

June 21, 2021



Michael V. Drake, MD
Honorable Members of the UC Board of Regents
1111 Franklin Street
Oakland, California 94607

SUBJECT: Adoption of Regents Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care (*June 23, 2021*)

Dear Dr. Drake and Honorable Members of the UC Board of Regents:

The Alliance of Catholic Health Care represents California's Catholic-affiliated health systems and hospitals. Together, our health systems operate 51 acute care hospitals in California, which represent nearly 15% of all hospitals and over 16% of the hospital beds in the state. We write in support of continuing the vital partnerships between UC Health System and faith-based organizations. In its recently released report, "Community Ties: UC Health Report on Affiliation Impacts," UC Health concluded: *"These affiliations are core to our education and public service missions to offer access to high-quality care to all the people of California. A policy of disengagement would undermine our mission and weaken our health care infrastructure, and not one patient would be better served as a result."*

We completely agree with this conclusion. Affiliations between the UC Health System and Catholic health care providers are at the core of California's public health care safety net. They are essential to ensuring and expanding access to quality health care services across our state – especially so for underserved communities. In many cases these partnerships represent the only locally available care of its kind. UC affiliations ensure access to critical care in communities across the state.

Our faith-based health care providers have hundreds of contracts with the UC system, some of which date back decades. In many instances, these partnerships arose out of the shared values of the UC System and our faith-based providers to ensure care – particularly to vulnerable patients in underserved communities – that no one else can, or is willing to, provide.

Disengagement from these partnerships would unravel much of the health care safety net that provides access to care and addresses health inequities impacting thousands of Californians across the state. Disengagement would have an especially negative impact on vulnerable Medi-Cal beneficiaries. Moreover, during the last year, these relationships have been crucial to the state's response to the COVID-19 pandemic.

CORRECTING MISINFORMATION AND INACCURATE ASSERTIONS

With that said, many of the concerns regarding these partnerships are based on a foundation of misinformation and inaccurate assertions about the kinds of care, services and training provided by Catholic health care facilities, and must be addressed directly. In summary:

- Physicians decide what procedures are medically appropriate based on their independent medical judgment and are expected to inform patients of all health care options, prescribe all appropriate medications, and transfer care when a service or procedure is not available. There are no gag orders.
- Residency programs are ACGME certified and must provide comprehensive educational training opportunities.

- Procedures that have the sole purpose of sterilization are not permitted for any patient, without regard to sex or gender identity.
- Emergent and urgent care are always provided within the standard of care to women with pregnancy complications, miscarriages and ectopic pregnancies – even if it results in the death of the fetus. Furthermore, Catholic hospitals have some of the lowest maternal mortality rates in the state and country.
- Primary, specialty and urgent care are provided to LGBTQ persons without discrimination.
- Comprehensive care is provided to victims of sexual assault, including the provision of emergency contraception.
- We honor patient wishes at end of life. We neither prolong the dying process nor intentionally hasten death. For this reason, we do not participate in the End of Life Option Act.

MEDICAL JUDGMENT AND THE PROVISION OF SERVICES. In the decades Catholic health care providers have been working together with UC Health to provide services, we are not aware of any instance in which a patient did not receive the care they needed.

In all our members' facilities, physicians and residents decide what procedures are medically appropriate for their patients. This is how medicine should and must be practiced – everywhere. Every hospital has, and exercises, ultimate authority over how it operates, including the authority to decide what services will and will not be offered (to all or none without discrimination) within its walls. A hospital routinely takes a variety of “non-clinical” factors into account in electing whether to provide a particular service – including legal requirements, core competency concerns, funding, staffing, anticipated volume of procedures, or religious considerations that conflict with providing some procedures.

We expect every clinician to inform patients of all their health care options; and to refer and/or transfer a patient to another provider if a certain service is not offered. Nonetheless, our members and UC have worked to amend our contracts and agreements to allay any such concerns.

CARE FOR PERSONS IN CATHOLIC-AFFILIATED HOSPITALS. While Catholic hospitals do not perform every procedure, the services we do provide are **provided to all members of the community without discrimination**. Catholic hospitals agree to uphold Catholic values, and therefore we do not provide elective abortion or procedures for the primary purpose of sterilization such as tubal ligations, hysterectomies (when no pathology is present), vasectomies and in-vitro fertilization (the latter two services are not typically performed in hospitals regardless of religious affiliation). Catholic hospitals do *not* limit availability of emergency or medically-necessary pregnancy care.

1) **Physician Education/Residency Programs.** All Catholic-affiliated residency programs are certified by the ACGME (Accreditation Council for Graduate Medical Education) and, accordingly, must provide comprehensive educational opportunities. This certification ensures all residents are trained on all necessary procedures and equipment. Under these partnerships, residents remain free to advise their patients as they determine appropriate – based on their training, experience and independent medical judgment. While elective abortions are not usually performed in any hospital – 95 percent occur in community-based settings – residents in Catholic-affiliated hospitals are trained on the equipment and procedures that would be used in direct abortions because the procedure and equipment is appropriate to address a myriad of other gynecological conditions. The same is true for intrauterine devices (IUDs) which are multi-purpose devices.

- 2) ***Elective Sterilizing Procedures.*** Procedures that have the sole purpose of sterilization are not permitted for any patient, without regard to sex or gender identity. As stated above, we expect our physicians to properly consult with their patients – there are no gag clauses on any physician – informing their patient of all health care treatment options, and if the appropriate care for that patient is an elective sterilizing procedure, we expect the physician to ensure that care is provided in a facility that provides that service.

Further, state policy does not allow an elective sterilization procedure to occur without advance notification – ensuring patients who want that service have ample time to work with their physician to obtain treatment in a setting that provides that care. California regulations require all patients to request a sterilization procedure no more than 30 days prior and no less than 72 hours in advance of a sterilization procedure. (Title 22, Division 5, Section 70707.1). Therefore, the law does not permit the situation in which a patient requires an emergency C-section, and at that moment decides to request a sterilization procedure. California regulation prohibits it. Patients who desire this procedure can work with their physician to obtain that procedure at a hospital that provides that service.

- 3) ***Treatment of Pregnancy Complications: Miscarriage Management and Ectopic Pregnancies.*** Catholic hospitals consistently provide the standard of care for women with pregnancy complications, miscarriages and ectopic pregnancies. Urgent and emergent care always are provided to the mother – even if it results in the foreseen, but unintended, death of the fetus. We do not allow a pregnant person to become ill before we manage complications or the miscarriage. And we provide the standard of care for ectopic pregnancies. To allege anything other is completely false.

It is worth noting that in the 48 years that state Health and Safety regulations and federal EMTALA laws governing emergency treatment have been in place, neither the state nor federal enforcement agencies have found one instance in which a pregnant woman received inappropriate emergency treatment at a California Catholic hospital, or was provided pregnancy-related treatment outside of the standard of care.

Furthermore, Catholic hospitals have some of the lowest maternal mortality rates in the state and country. For example, each year more than 72,000 births occur at Providence’s seven-state health system hospitals (including California), and since 2017 there were two (2) preventable maternal deaths systemwide. All of the California Catholic health systems are members, and participate in the maternal data center, of the California Maternal Quality Care Collaborative.

- 4) ***Care for LGBTQ Persons.*** Catholic health care proudly serves and is dedicated to the care of our LGBTQ community members throughout the state. Catholic health care providers affirm our commitment to equitable, knowledgeable and welcoming care for LGBTQ patients and their families. These patients have too often faced discrimination in health care, and our members are committed to nondiscrimination in the compassionate care they offer all Californians.

As stated above, Catholic hospitals do not provide procedures for the purpose of elective sterilization. Hysterectomies (when no pathology is present) are not performed for any patient regardless of sex or gender identity.

Catholic hospitals offer primary, specialty and urgent care for LGBTQ persons, and specifically for transgender patients, we provide hormone therapy, breast augmentation or reduction, and facial feminization or masculinization. Catholic hospitals provide PrEP and PEP, HIV prevention

treatment, in our health facilities and physician offices – some of our hospitals follow the UCSF guidelines.


We are proud to offer the only specialty transgender care center in San Francisco, the Gender Institute at Saint Francis Memorial Hospital. The SFMH Gender Institute has been established to deliver compassionate, high-quality, affordable health services to transgender patients and their families, provides a full range of transgender surgeries and related care often on referral from other centers for surgeries not available elsewhere, and offers specialized resident training.

Also in San Francisco, St. Mary's Medical Center has been providing compassionate, groundbreaking outpatient care to HIV patients since the AIDS epidemic devastated the city in the early 1980s.

- 5) ***Victims of Sexual Assault.*** Our health facilities provide compassionate and comprehensive care to victims of sexual assault, including the provision of emergency contraception. More than 10 Catholic-affiliated facilities are designated as the comprehensive rape treatment center or are the sexual assault response team. All necessary health care is provided, and we work closely with law enforcement to ensure the integrity of the forensic evidence.
- 6) ***Care for the Serious Ill and Dying.*** Catholic-affiliated hospitals are leaders in the provision of palliative care and pain management. Almost 100 percent of Catholic-affiliated hospitals operate palliative care programs (compared to a little more than 55 percent of all California hospitals). Hospice care is a major part of our commitment to quality care. There is no obligation to begin or continue treatment, even life sustaining treatment, that the patient considers to be an excessive burden or offers no reasonable hope of benefit. We neither prolong the dying process nor intentionally hasten death. For this reason, we do not participate in the End of Life Option Act.

The mission of Catholic health care is to provide access to care for those who need it the most. All across California, Catholic health care providers are partnering with others like UC Health to deliver care to patients that other providers don't or won't serve, with services other providers don't or won't offer, in parts of the state where other providers don't or won't have a presence. Dissolving these partnerships would disenfranchise health care access for millions of health inequity-impacted Californians, doing an enormous disservice to our state's goal of expanding health care access for the underserved.

Sincerely,


William J. Cox
President and CEO


Lori Cappello Dangberg
Vice President