients.

In less acute situations, Senate Bill 136 Section 7, would allow a health care payer as a matter of conscience to choose which services are covered benefits without using evidence based medicine as a guide. If a health care payer as a matter of conscience does not cover necessary and evidence-based services, there is no recourse of action for the individuals covered by the health plan under this proposed legislation. Certain health care providers in our State, as a matter of religious objection, exclude contraception and associated counseling services as benefits despite recent evidenced-based recommendations these services be covered. In 2011, the Institute of Medicine published recommendations on women's preventive services proven to improve well being and delay the onset of targeted conditions. These recommendations included a full range of contraceptive education, counseling and methods to avoid unintended pregnancies and allow spacing of pregnancies to promote optimal birth outcomes.<sup>3</sup> An unintended pregnancy can adversely affect a preexisting health condition

such as diabetes, hypertension and thromboembolic disease. Planned pregnancies with adequate spacing between births lowers risks for the unborn as well by reducing the incidence of low birth weight and preterm infants. <sup>4</sup> As women's health care physicians, ACOG opposes any legislation which would allow health care payers to become capricious in their selection of covered benefits under the guise of violation of conscience .

In Section 9, an individual health provider may object to participating in a health care service by giving written notice to his employer. Many physicians are now employed by large health care institutions within the State and on occasion, may object to providing certain health care services. However, this objection of conscience should not interfere with the physician patient relationship and the clinician's responsibility to care for the patient. When patients select providers, they are not aware of their individual beliefs. Although ethically permissible for a physician to disclose their objection to a service or procedure; the obligation remains to present all treatment options and refer patients accordingly. This legislation would allow physicians who are employed to object as a matter of conscience without coordinating additional care for the patient.

As women's health care physicians in this State, we support legislation which promotes the health and well being of our patients. The Michigan Section of ACOG respectfully recommends this proposed legislation not be enacted.

#### References

1. AMA J Ethics. February 2012, Volume 14, Number 2:89-180
2. N Engl J Med 2007; 356:593-600
3. Institute of Medicine. Clinical Preventive Services for Women: Closing the Gasp. Washington DC: The National Academies Press; 2011
4. ACOG 2011 Comments on Religious Exemptions