

California Bill Would Bar Catholic Hospitals From Public University Partnerships

Under proposed legislation in California's Senate, refusing to provide elective abortions and sterilizations would disqualify Catholic hospitals from partnering with University of California clinicians.



St. Mary's Medical Center in San Francisco, one of the many Catholic hospitals that will be detrimentally impacted by the new Senate bill in California. (photo: Dignity Health)

SACRAMENTO, Calif. — California's Senate is considering legislation that would break existing partnerships between the University of California and hospitals in the state, such as Catholic ones, that refuse to provide elective abortions or sterilizations.

Senate Bill 379, the Equitable and Inclusive UC Healthcare Act, authored by State Sen. Scott Wiener, D-San Francisco, would prohibit the University of California Health System from having contracts with health care providers with restrictions on procedures, such as elective abortions and sterilizations, that UC employees can perform.

Wiener identified Equality California, NARAL Pro-Choice California and ACLU of California as co-sponsors of the legislation.

“If this bill passes, it's not going to provide any more access to elective abortions and elective sterilizations, it's only going to take away [health care] from the poor and

vulnerable,” Lori Dangberg, vice president of the Alliance of Catholic Health Care, told the Register.

University of California Health contracts with hospitals across the state for a variety of reasons. In some places, the contracts allow patients to be moved between hospitals to alleviate overcrowding or make room for patients who need more critical care. Students at UC medical schools do clinical education and residency programs at Catholic hospitals to fulfill training requirements.

Dignity Health, the state’s largest network of Catholic hospitals, has contracts across the state with the University of California to operate specialty clinics. A cancer treatment center operated by UCLA and Dignity Health’s Northridge Hospital in the San Fernando Valley in Los Angeles served 8,500 patients in 2019, and a pediatric trauma center treated at the same hospital treated 700 patients in 2019.

Other UCLA partnerships with Catholic hospitals support a cleft palate center, post-transplant care, pediatric and neonatal surgery. Farther north, University of California Davis and Mercy Medical Center in Merced run a cancer center that serves 12,000 patients each year. St. Mary’s Medical Center in San Francisco operates the city’s only inpatient adolescent psychiatry program with University of California San Francisco.

Catholic hospitals are bound by the U.S. Conference of Catholic Bishops’ Ethical and Religious Directives in providing care, and so, do not offer some procedures, such as in-vitro fertilization treatments, elective sterilizations or abortions, euthanasia and physician assisted suicide.

Legislative Hearing

During a hearing Apr. 21 in California’s Senate Health Committee, Wiener said his legislation would “ensure UC physicians and providers, even if they are at an affiliated hospital, can provide whatever treatment they think is appropriate for that patient without being bound by non-science based treatment restrictions.”

Wiener said those restrictions include providing emergency contraception, performing tubal ligation during caesarian sections, ectopic pregnancies, inserting IUDs and denying hysterectomies to transgender patients.

But Shelly Schlenker, vice president and chief advocacy officer at CommonSpirit Health, which operates Dignity Health hospitals, testified that SB 379 would “devastate the Medical safety net, which is a lifeline for our most vulnerable residents,” undermine residency programs, and “end partnerships that save lives.”

Schlenker said her hospital network serves every person who comes in, including people who identify as LGBTQ, through institutions such as St. Francis Memorial Hospital's Gender Institute in San Francisco.

Dignity Health does not provide elective sterilizations or elective abortions, she said, but "we absolutely respect the rights of our patients to make informed decisions in consultation with their physicians and refer them to other providers if it is a service we do not provide."

Schlenker gave a stark assessment of the bill. "Under SB 379, no one wins and everyone loses," she said.

The University of California did not take an official position on SB 379, but Dr. Carrie Byington, executive vice-president of UC Health, testified about her institution's concern over the bill's effects. Byington said the University of California opposes "non-medical policies to determine the scope of care," but sees the partnerships benefit patients more than disaffiliation would.

Byington also affirmed that "low-income and rural communities and people of color" in California will be hardest hit by reduced access to care that will be "life threatening [in some instances] and exacerbate health disparities."

"We cannot abandon the tens of thousands of patients and families in 77 locations with non-federal restrictions across the state whose lives depend on the high-quality care UC provides," she said.

The California Hospital Association, which represents more than 400 hospitals in California, also opposes the legislation.

During questioning about the bill, Wiener said "the goal of this bill is not to end affiliations" but to prevent public employees in private hospitals from being restricted in the kinds of procedures they can perform.

"The solution is for those contracts not to limit the ability of UC physicians to provide appropriate care," he said.

But Dangberg told the Register Wiener's suggestion was "not possible" for Catholic hospitals to carry out.

"The Ethical and Religious Directives are organizational documents that express the values of the Catholic health care organization as a whole, and our related policies guide what procedures are permitted in our hospitals — regardless of whether that procedure is recommended by a UC clinician or one of our own hospital clinicians," she said.

Undeterred, the committee passed the legislation with a 9-2 vote Apr. 21 and referred it to the Senate Committee on Appropriations.

Impact on Patients

Roger Severino, senior fellow at the Ethics & Public Policy Center and a former director of the Department of Health and Human Services Office for Civil Rights, told the Register, “This bill is a blatantly unconstitutional attack on Catholic health care in California because it would punish doctors and hospitals that decline to perform controversial procedures like abortion and sex-reassignment surgeries for moral or religious reasons, but not economic ones.

“Apparently, these bill sponsors would rather see religious hospitals disappear rather than continue to serve people from all walks of life according to their faith,” he said.

A spokesman for University of California Health told the Register that banning contracts “with institutions that have policy-based limitations on care not required by federal law would hinder and often eliminate access to UC clinicians for tens of thousands of patients.” In 2019, University of California clinicians served more than 35,000 patients at such institutions.

Dr. Arthur de Lorimier, a pediatric gastroenterologist and clinical professor at UC Davis, told the Register the legislation has left him “disappointed and a little dumbfounded.”

Most hospitals do not provide every possible service, he said, but the focus of the legislation seems to be the restrictions in religious hospitals.

De Lorimier said the bill’s sponsors “seem to think that in some way this will change Dignity Health and Adventist Health and make them do things the secular way.

“That’s not going to happen,” he said.

New contracts with hospitals with procedure restrictions have been put on hold, frustrating UC Davis’s attempts to expand pediatric services further in northern California, he added, despite the clear benefits of partnerships to patients, academic centers like UC Davis and community hospitals.

De Lorimier said he was also concerned the state legislature was interfering in the internal deliberations of the University of California, which is independently governed.

“The fact that the legislature is telling UC how to run business, you might as well get rid of autonomous universities,” he said.

Dangberg said she was “frustrated” by the misinformation and ignorance about how Catholic hospitals work and the way the “politics of reproductive health” have overridden other concerns.

“Because of a few procedures we don’t provide, that outweighs all the good we do for the poor and vulnerable,” she said.

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