

May 3, 2021

The Honorable Anthony Portantino
Chair, Senate Appropriations Committee
State Capitol, Room 2206
Sacramento, CA 95814



*Representing California's Catholic
Health Systems and Hospitals*

SUBJECT: SB 379 (Wiener) – Oppose

Dear Senator Portantino:

The Alliance of Catholic Health Care represents California's Catholic-affiliated health systems and hospitals. Together, our health systems operate 51 acute care hospitals, which represent nearly 15% of all hospitals and over 16% of the hospital beds in California. We write to oppose SB 379 (Wiener).

This bill would eliminate hundreds of partnerships and agreements that provide medically-necessary primary and specialty care to thousands of patients throughout the state, while not ensuring any more access to critical medical services, nor to the procedures about which the author and sponsors have expressed concern.

The Alliance and our members are in the process of estimating the total cost associated with this policy proposal but it is at a minimum in the millions of dollars. UC Health estimated a loss of tens of millions of dollars in professional services revenue that is directly attributable to current affiliation agreements. In addition, they estimate the prohibition in this bill would mean that a significant subset of the tens of thousands of patients who are referred or transferred to UC facilities from religiously-affiliated providers would no longer receive that care at UC facilities – resulting in further loss of millions of corresponding revenue. We are exploring if there are other lost revenues that would be associated with this policy and will submit them to the Committee as soon as possible.

In addition, it is important to note that the amendments of April 8, 2021 do not relieve substantive concerns with residency placements made possible through the agreements between UC and our member hospitals. While the new language does ensure current placements will not be disrupted, the amendments do nothing to ensure placements are available in underserved communities going forward. Residency slots and additional hands-on-training experiences for other critical health care providers (e.g., UC nursing students) are very hard to find already, and those health care providers in training will be challenged by the already too limited options in other areas of the state. In particular, the Inland Empire and the UC Riverside Medical School rely on community placements with Catholic health care facilities to fulfill its mission to improve health care access to the region. Options in the Central Valley will also be harder to find, and the already challenging competition for positions in the Los Angeles area will be exacerbated. Nothing in this bill will improve access to graduate medical education opportunities throughout the state, and this will be most realized in already underserved communities.

In its recently released report on this subject, 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."

ACCESS TO THE SAFETY NET. Affiliations between the UC Health System and health care providers, including both secular 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.

This measure, if enacted, could unravel much of the health care safety net that provides access to care and addresses health inequities impacting thousands of Californians across the State. These partnerships support a broad range of specialized clinical programs and facilitates care coordination for patients who would not otherwise receive these health services. Moreover, during the last year, these relationships have been crucial to the State’s response to the COVID-19 pandemic.

Alliance member Dignity Health and UC Health respectively are the #1 and #2 Medi-Cal providers in our State, respectively. Agreements between them are key to caring for this population: providing timely care, alleviating capacity challenges and conserving scarce financial resources.

Furthermore, in many cases these partnerships represent the only locally available care of its kind. **Attached are examples of some of the partnerships between UC Health and Catholic health care providers that would be in jeopardy if the bill goes into effect.**

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 care to vulnerable patients in underserved communities – that no one else can, or is willing to, provide.

MEDICAL JUDGMENT AND THE PROVISION OF SERVICES. SB 379 would prohibit the University of California from contracting with any health facility that would “limit” the ability of a health care provider employed by the University of California “to provide patients with medical information or **medical services** due to policy-based restrictions on care in the health facility” [*emphasis added*]. In the decades we have been working together 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—including legal requirements, core competency concerns, funding, staffing, anticipated volume of procedures, or religious considerations that conflict with providing some procedures—in electing whether to provide a particular service.**

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. The impact on access to health care services, especially those to vulnerable Californians covered by the Medi-Cal

program is our main concern should these partnerships unravel, and why we urge a no vote on SB 379. **There are numerous inaccuracies about the care provided in Catholic health care facilities that continue to be alleged and must be addressed directly.**

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.

- ***Physician Education/Residency Programs.*** All Catholic-affiliated residency programs are ACGME (Accreditation Council for Graduate Medical Education) certified 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 judgement. 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 IUDs which is a multi-purpose device. Furthermore, all residents who receive their residency training at a Catholic health care facility are “matched” with the facility – meaning they must choose to get their training in the hospital. They are not arbitrarily assigned a residency placement.
- ***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 that patients that want that service have ample time to work with their physician to obtain treatment in a setting that provides that care. California regulation 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, there is no occurrence when a patient requires an emergency C-section, and at that moment decide they wish to obtain 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.

- ***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.

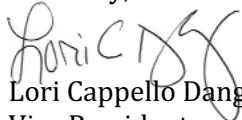
Catholic hospitals offer **primary, specialty and urgent care** for LGBTQ persons, and specifically for transgender patients, we provide hormone therapy, breast augmentation or reduction, and facial feminization or masculinization. Catholic hospitals provide PrEP and PEP, HIV prevention treatment, in 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. 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. A UCSF specialist leads the **HIV clinic**.

- ***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 is always provided to the mother – even if it results in the forseen, 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.
- ***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.

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. For these reasons, we must oppose SB 379.

Sincerely,



Lori Cappello Dangberg
Vice President

Cc: Senator Scott Wiener
Honorable Members, Senate Appropriations Committee

Attachment

UC Health Partnerships Impacted by SB 379 (Wiener)

Access to Cancer Care and Mental Health Services

- In partnership with UCSF, St. Mary's Medical Center offers the **only inpatient adolescent psychiatry program** in San Francisco, seeing more than 1,000 patients in fiscal year 2019. *(Senate District 11)*
- St. Joseph's Medical Center in Stockton partners with UCSF to give patients access to **cancer clinical trials that would otherwise be out of reach.** *(Senate District 5)*
- UC Davis has a long standing joint venture agreement with Mercy Medical Center in Merced to operate a cancer center – providing treatment for more than 12,000 patients annually and serving a growing population in the Central Valley to obtain **complex cancer care close to their homes** and access to UC Davis **oncology clinical trials.** *(Senate District 12 and impacting the greater Central Valley including Senate District 14)*
- Mercy and Memorial hospitals in Bakersfield have a partnership with the **Comprehensive Blood and Cancer Center**, which is the only cancer center in the Central Valley selected to participate in clinical trials through the UCLA Cancer Center. *(Senate District 16, and impacting Senate District 14 and the greater Central Valley)*

Central Coast Access to Health Care

- UC Health reports that elimination of the partnership between **UC Santa Barbara and Marian Regional Medical Center**, by eliminating the hospital from the UC network, would force those covered to travel significant distances to care. It would also impact capacity and timely access to care in the other community facilities. *(Senate District 19)*

Health Care Education

- The community-based **UC Riverside School of Medicine is almost entirely dependent upon community affiliations for undergraduate medical education.** UC Riverside School of Medicine's affiliation with Dignity Health's St. Bernardine Medical Center complements a substantial graduate medical education presence and provides clerkship rotations for one-third of students. Another UC Riverside training affiliate, Loma Linda University (a Seventh Day Adventist Health Sciences University), is a significant employer of physicians who want to stay in the Inland Empire, which is also aligned with UC Riverside's mission to improve access to medical services for this region. Reducing affiliations would leave far fewer options for student rotations and far less flexibility. *(Senate Districts 31 and 20 and the remainder of the Inland Empire)*
- **St. Mary's Medical Center in Long Beach hosts UCLA internal medicine student rotations**, providing care to a substantial number of patients with behavioral health and substance use disorders and related health conditions. The hospital is also the first in the Dignity Health system to achieve **Leader Status in the Human Rights Campaign's Health Equity Index**, a national benchmarking tool for equitable and inclusive care for LGBTQ patients and their families. Their CARE center offers a wide range of LGBTQ-focused services and is active in the LGBTQ community locally. *(Senate District 33)*
- Students from both **the UCLA School of Medicine and the School of Nursing** would be negatively impacted by this measure. Institutions that have "policy-based restrictions" on care with which UCLA collaborates provide a high caliber educational experience, are flexible

in accepting students (in the Southern California region where placements are difficult to find), have excellent clinical preceptors, and engage UCLA clinical faculty to improve student success. Any changes to these arrangements would require identifying new clinical rotation sites, which has been increasingly challenging for many educational training programs, which compete for limited placement sites in communities. The amendments to the bill does not rectify this concern. *(Impacting the Los Angeles region, including Senate District 22)*

Access to Specialty Care

- In Los Angeles, UCLA specialists provide the **only locally available pediatric-trauma services** in the San Fernando Valley at Northridge Hospital. Launched in 2010, this Level II Pediatric Trauma Center provides immediate care for infants, children, and adolescents with life-threatening traumatic injuries 24/7. The Center has coverage by more than 20 subspecialty physicians 24-hours-a-day; and, technologically-advanced equipment to effectively resuscitate young patients regardless of age or body size. In 2019 alone, the program treated 700 patients. *(Senate District 27 and the great Northern Los Angeles region)*
- The San Fernando Valley's only **radiation oncology treatment** center is a partnership between UCLA and Northridge Hospital. It served 8,500 patients in fiscal year 2019. *(Senate District 27 and the great Northern Los Angeles region)*
- In Los Angeles County, UCLA specialists provide call coverage at Providence Saint John's Health Center for **pediatric and neonatal surgery, interventional cardiology, and inpatient psychiatry**. *(Senate District 26)*
- In partnership with UCLA, Providence Saint John's Health Center operates the **Cleft Palate Center**, a nationally recognized program that provides surgical services to children with cleft lip and craniofacial abnormalities. *(Senate District 26)*
- In Orange County, UCI physicians provide **comprehensive services for thousands of women and children on Medi-Cal** at Providence St. Joseph Hospital, including femal pelvic medicine, maternal fetal medicine, gynecologic oncology, perinatal services, OB/GYN maternal fetal health, and obstetric emergencies. *(Senate District 37)*
- In Sonoma County, UCSF specialists help provide **care for fragile, critically ill newborns** at Providence Santa Rosa Memorial Hospital. Through this partnership, Providence has direct access to the resources of one of the finest intensive care nurseries in the world and can **perform specialized procedures in Santa Rosa that would otherwise require a trip to San Francisco**. In 2020, UC physicians provided care to 345 patients, the majority of whom were Medi-Cal beneficiaries. *(Senate District 2)*
- In Napa County, UCSF neurosurgeons perform **cranial and spinal surgery** at Providence Queen of the Valley Medical Center. *(Senate District 3)*

COVID-19

In this pandemic, partnerships are more vital than ever. Every year, these relationships support programs that serve tens of thousands of Californians. Right now, they are an indispensable element of California's battle against the pandemic and protect its most vulnerable residents from it. At a time when COVID-19 is placing unprecedented demands on our State's health care providers, any effort to weaken that safety net would only harm the state's most vulnerable residents.

From COVID-19 testing to treatment to vaccination, these partnerships have efficiently leveraged scarce front-line medical, bed-capacity, PPE, testing and vaccine resources.

- Dignity Health’s Saint Francis Memorial Hospital and UCSF Health have worked together to open **San Francisco’s first dedicated unit to care for COVID-19 patients**. The unit is staffed by physicians from both Dignity Health and UCSF Health and care for up to 48 patients at a time. *(Senate District 11)*
- In January, Dignity Health partnered with UCSF on the city’s first **large-scale community vaccination event** at City College of San Francisco. UCSF and Dignity Health partnered with the City and County of San Francisco to open the city’s first dedicated COVID-19 unit at Saint Francis Memorial Hospital. *(Senate District 11)*
- Sacramento County’s Department of Public Health in partnership with Dignity Health and UC Davis Health hosted a community-based **COVID-19 vaccination clinic** this month. *(Senate District 6)*
- Mercy Medical Center Merced and UC Merced are partnering on **community vaccine clinics** to vaccinate over 2,500 people; and additional clinics are planned. *(Senate District 12)*