

The Facts about Catholic Health Care in the United States

There are more than 600 Catholic health care institutions in the United States, 12% of the total,¹ and about one in six Americans is treated in a Catholic health care institution each year.² In 2003, there were more than 15.4 million emergency room visits and more than 86 million outpatient visits to Catholic hospitals.³ This would be of little interest or importance if it were not for the fact that, as a result of Vatican-imposed guidelines, a full range of reproductive health care services are routinely not offered at Catholic facilities. This especially impacts people living in areas where the only health facility is a Catholic one, where it is not obvious that a local facility is Catholic and low-income people who routinely rely on emergency rooms at charitable hospitals for primary health care.

Since the early 1990s, Catholics for a Free Choice has tracked and monitored Catholic health care in the United States. At that time, mergers and acquisitions were an important factor throughout the health care industry. The Catholic sector was no exception and mergers between Catholic and non-Catholic hospitals occurred with great regularity. According to one CFFC study, reproductive health care services were curtailed in about half of these mergers.⁴ However, mergers are no longer a significant factor in the health care industry and our attention has shifted to examining how the Catholic health care industry is seeking to curtail the rights of individuals—especially women—to make responsible decisions about their health and well-being with full access to those services allowed by law.

This report chronicles the latest updates on Catholic health care across the country and answers important questions about the nature of Catholic health care as it exists in the United States today.

Catholic Health Care 101

How many Catholic hospitals exist today?

According to the Catholic Health Association (CHA), the trade association representing Catholic health care institutions throughout the US, there are 611 Catholic hospitals, representing approximately 12% of all hospitals nationwide. More than a quarter of Catholic hospitals are located in rural areas, meaning that there are often no other viable health care options for people living in those areas, especially the poor, who may not be able to afford to travel to another institution. In

2003, there were more than 15.4 million emergency room visits and more than 86 million outpatient visits to Catholic hospitals.⁵

How many Catholic health systems are there?

As of January 2005, there were 60 Catholic health care systems.⁶ They are present in all 50 states and the District of Columbia. A health care system is a grouping of one or more hospitals plus ancillary services such as outpatient clinics, social service centers and continuing care facilities.

According to the MergerWatch Project, a national group that works with community activists to protect health care services threatened by proposed mergers between nonsectarian community hospitals and religiously-sponsored health systems, four of the

top 10 largest nonprofit health care systems are Catholic owned, including the largest. Out of the top 10 religious health care systems, nine are Catholic owned and operated.⁷

Are Catholic hospitals supported with taxpayer dollars?

Absolutely. A 2002 study of nearly 600 religiously affiliated hospitals in the United States found that they received more than \$45 billion in public funds. Approximately half of their revenues are comprised of funds from Medicare, Medicaid and other government programs.⁸ Despite receiving government money, these hospitals routinely deny basic reproductive health services.

In fact, large Catholic health systems saw their

revenue surge in 2004 when compared with the previous year. Ascension Health, the largest Catholic system and sixth-largest system overall based on the number of its acute-care hospitals in 2003, achieved revenue growth of 11% in the fiscal year ended June 30, 2004. Total revenue for that period was \$10.04 billion.⁹

This is a situation that does not sit well with American health consumers. In a recent CFFC survey, 85% of women rejected the idea that Catholic hospitals that take government money should be allowed to ban certain procedures because of religious beliefs and 84% of women believed that their health insurance policies should continue to cover reproductive health services, no matter what the religious affiliation of the insurance company providing them.¹⁰

Do Catholic hospitals restrict or forbid services based on Catholic teaching?

The simple answer is yes. Catholic health care in the US is governed by the *Ethical and Religious Directives for Catholic Health Care Services*, guidelines created and issued by the Committee on Doctrine of the USCCB, chaired until recently by Archbishop William J. Levada of San Francisco, who has been appointed to be Pope Benedict XVI's doctrinal enforcer at the Vatican. The *Directives* are the guiding principles for Catholic hospitals, HMOs and health systems.

Following a revision in 2001, there are now a total of 72 directives. Developed by the USCCB and approved by the Vatican, they address the areas of health care that the

bishops consider controversial, including end of life issues and reproductive health services.

The *Directives* explicitly forbid medical procedures that contradict church teaching, regardless of the religious beliefs or religious denomination of the patient seeking services or the medical professional providing them. The *Directives* also establish strict guidelines for Catholic hospitals wishing to form partnerships with non-Catholic hospitals. The guidelines include a prohibition on reproductive health services such as voluntary contraceptive sterilization, in vitro fertilization, prescribing or dispensing contraceptive devices, assisted suicides and abortions.

The *Directives* do permit Catholic hospitals to provide emergency contraception (EC) when a patient has been the victim of a sexual assault and “if after appropriate testing, there is no indication that she is pregnant.” Of course, there is no guarantee that Catholic hospitals will honor the exception. In a national survey conducted for Catholics for a Free Choice by Ibis Reproductive Health, only 28% of Catholic hospitals said they would provide women who have been raped with EC.¹¹

Table 1: Snapshot on Catholic Health Care in the US

Total number of hospitals in the US	5,764
Total number of Catholic hospitals in the US	611
Percentage of US hospitals that are Catholic	12%
Number of people in the US treated each year in a Catholic acute care facility each year	1 in 6
Number of emergency room visits to Catholic hospitals	15.4 million
Number of outpatient visits to Catholic hospitals	86 million
Number of patients admitted to Catholic hospitals	5.4 million
Number of full time employees in Catholic hospitals	602,000
Number of Catholic social service centers	2,969
Number of Catholic continuing care ministry facilities	>1,400
Number of Catholic day and extended day services	1,240

Source: 2003 American Hospital Association Annual Survey, 2004 Official Catholic Directory, CHA.

Recent developments in mergers between Catholic and non-Catholic hospitals?

The high point of Catholic merger activity was in 1998, when there was a total of 43 deals involving Catholic hospitals. The number has dropped significantly since then (see Table 2, this page), as it has throughout the health care industry.

Despite the low number, the need for vigilance remains high. In 2004, a new type of agreement between two Scripps hospitals in California caused controversy. The California Department of Health Services approved the merger of Scripps Memorial Hospital in Chula Vista and Scripps Mercy Hospital in Hillcrest under one license and one name in October 2004. Prior to the merger, Scripps Memorial operated as a secular hospital while Scripps Mercy, as a Catholic hospital, adhered to the *Directives*.

Doctors at Memorial only became aware of the consequences of the merger when applying to renew their admitting privileges: they were told they had to agree in writing to follow the Catholic *Directives*.

In previous mergers, the public has been presented with advance notice, in the shape of a formal merger plan as well as a comment period. In the case of Scripps Memorial and Scripps Mercy, the merger

was a quiet combination of hospital operating licenses, completely below the radar screen of community activists and the women and men who would be impacted by the restriction in services.

However, it is not all bad news. In 2004, West Suburban Hospital Medical Center, located in Oak Park, Ill., merged with Resurrection Health Care after the Chicago-based Catholic health care system agreed that three clinics can continue to provide emergency contraception to women who have been raped. West Suburban itself will be governed by the *Directives*.

How frequently is reproductive health care reduced or eliminated when a Catholic hospital merges with a non-Catholic hospital?

When a Catholic hospital purchases or merges with a non-Catholic hospital, it usually applies the *Directives* to the acquired hospital. A 1998 CFFC study found that some or all reproductive health services are eliminated about 50% of the time when a Catholic and non-Catholic hospital merge.¹²

Do some merger partners find ways to preserve reproductive health services when Catholic and non-Catholic hospitals merge?

It has been proven possible to preserve some reproductive services that are forbidden by the *Directives*. For example, some hospitals create a hospital-within-a-

Table 2: Catholic Health Association

Summarized fiscal years 2004 and 2003 audited financial data

	2004	2003
Revenues		
Membership Dues Revenue	\$16,199,249	\$15,090,754
Total Revenue	\$20,328,297	\$17,105,554
Expenses		
Salary and Benefits	\$ 9,554,255	\$ 9,128,732
Total Expenses	\$17,911,725	\$17,081,692
Net Assets (end of the year)	\$24,637,729	\$22,221,157

hospital that has a separate board of directors and operates independently of the main Catholic hospital. However, after a revision of the *Directives* in 2001, such arrangements became more difficult and tedious to arrange.

What does the public think about mergers in which Catholic hospitals discontinue services based on religious doctrine?

Nearly three-quarters (74%) of women would oppose a merger between a Catholic and non-Catholic hospital if it would mean women were denied reproductive health services and 68% of women said they would disapprove of circumstances in which a Catholic hospital became the only medical institution in the community and then discontinued reproductive health services based on religious grounds.¹³

What is the official Catholic position on emergency contraception?

Emergency contraception is a means of preventing pregnancy after unprotected sex or when contraception fails. It is usually taken in the form of pills—a higher dose of the same hormones found in birth control pills. It can be taken up to five days after sex, though it is more effective the earlier it is taken.

Despite what many think, there is room in Catholic teaching for the provision of EC by Catholic hospitals. Directive 36, as presented in the *Ethical and Religious Directives for Catholic Health Care Services*, specifies that “a female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization.”¹⁴

Catholic hospitals around the country appear to independently determine whether or not emergency contraception can be administered. However, it is a medical fact that emergency contraception will not and can not disable or interfere with an established pregnancy.

How many Catholic hospitals say they provide emergency contraception? How many provide meaningful referrals for emergency contraception?

Accurate data on the provision of reproductive health services in Catholic-controlled hospitals is not easy to obtain. Hospitals that provide reproductive care are often reluctant to disclose this information because they fear interference by the local bishops.

That being said, according to a 1999 survey of 589 Catholic hospitals conducted by CFFC, 82% said that they do not provide emergency contraception under any circumstances—even if a woman has been sexually assaulted. Of those hospitals that said they did not make emergency contraception available, only 22% provided a meaningful referral. Fifty-five of the hospital emergency rooms called, only 9% of the total, said they provided emergency contraception services.¹⁵

What is a “meaningful referral?”

A referral is a means by which one health care institution can send a patient to another that will provide the service denied or not offered by, in this case, the Catholic institution. It is truly only “meaningful” if it ensures that the patient receives continuity of care without facing an undue burden, such as traveling long distances or encountering additional barriers to obtaining the desired services.

How many Catholic Health Maintenance Organizations (HMOs) are there?

According to a 2000 CFFC survey, 48 Catholic managed care plans exist nationally, in which nearly 2.5 million Americans, including privately insured individuals, were enrolled. Many of these

providers are for-profit organizations and are run by lay leaders.¹⁶

Do Catholic HMOs provide contraception, sterilizations or abortions?

Half of the HMOs surveyed by CFFC indicated that they pay for reproductive services that are limited by the *Directives*. This includes contraception and sterilization. Contraception is the reproductive health service most often covered by Catholic HMOs. Some plans that do not cover contraception make other means of accessing it available. A total of 23 HMOs said they covered sterilization.

Even with approximately one half of Catholic HMOs covering contraception or sterilization, Catholic HMOs fall well below the industry standard. Some 93% of all HMOs cover at least one

form of contraception and 86% cover sterilization. Abortion services were largely unavailable through Catholic providers.¹⁷

Do Catholic HMOs participate in government funded health programs such as Medicaid?

In addition to launching a health care plan sponsored by the federal government (see below), Catholic health care plans participate in government funded programs such as Medicaid and the Children’s Health Insurance Program (CHIP). The participation of Catholic HMOs in Medicaid is of concern because six million women of reproductive age rely on Medicaid for their health coverage. Medicaid is also the leading source of funding for publicly financed family planning services in the United States.

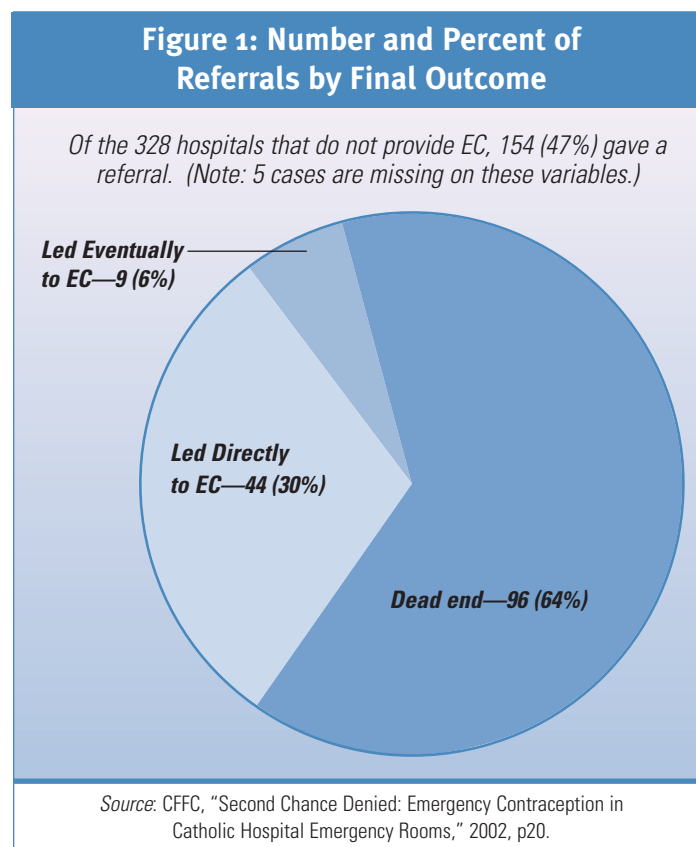
Table 3: Number and Percent of Catholic Hospitals Willing to Provide EC, by Circumstances		
<i>Total surveyed: 597 hospitals</i>		
Provides EC	Number of hospitals	Percentage of total
Never	328	55%
No response / don't know / unclear	67	11%
On request	30	5%
Doctor's discretion	33	6%
Only if not pregnant	3	.5%
Only for rape, total	136	23%
Rape alone	16	3%
Rape and not pregnant	77	13%
Rape, don't know about pregnancy requirement	40	7%
Rape and report to police	3	.5%
<i>Source: CFFC, "Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms," 2002, p20.</i>		

Most states require a portion of Medicaid recipients to enroll in HMOs. In our 2000 study, CFFC found that 15 out of the 48 Catholic plans were participating in Medicaid. Thirteen of the 15 plans made family planning services available to their enrollees. This was done either through a partnership with a non-Catholic entity or a third-party billing provider.¹⁸

Abortion services are largely unavailable under Catholic Medicaid HMOs, with the exception of those that arrange third party arrangements under extremely limited circumstances as mandated by law, such as after rapes, incest and in cases where a woman's life is endangered by the pregnancy.

How can Catholic HMOs pay for reproductive health services?

Catholic HMOs have discretion on whether or not they pay for reproductive health services since their role is paying for the service, not providing it. However, this would only apply to those medical procedures that are not explicitly banned by the *Directives*. The key element is distancing the Catholic HMO from the direct provision of or payment for forbidden services. In some cases, the Catholic HMO will contract with non-Catholic providers to administer the services it cannot provide.



For instance, a CFFC study in 2000 found that Seton Health Plan in Texas provided contraception to its Medicaid clients through Planned Parenthood. Catholic HMOs can also arrange for the portion of the premiums they receive that would pay for reproductive health services to go through third-party administrators so that the HMO is not directly paying for reproductive health services. Finally, a Catholic HMO can arrange for another insurer to handle payment for and the provision of reproductive health services. Many Catholic plans which participate in the Medicaid program utilize this arrangement.¹⁹

Federal government offers Catholic HMO under federal plan

Federal employees in Illinois have been offered a Catholic-run health insurance plan that does not cover abortion, contraceptives or fertility treatment—the first of its kind to be offered to federal workers. The introduction of the plan is part of President George W. Bush's much heralded faith-based initiative. The insurance is offered by Peoria-based OSF HealthPlans and is administered by a company run by the Sisters of the Third Order of St. Francis, an order of Roman Catholic nuns. The Order operates

St. Francis Medical Center in Peoria, Ill., and five Roman Catholic hospitals in Illinois and Michigan. Federal employees in 31 Illinois counties can enroll in the plan. Federal workers do have other health care plans from which to choose that offer reproductive health care services.²⁰

Update on the Catholic Health Association

The CHA is the trade association of the Catholic health ministry and, among other roles, represents the interests of Catholic health care providers on Capitol Hill and in local legislatures. It claims to be "the largest not-for-profit provider of health care services in the nation."²¹

While much of its "advocacy agenda" for 2005–06 is related to issues that we can all support, the provision of affordable and accessible health care, especially for the uninsured, low-income individuals and marginalized or disenfranchised communities, its priorities in Congress appear to be driven by other concerns. Right from the start, it is clear that its agenda is driven by its adherence to Catholic doctrine, not its desire to assist the needy.

“Our ethical standards in health care flow from the Catholic Church’s teachings about the dignity of the human person and the sanctity of human life from conception to natural death.... Inherent in our ministry-wide efforts is a steadfast commitment to issues with compelling moral implications, such as preservation of conscience clause protections, ethical issues surrounding genetics advancements, and care of persons at the end of life.” The “enhancement of conscience clause protections” is one of two measures it advertises as part of its work to “strengthen and preserve our Catholic identity,” the other being the provision of “services consistent with our faith.”²²

In addition, the CHA reports that it continues to monitor legislative and judicial initiatives that could impinge on the ability of the Catholic health care industry to operate with Catholic values. For example, in addition to lobbying on Capitol Hill, it worked closely with Catholic Charities of Sacramento in its failed appeal to the California Supreme Court in a case related to the provision of contraceptive coverage. The court confirmed other court rulings and upheld a law requiring that Catholic Charities comply with the Women’s Contraception

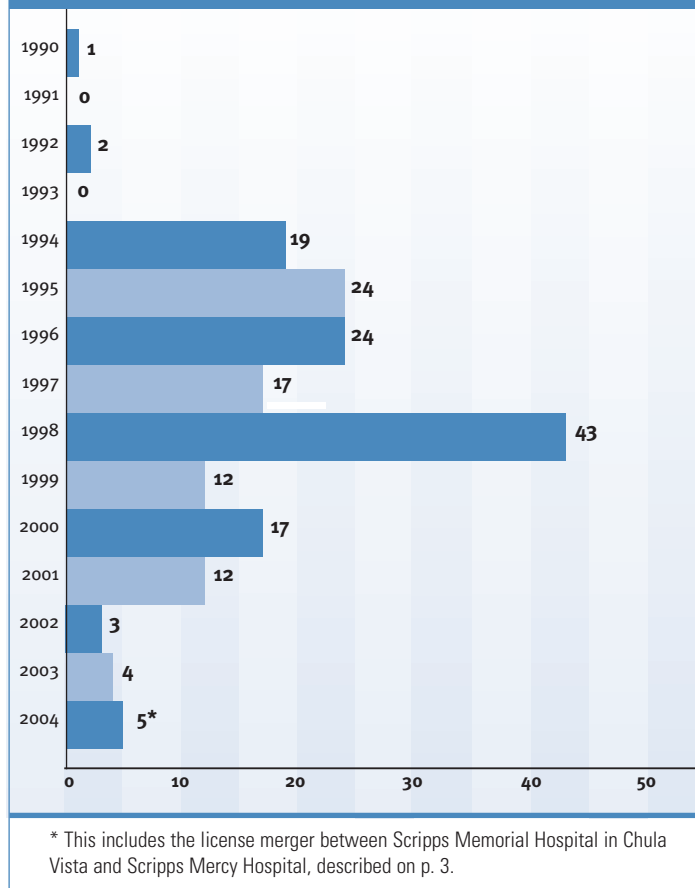
Equity Act and provide contraception coverage to employees who receive other prescription drug coverage.

In the fiscal year 2004-05 total revenues for the CHA were reported at \$18,928,486, of which it spent approximately \$550,000 in direct and grassroots lobbying between July 2003 and July 2004.²³

In December 2004, Father Michael Place, president and chief executive officer of the CHA, announced his resignation. In 2003, Place earned \$833,109 in salary, benefits and expenses, seventh highest among Modern Healthcare’s ranking of health care association executives.²⁴ Place also benefited from a \$25,000 donation that he had made to the 2001 George W. Bush inaugural fund, as President Bush subsequently appointed Place to the transition team at the Department of Health and Human Services.

On February 17, 2005, the CHA announced that Michael F. Rodgers, vice president for advocacy and public policy, will serve as interim president and CEO. Before joining CHA in 2000, Rodgers was senior vice president of the American Association of Homes and Services for the Aging. He has also served on various House and Senate committees in Washington, DC.

Figure 2: Hospital Mergers 1990-2004



Other organizations that can provide information on access to reproductive health care in hospitals.

MergerWatch

PO Box JAF Station
New York, NY 10116
Phone: (212) 261-4314
Fax: (510) 740-3610
Email:
info@mergerwatch.org
www.mergerwatch.org

Reproductive Freedom Project, ACLU

125 Broad Street, 18th Floor
New York, NY 10004
Phone: (212) 549 2633
Fax: (212) 549 2652
Email: rfp@aclu.org
www.aclu.org

Center for Reproductive Rights

120 Wall Street, 18th Floor
New York, NY 10005
Phone: (917) 637-3600
Fax: (917) 637-3666
Email: info@reprorights.org
www.reproductiverights.org

National Women’s Law Center

11 Dupont Circle, NW
Suite 800
Washington, DC 20036
Phone: (202) 588 5180
Fax: (202) 588 5185
www.nwlc.org

Endnotes

¹ PJ Kennedy & Sons, *The Official Catholic Directory*, 2004.

² Catholic Health Association of the United States, “Ministry Engaged: Advocacy Agenda 2005 and 2006,” [www.chausa.org/\\$MEMB/PUBL/ICPO/ADVOCACY2006.PDF](http://www.chausa.org/$MEMB/PUBL/ICPO/ADVOCACY2006.PDF), accessed May 18, 2005.

³ American Hospital Association, “AHA Hospital Statistics,” 2003.

⁴ CFFC, “When Catholic and Non-Catholic Hospitals Merge, Reproductive Health Compromised,” 1998.

⁵ American Hospital Association, “AHA Hospital Statistics,” 2003.

⁶ Catholic Health Association, “Catholic Health Care in the United States, Ministry Engaged,” January 2005.

⁷ *Modern Healthcare*, “Annual Hospital Systems Survey,” June 7, 2004.

⁸ MergerWatch, “Religious Health Restrictions Threaten Women’s Health and Endanger Women’s Lives,” September 2004.

⁹ Paul Barr, “Blessings from above; Large Catholic healthcare systems have seen their revenue, profits rebound. How will that affect spending on charity care?” *Modern Healthcare*, April 11, 2005.

¹⁰ Belden Russonello & Stewart, “Religion, Reproductive Health and Access to Services: A National Survey of Women Conducted for Catholics for a Free Choice,” April 2000.

¹¹ CFFC, “Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms,” 2002.

¹² CFFC, “When Catholic and Non-Catholic Hospitals Merge, Reproductive Health Compromised,” 1998.

¹³ Belden Russonello & Stewart, “Religion, Reproductive Health and Access to Services: A National Survey of Women Conducted for Catholics for a Free Choice,” April 2000.

¹⁴ United States Conference of Catholic Bishops, “Ethical and Religious Directives for Catholic Health Care Services,” Fourth Edition, 2001, available at www.usccb.org/bishops/directives.htm, accessed May 18, 2005.

¹⁵ CFFC, “Catholic Health Restrictions May Be Hazardous to Your Health,” 1999 p.9, table 2.

¹⁶ CFFC, “Catholic HMOs and Reproductive Healthcare,” 2000.

¹⁷ CFFC, “Catholic HMOs and Reproductive Healthcare,” 2000.

¹⁸ CFFC, “Catholic HMOs and Reproductive Healthcare,” 2000.

¹⁹ CFFC, “Catholic HMOs and Reproductive Healthcare,” 2000.

²⁰ *National Catholic Reporter*, “‘Faith-based’ insurance offered,” October 15, 2004.

²¹ CHA, “Who We Are: Ministry Engaged: Advocacy Agenda 2005 and 2006,” 2005.

²² CHA, “Ministry Engaged: Advocacy Agenda 2005 and 2006.”

²³ “The Ministry Engaged Toward Mobilization: FY04 Accountability Report, Catholic Health Association of the United States, www.chausa.org/ABOUTCHA/MINISTRY/ENGAGED.PDF, May 2004.

²⁴ *Modern Healthcare*, Association Executive Compensation 2005, www.modernhealthcare.com/chart.cms?id=390&type=surveys, accessed May 3, 2005.

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Catholics for a Free Choice shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFFC works in the United States and internationally to infuse these values into public policy, community life, feminist analysis and Catholic social thinking and teaching.

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