

# Catholic Health Care State Reports: New York

## Executive Summary

In a state as large and diverse as New York, there is a significant need for a full range of comprehensive sexual and reproductive health care services that provide women with meaningful choice.

Of the half-million New York women who become pregnant each year, 53 percent of these pregnancies result in live births while one-third result in abortion. The remaining pregnancies are miscarried. It is estimated that more than 2.5 million women in New York need contraceptive services each year, and nearly half of these women, including 360,000 teens, require publicly funded family planning services.

Fortunately, New York has one of the best records for progressive reproductive health policies, with very few restrictions on legal abortion and a state government that is largely prochoice.

But that is not to say there are no challenges or barriers.

Despite the obvious need for comprehensive reproductive health services, especially among young women and low-income women, a significant number of women in New York may have a hard time finding the reproductive health care they need and deserve if their local hospital is run by or affiliated with the Catholic church, or if

they belong to a Catholic HMO or attend a Catholic university.

This publication, one in a series of state health care reports, provides data on the role of the Catholic church in providing health services in New York and the role of the various advocacy arms of the institutional church in the policy process in Albany and throughout the state.

With forty hospitals serving nearly 8 million people, the Catholic church is the largest private provider of health care services in New York. In addition, 15 percent of all hospitals in the state are Catholic facilities.

Government-funded programs support much of the patient care in Catholic hospitals. While Catholic hospitals receive a large share of government funding to provide general health care services to a diverse patient population, basic reproductive health services such as female and male sterilization, in vitro fertilization, provision of contraceptive devices, and medically indicated abortion are forbidden by *The Ethical and Religious Directives for Catholic Health Care Services (Directives)*, a document issued by the United States Conference of Catholic Bishops, to establish basic governing principles for Catholic-owned or affiliated hospitals and health care services.

This report:

- Details how the *Directives* impede access to reproductive health services for people in New York who seek treatment from Catholic hospitals or health care providers and on the campuses of Catholic colleges and universities statewide.
- Demonstrates the influential role the Catholic church seeks to maintain in state politics through the New York State Catholic Conference (NYSCC).
- Examines the compliance of Catholic hospitals with laws, regulations and protocols on the provision of emergency contraception to rape survivors.
- Considers the implications of mergers between non-Catholic and Catholic hospitals on the availability of reproductive health services.
- Explores the role of Catholic Charities, the national Catholic service organization that provides community assistance programs through diocesan and other affiliates, in the provision of health care services.
- Examines the coverage and standard of care of subscribers to the Catholic managed care insurance program.

## Executive Summary—continued

No issue is as important to most Americans as the quality, availability and cost of health care. No domestic issue is subject to as much review, policymaking and regulation as is health care.

The New York State Report, and the entire series of state reports on Catholic health care, will assist reproductive health advocates, citizens' rights groups, health care providers and other

concerned women and men in their efforts to protect the rights and religious freedom of individual women and men to make personal, moral decisions about their reproductive health.

### New York at a Glance

NY Catholic population	7,779,305
Percent of total NY population	40.5%
Catholic hospitals	41
Total NY hospitals	269
Annual # patients served by Catholic hospitals	7,876,066
Catholic/non-Catholic hospital mergers/affiliations, 1994-99	9
Hospital mergers resulting in loss of all/some reproductive health service(s)	6
Catholic/non-Catholic hospital mergers cancelled or dissolved partially or wholly as a result of threat to reproductive health services	4

## Introduction

New York has one of the best records nationwide for progressive reproductive health policies, with very few restrictions on legal abortion and a state government that is largely pro-choice. Currently, New York is one of seven states that does not impose restrictions on a minor's ability to obtain an abortion. New York also makes public funds available to qualifying low-income women for medically necessary abortions. The state has often been home to groundbreaking reproductive health policies. Most recently, for example, New York City became the first municipality to enact a citywide regulation that requires all OB/GYN residents at public hospitals to receive abortion training. Reproductive health advocates consider this

initiative especially important for the future of abortion rights in the US because it is estimated that one doctor out of seven nationwide performs a residency in the New York City public hospital system.<sup>1</sup> For these reasons, NARAL Pro-Choice America recently gave New York an "A" for its record on reproductive choice and access to abortion services.

In addition, New York residents utilize a large number of reproductive health services. Each year, nearly 500,000 women in New York, about 12% of all women of childbearing age statewide, become pregnant. Fifty-three percent of these pregnancies result in live births, while 33% result in abortions. The remaining pregnancies are miscarried.

These figures differ significantly from the national average—63% of all pregnancies result in live births and 22% in abortions nationwide.<sup>2</sup> Although New York struggled with high teen pregnancy rates in the past, 2001 data show that the number of teen pregnancies statewide has dropped significantly (about 23%) in the last decade, to 35.6 out of 1,000 births—one of the lowest rates in the nation.<sup>3</sup> These statistics reflect the importance of access to reproductive health services in New York, especially for young women.

It is estimated that more than 2.5 million women in New York need contraceptive services. Nearly half of these women, including about 360,000 teens, require publicly funded family plan-

ning programs. To meet these needs, family planning clinics serve more than 400,000 women each year, about one-quarter of whom are teens. About 194 family planning clinics in New York are Title X funded clinics, serving about 232,000 women statewide.<sup>4</sup> In addition, New York recently passed contraceptive equity legislation that requires employers who offer prescription drug benefits to cover prescription contraceptives, thereby providing low-cost contraceptives to more women through their insurance plans.

Yet despite the obvious need for comprehensive reproductive health services, especially among young women and low-income women, a significant number of women in New York may have a hard time finding the reproductive health care they require if their local hospital is run by or affiliated with the Catholic church, or if they belong to a Catholic HMO or attend a Catholic university. In addition, the Catholic hierarchy in New York actively lobbies the state legislature to try to limit women's reproductive rights in New York in more than just these religiously affiliated institutions.

## Catholic Health Care in New York: An Overview

The Catholic church is the single largest private provider of health care services in New York state, with 40 hospitals serving nearly 8 million people in 2001.<sup>5</sup> In addition to Catholic hospitals, the Catholic church runs 61 nursing homes with more than 10,000 beds, seven hospice programs, 22 certified and three licensed home health agencies, and 13 long-term home health care programs that assisted more than 1.7 million New York residents in the same year.<sup>6</sup>

The majority of Catholic hospitals in New York are general medical-surgical (GMS) facilities that incorporate a wide range of basic and specialized health care services for a diverse range of patients. According to reports compiled by the American Hospital Association for fiscal year (FY) 2000, the most recent year for which complete data are available, Catholic hospitals are responsible for a significant portion of GMS care in New York. In fact, about 15% of all GMS hospitals are Catholic facilities. These hospitals have approximately 10,800 beds, and reported more than 370,000 admissions for FY 2000. In addition, Catholic hospitals in New York reported more than 8.5 million outpatient visits and nearly 1.2 million emergency room visits for FY 2000.<sup>7</sup>

It is important to note that a diverse population is served by Catholic hospitals. A key

demographic served by Catholic GMS facilities is low-income families, who are more likely to utilize hospitals for their basic health care services. Reports for FY 2000 reveal that Catholic general-care hospitals provided care for a significant number of patients enrolled in government-funded programs such as Medicaid and Medicare. For example, of the more than 2.1 million inpatient days reported by Catholic hospitals in FY 2000, 45% of these represented Medicare patients and an additional 17% were Medicaid patients.<sup>8</sup> In addition, 35 Catholic hospitals were identified as disproportionate share hospitals (DSH), a government designation applying to hospitals that serve a higher percentage of low-income patients than is standard, and received nearly \$60 million in Medicaid DSH funds.<sup>9</sup>

While Catholic hospitals serve millions of New Yorkers, recording combined net patient revenues of more than \$3.8 billion in FY 2000, these facilities lost significant amounts of money due to soaring operating expenses.<sup>10</sup> With only 14 Catholic GMS facilities showing a net gain in income (after accounting for non-patient revenues), Catholic hospitals lost more than \$128 million in FY 2000.<sup>11</sup> This reflects the trend among all New York hospitals, which combined have lost approximately \$1.5 billion since 1997, due in part to continuing cuts in federal Medicare reimburse-

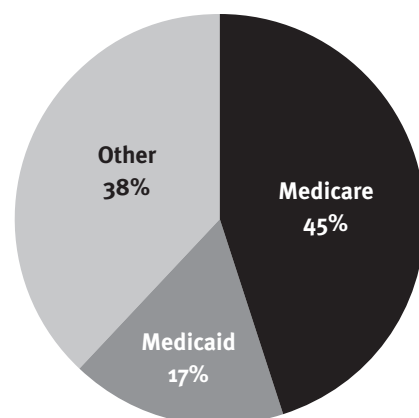
ment and the economic crisis facing the health care industry nationwide.<sup>12</sup> As this trend in hospital financing continues, the hospital industry in New York state, including the state's Catholic hospitals, will continue to demand even greater government subsidies and increases in Medicare and Medicaid payments to offset their rising operating costs and prevent the loss of needed medical services.

While many Catholic and non-Catholic hospitals alike have fallen victim to a sinking economy and cuts in state Medicaid and Medicare payments, some Catholic hospitals and hospital systems report tremendous expenditures, such as very generous salaries for executives, despite tough financial times. For example, according to Internal Revenue Service documentation, St. Charles Hospital in Port Jefferson reported revenues of about \$112 million, including \$86,050 in government grants, yet suffered a deficit of more than \$25 million in FY 2000. Despite these losses, St. Charles paid its officers about \$1.26 million,

including compensation of \$582,659 to Barry T. Zeman, President and CEO.<sup>13</sup> Similarly, Mercy Medical Center in Rockville Centre received approximately \$152 million in revenues in FY 2000, but reported a deficit of just over \$200,000 for the year. In FY 2000, Mercy Medical Center received more than \$3.7 million in government grants. The non-profit hospital's president and CEO, Vincent DiRubbio, also received compensation of \$540,696, one of the highest compensation packages paid, compared to other Catholic hospitals statewide.<sup>14</sup>

Both St. Charles Hospital and Mercy Medical Center are part of Catholic Health Services of Long Island (CHS), a five-hospital non-profit system that also includes home health care and ambulatory service organizations. CHS reported massive revenues in FY 2000, taking in more than \$1.04 billion from its affiliated companies, services and direct public support, yet the system reported a deficit of approximately \$1.95 million

**Distribution of inpatient days by payment type:  
Catholic GMS hospitals in New York State**





for the year. Despite losses, system executives earned more than \$3 million in salaries and benefits in the same year. These include the \$1,522,695 compensation for Ronald Aldrich, CHS President and CEO, the highest compensation in Catholic health care in New York and one of the top paid executives among all non-profit health care entities statewide.<sup>15</sup>

### Catholic Health Care: Impeded Access to Reproductive Health Services in New York

Although Catholic hospitals and other health services play a prominent role in the health care industry in New York, and receive government funds to do so, Catholic hospitals do not always provide the full range of basic health care services, especially basic reproductive health care. While Catholic hospitals receive a large share of government funding to provide general health care services, reproductive health services such as female and male sterilization, in vitro fertilization, provision of contraceptive devices, or medically indicated abortion are forbidden by *The Ethical and Religious Directives for Catholic Health Care Services* (henceforth *Directives*), a document issued by the United States Conference of Catholic Bishops establishing basic governing principles for Catholic-owned or affiliated hospitals and health care services.

### Emergency Contraception: A Standard of Care Denied

One service that is often restricted at Catholic hospitals or hospitals affiliated with the Catholic church is emergency contraception (EC), even for rape survivors. This can have a devastating effect on women who have been sexually assaulted and are taken to a Catholic emergency room for treatment, especially because EC is only effective during a 72-hour period following sexual intercourse.

In May 2002, the New York State Department of Health issued the *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*, in order to “assist health care providers in minimizing the physical and psychological trauma to victims of sexual assault, by ensuring appropriate and consistent treatment in hospital emergency departments.”<sup>16</sup> The *Protocol* lists the following as appropriate standards of professional practice when treating rape survivors in a hospital emergency room:

- Counsel female patients about options for prophylaxis against pregnancy resulting from sexual assault (also known as emergency contraception or “morning after” pill) and the importance of timely action.
- Ensure that female patients are properly informed of the effectiveness rates, risks, and benefits associated with interventions to prevent pregnancy resulting from sexual assault.
- Provide female patients with appropriate information to make an informed choice regarding prophylaxis against pregnancy resulting from sexual assault, and ensure that such services are provided or made available to the patient without delay.<sup>17</sup>

The *Protocol* is also clear about instances in which a provider refuses to provide EC directly. According to the state’s requirements, hospitals are required to make arrangements with another provider such as a nearby hospital, doctor or pharmacist who is able to provide

EC immediately and “without delay.” In addition, hospitals shall not require a rape survivor to undergo “unnecessary examination or assessment resulting in undue delay in administering any prophylaxis” according to the requirements of the *Protocol*.<sup>18</sup>

The *Directives* that guide Catholic hospitals, however, restrict the use of emergency contraception for rape survivors except when “there is no evidence that conception has already occurred” as a result of the rape. If no such evidence exists, the *Directives* do explicitly allow for the provision of EC, stating that a woman who has been sexually assaulted “may be treated with medications that would prevent ovulation, sperm capacitation or fertilization.”<sup>19</sup> This allowance indicates that Catholic emergency rooms should have little trouble complying with the New York Department of Health requirements.

However, two recent studies have shown that many Catholic emergency departments do not provide EC to

### Highest Paid Executives in Catholic Health Care in New York, FY 2000

Name	Title & Employer	Compensation*
Ronald Aldrich	President, Catholic Health Services of Long Island	\$1,522,695
Terence G. Daly	Senior Vice President & CFO, Catholic Health Services of Long Island	\$692,679
Alan Guerci	CEO, St. Francis Hospital (Roslyn)	\$646,390
Donna O'Brien	Executive Vice President & CAO, Catholic Health Services of Long Island	\$596,074
Barry T. Zeman	CEO, St. Charles Hospital	\$582,659
John F.X. Lovett, Sr.	Senior Vice President–Systems, Catholic Health Services of Long Island	\$559,364
Vincent DiRubbio	CEO, Mercy Medical Center	\$540,696

\*Compensation includes salaries and reported benefits.

women who have been sexually assaulted, and therefore demonstrate a lack of compliance with the state code. One study, released in January 2003 by Family Planning Advocates of New York State and the New York State Coalition Against Sexual Assault, surveyed 205 hospital emergency rooms across New York state, including 39 emergency rooms at Catholic hospitals. The study revealed that New York Catholic hospitals report treating as many as 1600 rape survivors per year. The same study shows that, of the 35 Catholic hospitals responding, 27 Catholic emergency rooms (77%) reported having a policy in place to provide EC to rape survivors. The remaining eight Catholic respondents (23%) stated that they do not provide EC to women seeking treatment following a rape. Four of the Catholic hospitals (10%) did not respond to this survey. These

findings lend support to the argument that the *Directives* do not run counter to the requirements of New York's *Protocol*, and may indicate that Catholic emergency rooms are moving toward compliance with state rules for treating victims of sexual assault.<sup>20</sup>

Unfortunately, these findings may not accurately reflect actual practice at Catholic emergency rooms in the state of New York. A recently published study conducted in August 2002 by Ibis Reproductive Health for Catholics for a Free Choice surveyed 597 Catholic emergency rooms nationwide, 39 of which were in New York. The telephone survey utilized a "mystery client" format in which female callers inquired about EC as any woman might, not as part of an official study. This was done in order to replicate what might actually happen if a woman in need

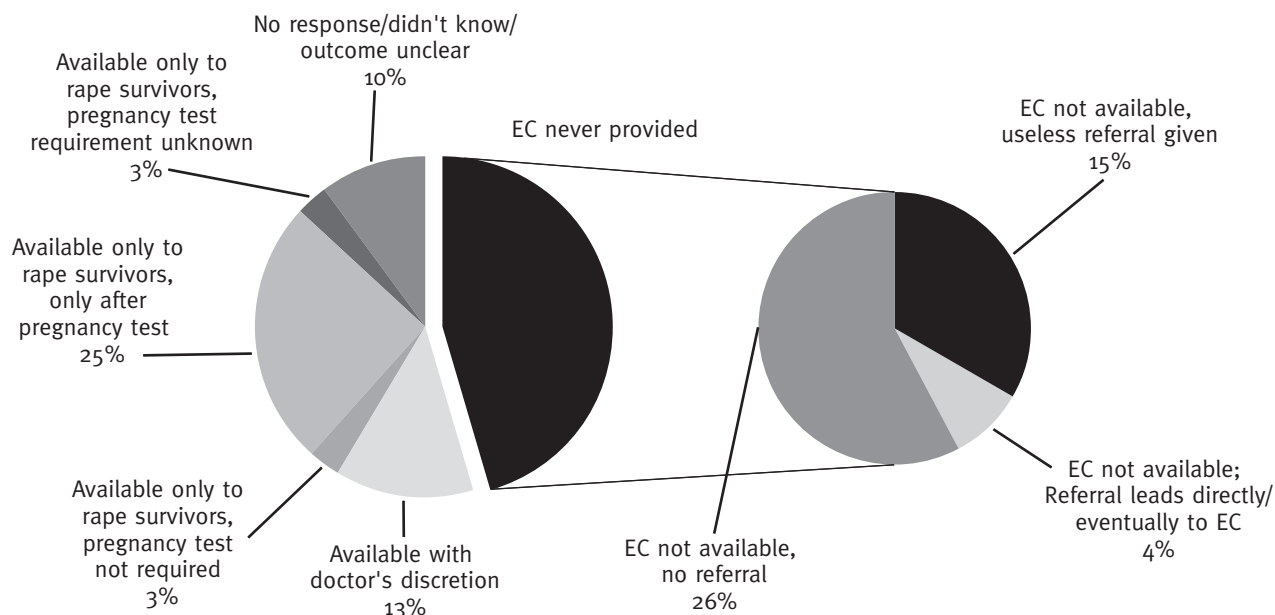
of EC called a Catholic emergency room to determine its availability. In order to determine the discrepancy in the provision of EC to rape survivors versus female patients generally in Catholic emergency rooms, ER personnel were asked first whether EC was available, and then whether it was available for women who had been raped. The results of the CFFC study are represented in the graph below:

According to survey results, five Catholic emergency rooms (13%) stated that EC would be available based upon the attending doctor's discretion. Another 12 Catholic emergency rooms (31%) indicated that EC would be dispensed to a woman who had been raped, although the majority of these hospitals (10 out of 12) specified that a pregnancy test was a condition for dispensing EC. However, nearly half of all Catholic

emergency rooms in this study would not dispense EC for rape survivors. Of the 18 Catholic emergency rooms (45%) in New York that were unable to dispense EC, only two hospitals provided a useful referral that, upon further investigation, yielded—either directly or eventually—the provision of EC.<sup>21</sup>

These statistics point to the lack of compliance by a significant number of Catholic emergency rooms in New York with stated requirements for the comprehensive, professional, and compassionate treatment of rape survivors. While it is disappointing that more Catholic emergency rooms do not dispense EC directly, it is alarming that the vast majority of Catholic hospitals refusing to provide EC do not offer an effective referral for EC as is prescribed by the New York *Protocol*. This is particularly

### Availability of EC in Catholic ERs: New York State



bad news for the hundreds of New York women who will be treated in Catholic emergency rooms following a sexual assault.

### **Catholic Hospital Mergers: New York Residents Fight for their Rights**

When Catholic hospitals buy out or become affiliated with non-Catholic hospitals, the *Directives* typically apply to the non-Catholic hospital as well, restricting access to important reproductive health services for women and men who rely upon these facilities for health care. For example, Catholic Health Services of Long Island (CHS), a five-hospital Catholic system, has expanded over the past five years to assume full or partial financial control over several non-Catholic entities including Massapequa Hospital, Mid-Island Hospital, and Episcopal Health System of Suffolk County, which itself consists of four separate health care facilities. It has been estimated that CHS gained control of about 25% of all health care services on Long Island following these arrangements.<sup>22</sup> Central to these contractual agreements has been the understanding that the Catholic *Directives* would apply at all of these facilities, requiring the loss of reproductive health services such as abortion and tubal ligation. However, community activists succeeded in safeguarding certain services at Mid-Island Hospital and at the Episcopal Health Services facilities, including comprehensive counseling and referrals to other area facilities for services banned

under the *Directives*.<sup>23</sup>

More recently there have been other important victories, securing reproductive health services for New York communities threatened by potential mergers between Catholic and non-Catholic hospitals. Community activists and reproductive rights advocates have successfully organized to delay or completely stop harmful mergers from occurring. For example, in Niagara Falls, the community action organization Citizens Against Hospital Mergers/Save Memorial Hospital helped dissolve a pending merger between Catholic Mount St. Mary's Hospital and Niagara Falls Memorial Hospital in February 1999.<sup>24</sup> And the community group People Against Lost Services was instrumental in warding off a proposed merger between St. Jerome's Hospital and Genesee Memorial Hospital in Batavia.<sup>25</sup> Under the original agreement, Genesee Memorial would have merged with St. Jerome's and banned abortion services and tubal ligations. Instead, in March 1999, Genesee Memorial Hospital assumed control of St. Jerome's Hospital, which was renamed but will be able to follow the *Directives* until 2004.<sup>26</sup>

### **The Catholic Church and Managed Care in New York**

Another important health care sector affected by the Catholic church and the *Directives* is managed care. A 2000 study by Catholics for a Free Choice examined Catholic managed care and concluded that Catholic

plans have typically been more flexible than Catholic hospitals in making arrangements to provide reproductive health services forbidden under the *Directives*. In New York, however, the Catholic church operates one of the least accommodating managed care plans in terms of providing reproductive health services, namely the NY State Catholic Health Plan. The plan does not provide coverage for abortion services, sterilization or contraception to its members.

A key feature of the NY State Catholic Health Plan is its participation in the Medicaid managed care program through Fidelis Care New York. Statewide there are approximately 75,000 Medicaid and Child Health Plus enrollees in Fidelis. According to IRS tax records for FY 2000, the most recent year these are available, Fidelis received more than \$163 million in revenue from Medicaid and Child Health Plus programs. Despite significant federal revenues for participation in Medicaid, a government program that mandates the provision of family planning services, Fidelis does not provide these reproductive health care services to its enrollees.

### **Catholic Universities and Reproductive Health Care for Young Women**

Most recent estimates indicate that, on average, 42% of females and 49% of males are sexually active at some point during their high school

years. The likelihood of sexual activity increases as teens get older, with about 61% of high school seniors reporting that they have had sexual intercourse.<sup>27</sup> While 57% of young people report that they first had sex before they were 18 years old, an additional 39% of young adults report first having sex between the ages of 18 and 24 years.<sup>28</sup> In addition, 34% of all births and 45% of all abortions occur when women are between the ages of 18 and 24 years.<sup>29</sup> These statistics indicate that young adults, especially those of college age, are not only sexually active, but also that they are at an increased risk for unplanned pregnancy and sexually transmitted diseases. Colleges and universities, regardless of their religious affiliation, play an important role in the maintenance of student health, and therefore should provide the basic reproductive health services necessary for students to maintain their sexual and reproductive health.

There are 29 Catholic colleges and universities in New York. These institutions are responsible for a significant portion of higher education in the state, with a cumulative enrollment of nearly 100,000 young women and men—Catholic and non-Catholic students alike. In addition, Catholic colleges and universities employ several thousand lay faculty and staff each year.<sup>30</sup>

Unlike many Catholic social services, Catholic higher education in the United States is not as closely tied to the Vatican as many assume.

In fact, many Catholic colleges and universities nationwide severed ties to the official Catholic church decades ago, following a number of judicial rulings that threatened public funding for religiously owned colleges.<sup>31</sup> Nonetheless, the Vatican has sought to exert more control over Catholic colleges and universities in recent years. This most often restricts the campus activities of students and faculty—student organizations, campus newspaper columns, rallies and other forms of free expression—that express social views that differ from those of the Vatican, especially on issues related to sexuality. Additionally, the Catholic church’s influence over Catholic colleges and universities commonly extends to the types of health services, including health insurance coverage, offered to their students, faculty and staff.

In fact, Catholic universities frequently fail to provide important basic reproductive health services that meet the health care needs of their students. In 2001, 16 Catholic colleges in New York state that reported operating a campus health center responded to a CFFC study of health services at US Catholic colleges and universities. According to the survey results, Catholic colleges and universities in New York offer inadequate reproductive health services. For example, only five colleges said they provide pap smears, and another five schools reported offering annual reproductive health examinations. While only

five universities surveyed said they provided testing for sexually transmitted diseases (STDs), nine schools refer students to other facilities for this service. Similarly, while only four Catholic colleges provide HIV screening, nine schools offer referrals for HIV screens. Fortunately, 12 of the 16 Catholic university health centers in New York reported providing STD education for students. However, only three Catholic universities statewide make contraception directly available to their students, while one university reportedly offers only emergency contraception to female students, and another college merely provides referrals for contraceptives.<sup>32</sup> These findings demonstrate that Catholic colleges and universities in New York rarely offer the basic reproductive health services that their students need and deserve. Catholic universities must recognize that the majority of the student population they serve are or have been sexually active, and should offer comprehensive reproductive health services in order to provide the most holistic care for young women and men.

### Catholic Charities

Catholic Charities is a national Catholic social service organization that works within communities nationwide though diocesan and other affiliates that provide a wide range of services, especially to low-income families. There are eight diocesan Catholic Charities affiliates in New York, located in Albany,

Brooklyn, Buffalo, Hicksville, New York City, Ogdensburg, Rochester and Syracuse.

For example, Catholic Charities–Diocese of Rockville Centre runs a dental clinic to provide comprehensive dental services for low-income families and those living with HIV/AIDS. Catholic Charities–Diocese of Rockville Centre also operates the Goretti Abstinence Program, an outreach project for “high risk youth” that provides educational programs for teens.<sup>33</sup> Catholic Charities of the Diocese of Albany offers the Community Maternity Services program, which serves “pregnant and parenting adolescents, children, and families in 14 counties,” and provides social services, education and community-based prevention.<sup>34</sup> In addition, each diocesan affiliate offers basic HIV/AIDS prevention, education and other health-related services.

It is unclear how closely Catholic Charities-sponsored programs follow the *Directives* when it comes to community health care services. The expectation that these community services would abide by the *Directives*, however, means that these services are less than adequate in addressing important aspects of reproductive health care such as family planning, the role of condom use in preventing the spread of HIV, or the availability of EC for rape survivors. Even more troubling is the fact that Catholic Charities agencies receive a

significant portion of their operating budgets from government grants and other, non-Catholic, sources.

For example, Catholic Charities of the Diocese of Ogdensburg received 71% (\$1.2 million) of its revenue in FY 2000 from government grants, including a \$186,181 grant for abstinence-only education programming from the New York State Department of Health.<sup>35</sup> Elsewhere in the state, Catholic Charities of the Diocese of Syracuse received \$23.6 million, or 73% of its revenue, in government grants in FY 2000.<sup>36</sup> By comparison, commonly a very small percentage of these budgets comes from the Catholic church itself. Though Catholic Charities agencies receive significant funding from government grants and public donations for services they provide to Catholics and non-Catholics alike, they are often bound to abide by Catholic church guidelines that contradict basic public health standards.

### The Catholic Lobby and Reproductive Health Policy

The New York State Catholic Conference (NYSCC) is the formal organization for the state’s eight Catholic bishops, and has the explicit purpose of lobbying on behalf of the Catholic hierarchy and exerting direct influence over public policies. According to the NYSCC website, the conference seeks to “identify, formulate and implement the public policy objectives of the Catholic



Bishops of New York State.... [T]he Conference provides a unified voice and the means for joint action through which the eight Catholic dioceses...can impact the development of public policies in the areas of health, education, welfare, human and civil rights.” In addition, it’s “primary objective” is to promote the “sacredness of human life.”<sup>37</sup>

The NYSCC claims that its voice is the one authentically Catholic voice in state public policy debates. Each year, the conference lends this voice to the debate in various ways, including the presentation of legislative memos and oral and written testimony on bills before the New York state legislature, drafting legislation according to its aforementioned mission, and mobilization of Catholics in New York to directly lobby state and federal legislators on behalf of the conference.

For example, in the first half of 2002 the NYSCC crafted nearly 60 legislative memos to influence members of the state legislature, and conference representatives frequently gave oral testimony before the state legislature, especially regarding the state budget’s provisions concerning health care, education funding for religious schools, and housing. Each year, the conference organizes hundreds of Catholics statewide to participate in a public policy forum and Catholic lobby day in Albany, during which Catholic individuals learn about the NYSCC’s

legislative priorities and are urged to lobby their state officials accordingly.<sup>38</sup>

The state Catholic conference also reports sizeable lobby expenditures, further evidence of its expansive legislative activities. According to the latest lobby reports from October 2002, the NYSCC spent \$85,214 in lobbying expenditures. By comparison, the New York Right to Life Committee spent \$14,642 during the same reporting cycle, nearly one-sixth the amount recorded by the Catholic bishops. In addition, the NYSCC lists six registered lobbyists including Kathleen Gallagher, the director of pro-life activities for the conference.<sup>39</sup>

### **Case Study: The Catholic Bishops Challenge NY Women’s Health Bill**

An example of the New York State Catholic Conference’s challenge to women’s reproductive health comes in the aftermath of a legislative victory for New York women through the enactment of the Women’s Health and Wellness bill in 2002. The legislation, which went into effect on January 1, 2003, mandates that employee health insurance benefits include an array of important health services for women including yearly mammograms, pap smears and other cancer screens, as well as prescription coverage for contraceptive drugs and devices. The New York measure provides a refusal clause for religious employers to opt out of coverage for moral reasons, but the clause

is strictly limited to legally defined churches and would omit church-related institutions that serve and employ people of all faiths and no faith alike, such as Catholic hospitals, universities and affiliates of Catholic Charities, for example.

The NYSCC spent considerable energy and resources in attempting to block the bill in the New York legislature in 2001 and 2002. In 2001, for instance, the Conference undertook an \$18,000 advertising campaign that included nearly all community newspapers on Long Island, reaching more than 1 million readers. The ads, paid for by the conservative Catholic organization Knights of Columbus, blamed prochoice organizations for “refus[ing] to accommodate religious freedom” by opposing the bill in 2001 because it included an exemption for *any* religiously affiliated organization. Although this unnecessary exemption would have limited patients’ and consumers’ rights in New York, the NYSCC claimed that opposition to the bill instead “is keeping critical health-care options from women across the state.”<sup>40</sup> The Catholic conference also produced bulletin inserts for distribution in Catholic parishes throughout the state condemning contraceptive equity initiatives, and organized a postcard campaign instructing Catholics to contact state leaders by sending postcards that read: “Catholics in New York State support: religious

freedom; life-affirming health care; protecting human life from conception until natural death; conscience protection in health insurance mandates. Any bills to mandate contraception or infertility treatment must include a conscience clause to protect religious insurers and employers.”<sup>41</sup> The Catholic conference also directly lobbied government officials to oppose the measure. For instance, in a letter to Governor George Pataki in September 2002, the conference urged the governor to veto the legislation, stating that the bill “is perhaps the most anti-Catholic piece of legislation ever to pass in New York State.... We must reject religious bigotry and intolerance, not enshrine it in law.”<sup>42</sup>

Despite the inflammatory claims by the Catholic bishops that the Women’s Health and Wellness bill was anti-Catholic and required a broad-based exemption for all church-related agencies, most New York residents—including most Catholics—supported the measure without the religious exemption demanded by the Catholic conference. According to a 2001 NARAL Foundation survey, 80% of New Yorkers surveyed, including 76% of New York Catholics, supported the requirement for employers to offer insurance coverage for contraceptives. Moreover, the majority of New York residents, including more than half of Catholics statewide, opposed a broad exemption for religious



employers to opt out of providing insurance coverage for contraception.<sup>43</sup>

Despite overwhelming support among New York Catholics for the Women's Health and Wellness provisions, the NYSCC is now leading the fight against the measure in the courts, officially recognized as *Catholic Charities of Albany, et al v. Gregory V. Serio*. Although it is not explicitly named as a plaintiff in the matter, the Catholic conference has been designated as the official spokesperson for the

plaintiffs. The NYSCC and the plaintiffs charge that the law is unconstitutional on grounds that it violates the religious freedom of church groups to conduct business according to their religious beliefs. However, Catholic church related organizations such as hospitals, schools, and social service agencies neither serve nor employ only Catholics, and they are funded largely by government programs for the services they provide to the general public. Should these employers be allowed to decide what health care serv-

ices are best for their workers?

Although a decision from the New York State Supreme Court could take some time, advocates on behalf of women's reproductive health services and employees in New York can gain some reassurance from the precedent set by a similar case in California, *Catholic Charities of Sacramento, Inc. v. Superior Court*, wherein two California courts have upheld the state law as fully constitutional.

## Conclusion

It is unlikely many people would be surprised that the Catholic church restricts New York women's reproductive health services in Catholic hospitals. But it may be surprising for people to learn of the church's efforts to restrict all women's reproductive choices by flexing its political muscles in Albany. Reproductive health advocacy organizations, citizens' rights groups, health care providers and other concerned voices must continue to work together to educate New Yorkers and all Americans and to protect the rights and religious freedom of individuals to make personal, moral decisions about one's own reproductive health.

---

## State Organizations and Resources

### ***Family Planning Advocates of New York State***

17 Elk Street  
Albany, NY 12207  
(518) 436-8408  
[www.fpaofnys.org](http://www.fpaofnys.org)

### ***NARAL/NY***

462 Broadway, Suite 540  
New York, NY 10013  
(212) 343-0114  
[www.naralny.org](http://www.naralny.org)

### ***New York Civil Liberties Union***

125 Broad Street, 17th Floor  
New York, NY 10004  
(212) 344-3005  
[www.nyclu.org](http://www.nyclu.org)

### ***NOW—New York State***

345 Third Street, Suite 535  
Niagara Falls, NY 14303  
(716) 285-5598  
[www.nownys.org](http://www.nownys.org)

### ***New York State Government*** Albany, NY

Visit the New York state legislature and state agencies at [www.state.ny.us](http://www.state.ny.us).





- <sup>1</sup> NARAL Pro-Choice America, *Who Decides? A State by State Review of Abortion and Reproductive Rights 2003* (Washington, DC: NARAL Pro-Choice America, 2003).
- <sup>2</sup> Alan Guttmacher Institute (AGI), *Contraception Counts: New York* (New York, NY: AGI, 2002).
- <sup>3</sup> Ventura SJ, Mathews TJ, Hamilton BE, "Teenage births in the United States: Trends, 1991-2000, an update," *National Vital Statistics Reports*, Vol. 50 no. 9, 2002.
- <sup>4</sup> AGI, *Contraception Counts*.
- <sup>5</sup> *The Official Catholic Directory 2002* (New Jersey: P.J. Kenedy and Sons, 2002).
- <sup>6</sup> Ibid.
- <sup>7</sup> Health Forum, LLC, "AHA Annual Survey Database," <<http://www.ahd.com>> (cited 15 Jan. 2003).
- <sup>8</sup> See Health Forum, "Medicare Cost Reports" (Hospital Cost Report Systems Master File), as reported by American Hospital Directory, <<http://www.ahd.com>> (cited 15 Jan. 2003).
- <sup>9</sup> New York State Department of Health, "FY 2000 DSH Payments," <<http://www.health.state.ny.us>> (cited 15 Jan. 2003).
- <sup>10</sup> See Health Forum, "Medicare Cost Reports."
- <sup>11</sup> Ibid.
- <sup>12</sup> Healthcare Association of New York State, *Health Care Under Stress: A Financial Profile of Hospitals and Health Systems in New York State* (Rensselaer, NY: HANYS, 2002).
- <sup>13</sup> Internal Revenue Service, Form 990 FY 2000, "St. Charles Hospital, EIN 11-1871039."
- <sup>14</sup> Internal Revenue Service, Form 990 FY 2000, "Mercy Medical Center, EIN 11-1635088."
- <sup>15</sup> Internal Revenue Service, Form 990 FY 2000, "Catholic Health Services of Long Island, Inc., EIN 11-3403968."
- <sup>16</sup> New York Department of Health, *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault* (Albany, NY: NY Department of Health, 2002).
- <sup>17</sup> Ibid.
- <sup>18</sup> Ibid.
- <sup>19</sup> NCCB/USCC, *Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition* (Washington, DC: USCC, 2001).
- <sup>20</sup> Family Planning Advocates of NYS and New York State Coalition Against Sexual Assault, *Provision of Emergency Contraception to Rape Survivors at Hospital Emergency Departments in NYS*, <<http://www.fpaofnys.org>> (cited 28 Jan. 2003).
- <sup>21</sup> Catholics for a Free Choice (CFFC), *Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms* (Washington, DC: CFFC, 2002).
- <sup>22</sup> MergerWatch, "Victories: Nassau and Suffolk Counties, New York," <<http://www.mergerwatch.org/hospitals/NassauSuffolk.html>> (cited 27 Jan. 2003).
- <sup>23</sup> Ibid.
- <sup>24</sup> Joann Scelsa, "Memorial, Mount St. Mary's Will Dissolve Alliance," *The Buffalo News*, February 12, 1999.
- <sup>25</sup> *The Buffalo News*, "Opposition Stalls Action on Hospitals' Merger," November 28, 1998.
- <sup>26</sup> Deanna Bellandi, "A merger is now ownership switch," *Modern Healthcare*, March 29, 1999.
- <sup>27</sup> US Centers for Disease Control and Prevention, "Trends in Sexual Risk Behaviors Among High School Students—United States, 1991-2001," *Morbidity and Mortality Weekly Report*, September 27, 2002.
- <sup>28</sup> Abma JC, Chandra A, Mosher WD, Peterson L, Piccinino L. "Fertility, family planning, and women's health: new data from the 1995 National Survey of Family Growth." National Center for Health Statistics. *Vital Health Stat* 23(19). 1997.
- <sup>29</sup> AGI, *Sexual and Reproductive Health: Women and Men* (New York, NY: AGI, 2002).
- <sup>30</sup> *The Official Catholic Directory* 2002.
- <sup>31</sup> Charlotte Allen, "Crossroads," *The New Republic*, February 15, 1999.
- <sup>32</sup> Catholics for a Free Choice, *Student Bodies: Reproductive Health Care at Catholic Universities* (Washington, DC: CFFC, 2002).
- <sup>33</sup> Catholic Charities—Diocese of Rockville Centre, *Care with Dignity... Life with Hope: 2001 Annual Report*, <<http://www.catholiccharities.cc>> (cited 10 Feb. 2003).
- <sup>34</sup> Catholic Charities of the Diocese of Albany, *Annual Report 2002*, <[http://www.ccrda.org/annrpt\\_2002.asp](http://www.ccrda.org/annrpt_2002.asp)> (cited 10 Feb. 2003).
- <sup>35</sup> Internal Revenue Service, Form 990 FY 2000, "Catholic Charities of the Diocese of Ogdensburg, EIN 15-0614025."
- <sup>36</sup> Internal Revenue Service, Form 990 FY 2000, "Catholic Charities of the Diocese of Syracuse, EIN 15-0532085."
- <sup>37</sup> New York State Catholic Conference (NYSCC), "Mission Statement," <<http://www.nyscatholicconference.org/about/mission/htm>> (cited 17 Jan. 2003).
- <sup>38</sup> NYSCC, "Public Policy Forum to be held March 11," <<http://www.nyscatholicconference.org/other/public-policy-forum-index.htm>> (cited 17 Jan. 2003).
- <sup>39</sup> New York Temporary State Commission on Lobbying, <<http://www.nylobby.state.ny.us>> (cited 17 Jan. 2003).
- <sup>40</sup> NYSCC press release, "Catholic Conference Ad in Long Island Newspapers Supports Increased Access to Women's Health Care," July 26, 2001.
- <sup>41</sup> New York State Catholic Conference post card campaign, "A Vote for Women's Health Care and Religious Conscience Protection," <<http://www.nyscatholicconference.org/conscience/PostCard.htm>> (cited 17 Jan. 2003).
- <sup>42</sup> NYSCC press release, "Catholic Conference Appeals to Governor to Veto Anti-Catholic Legislation," September 12, 2002.
- <sup>43</sup> NARAL Foundation, *Survey Results* (Washington, DC: NARAL Foundation, April 2001).

ISBN 0-915365-50-2

#### Catholics for a Free Choice

1436 U Street, NW, Suite 301  
Washington, DC 20009 USA

T: +1 (202) 986-6093

F: +1 (202) 332-7995

E: [cffc@catholicsforchoice.org](mailto:cffc@catholicsforchoice.org)

W: [www.catholicsforchoice.org](http://www.catholicsforchoice.org)

♻️ Printed on recycled paper.

This report was made possible by generous grants from the Robert Sterling Clark Foundation of America and the Educational Foundation of America.