

September 28, 2009

Prince George's County Hospital Authority  
P.O. Box 6779  
Largo, Maryland 20792

Dear Members of the Authority,

As you know, as organizations working to preserve and enhance access to vital health care services in Maryland, including assuring comprehensive reproductive health care, elimination of disparities in health care delivery, and meeting the needs of uninsured and underinsured patients, we are monitoring the prospective sale of the Prince George's County hospital system. We greatly appreciate and support the hard work of everyone involved in efforts to secure a bidder who will not only continue, but also enhance the current services provided to Prince George's County residents.

We understand that final bids were due September 18, 2009 and that the Authority is in the process of reviewing those bids to make its final decisions regarding the new hospital system. We are writing to emphasize again the three critical requirements for any successful bidder that we previously identified in our October 31, 2008 letter to the Hospital Authority.

The successful bidder for the Hospital System must ensure that all women and families regardless of income level have access to comprehensive reproductive health care services. This includes access to contraception and family planning services, including emergency contraception; abortion care; tubal ligations and vasectomies; preconception, pregnancy, and postpartum care; sexual assault treatment; and prevention, testing and treatment for sexually transmitted infections (STIs) including HIV.

The successful bidder for the Hospital System needs to recognize the diversity of our community and work to eliminate racial, ethnic, gender, and class disparities in health care access, as well as disparities due to immigration status, disabilities, and sexual or gender identity. All services must be respectful of people of all races, classes, and sexual or gender identities. Treatment decisions need to be grounded in evidence-based research that takes into account gender-based research and social determinants such as race, ethnicity, income, and place of residence. It is also critically important that the successful bidder for the Prince George's County Hospital System commit to ensure readily accessible translation and interpretation services, including sign language. We expect the successful bidder to ensure that its health care providers respect the ethical, moral, and religious viewpoints of patients and the medical decisions that patients make, including decisions about appropriate end of life care

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The successful bidder for the Hospital System must commit to providing high quality services to uninsured and underinsured populations. Local public hospitals have long served as medical providers of last resort for the uninsured poor, anchoring the safety net that provides access for the disadvantaged, especially in large urban areas. The current facilities in Prince George's county serve nearly 200,000 people annually.<sup>1</sup> Of critical importance is the care that the System provides to the uninsured – more than 25% of the residents cared for lack health insurance.<sup>2</sup> In 2003, nearly 75,000 Prince George's County residents under 65 did not have health insurance.<sup>3</sup> The Hospital System also has important community outreach programs including health education, support groups, and volunteer services.<sup>4</sup> While our organizations understand the need to lower costs and improve the system's troubled financial situation, we expect that the successful bidder will commit to continue to support access to care for patients who are uninsured and underinsured.

The men and women of Prince George's County deserve continued and improved access to all of these services. We reiterate these issues for the Authority because transferring a hospital (or hospitals) to new owners means that this care could be affected. We expect that this care will be maintained, but also hope that the Authority will take this opportunity to insure that successful bidders will enhance and expand these important services.

The RAND presentation to the Authority on April 20, 2009 underscores how vital these services are to the residents of Prince George's County. As we have shared in previous correspondence to the Authority, we further know the following related to the need for comprehensive services in the County:

- **Unintended Pregnancy** - Every year in Maryland, thousands of women experience unintended pregnancies, many of which lead to hardship for women and their families, tough choices, and for some, the decision to terminate. In 2006, 40% of postpartum mothers in Maryland reported that their most recent pregnancy was unintended. Negative health outcomes such as delayed or inadequate prenatal care are strongly associated with

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<sup>1</sup> Dan Valentine and Sean R. Sedam, *Officials Get Months to Put end to Hospital System's Years of Struggle*, Gazette, April 10, 2008.

<sup>2</sup> Id.

<sup>3</sup> Prince George's County, 2003 Public Health *Quick Stats* (available at <http://www.co.pg.md.us/Government/AgencyIndex/Health/pdf/QuickStats.pdf>).

<sup>4</sup> Dimensions Health Care System, Community Outreach (available at [http://www.dimensionshealth.org/website/c/dhs/community\\_outreach/](http://www.dimensionshealth.org/website/c/dhs/community_outreach/)).

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unintended pregnancy.<sup>5</sup> Unintended pregnancy has also been linked to negative social outcomes for parents and families such as an increased risk of physical abuse, dissolution of the parents' relationship, and less chance of achieving educational and career goals.<sup>6</sup>

Young people especially need complete information about and access to contraception. In Maryland, the 2006 teen pregnancy rate rose to 33.6 births per 1,000 teens ages 15 to 19, after years of steady decline.<sup>7</sup> This is the thirteenth highest rate in the nation. Prince George's County has the third highest teen birth rate in the Washington, DC region for girls ages 15-17.<sup>8</sup>

• **HIV and STI Rates** - Prince George's County has the second-highest rate in the state for STI infections and the second-highest number of HIV cases.<sup>9</sup> Prince George's County health officials have attributed proximity to the District of Columbia (where three percent of city residents have HIV or AIDS) and lack of access to health care (about 151,000 residents do not have health coverage). There is also a resurgence of syphilis in the county. STI prevention, screening, and treatment services must be enhanced in the hospital system and should be included in a successful bidder's plans for the hospital(s), as well as measures for family planning services.

• **Pregnancy Care** - Improving pregnancy outcomes and related health disparities also needs to be a focus of a successful bidder (or bidders) for the Prince George's County Hospital System. The infant mortality rate in Prince George's County in 2003 was 10.4 deaths per 1,000 births, with a rate of 13.4 for African Americans.<sup>10</sup> Maryland's average is 8 deaths per 1,000 births<sup>11</sup> while the national average is 6.86.<sup>12</sup>

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<sup>5</sup> Committee on Unintended Pregnancy, Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* (Sarah Brown & Leon Eisenberg, eds. 1995).

<sup>6</sup> *Id.*

<sup>7</sup> Sarah Neufeld and Kelly Brewington, "Issue of teen pregnancy moves front and center," *Baltimore Sun*, Sept. 2, 2008 (available at <http://www.baltimoresun.com/news/local/baltemd.teens03sep03,0,4152984.story>).

<sup>8</sup> Washington Area Women's Foundation, *Women in Prince George's County* (2003).

<sup>9</sup> Ovetta Wiggins, "County Still No. 2 in Md. For STDs, Official Says," *Washington Post*, March 25, 2009 (available at <http://www.washingtonpost.com/wpdyn/content/article/2009/03/24/AR2009032401805.html>).

<sup>10</sup> Prince George's County, 2003 Public Health *Quick Stats* (available at <http://www.co.pg.md.us/Government/AgencyIndex/Health/pdf/QuickStats.pdf>).

<sup>11</sup> Advocates for Children and Youth, Issue Brief, "Continued Decline in Health of Maryland's Infants, August 2008 (available at [http://www.acy.org/upimages/Birth\\_Outcomes\\_2008.pdf](http://www.acy.org/upimages/Birth_Outcomes_2008.pdf)).

<sup>12</sup> 8 National Center for Health Statistics, NCHS Data Brief, "Recent Trends in Infant Mortality in the United States," Oct. 2008 (available at <http://www.cdc.gov/nchs/data/databriefs/db09.htm>).

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• **Abortion Care** - Abortion care is an important part of the continuum of reproductive health care. Abortion is a common experience. At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 57% of women having abortions are in their 20s; 60% have one or more children; 57% are economically disadvantaged; and 88% live in a metropolitan area.<sup>13</sup>

While many local abortion providers are available, it is important that abortion care be a part of gynecological services offered in a hospital setting. Miscarriage management treatment, including nonsurgical and surgical interventions, need to be accessible as well.

• **Culturally Competent Care** - Community health services must be respectful of people of all races, classes, and sexual or gender identities. Treatment decisions need to be grounded in evidence-based research that takes into account gender-based research and social determinants such as race, ethnicity, income, and place of residence.

13.8% of Prince George's residents were born outside of the United States and 15.9% speak a language other than English at home.<sup>14</sup> It is critically important that the successful bidder(s) for the Prince George's County Hospital System commit to ensure readily accessible translation and interpretation services, including sign language. We expect the successful bidder to ensure that its health care providers respect the ethical, moral, and religious viewpoints of patients and the medical decisions that patients make, including decisions about appropriate reproductive health care.

We continue to be opposed to the disturbing lack of transparency of the process of identifying and selecting qualified bidders. While some information must be treated confidentially, the public and stakeholders should be given a meaningful opportunity to review and comment on the services bidders intend to provide and basic information about how the bidders intend to provide the full range of services needed in Prince George's County. These components of the final bids should be publicly disclosed with time for review and comment before the Authority makes its final decision.

Given documented challenges with the delivery of reproductive health care services by some providers, we strongly believe a commitment to reproductive health care access

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<sup>13</sup>Guttmacher Institute, *State Facts About Abortion* (citing 2005 statistics) (available at <http://www.guttmacher.org>).

<sup>14</sup> U.S. Census Bureau, *State and County Quick Facts* (citing 2000 census data).

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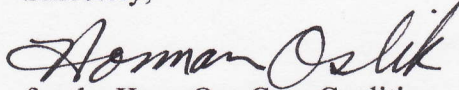
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must be a criterion for any successful bidder or combination of bidders and that successful bidders must make some legally binding commitment to provide these services.

We appreciate the Authority's commitment to finding a successful bidder(s) for the hospital system that will meet the health care needs of Prince George's County today and in the years to come.

Sincerely,



for the Keep Our Care Coalition

Norman Oslik

Co-chair, Progressive Cheverly

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