

*A Woman's Guide
to Catholic Health Care*



You Can't Always Get
What You Need

CATHOLICS FOR A FREE CHOICE

You Can't Always Get What You Need

A WOMAN'S GUIDE TO CATHOLIC HEALTH CARE

THE WOMEN and families served by Catholic health services include Catholics and non-Catholics. All of them need reproductive health care at some point in their lives. The doctors, nurses, and other staff of Catholic health care facilities may also include many non-Catholics. It is critical that women be made aware what services are—and are not—provided by their health care facilities. Women may not be aware that their doctors, in addition to the hospitals or clinics they visit, are controlled by the Catholic church—until a service they want or need is denied. Basic and essential reproductive health care services such as tubal ligations and birth control are not offered at all Catholic health care facilities.

Women who obtain health care through their employers must research their health care plans thoroughly—particularly if the services are provided through Catholic managed care plans—to find out if the reproductive health services they need are covered. Health care offered through these plans may not cover some or all of the reproductive health services women need.

The fight for proper health care has become more intense as costs increase and choices become more limited. However, there is yet another battle in progress as women vie for comprehensive reproductive health care. This battle has become a necessity as women realize—some too late—that certain reproductive services are restricted by religion.

This reproductive health care guide has been compiled to answer some of the most common questions about Catholic reproductive health care service restrictions. This guide is intended to help women and providers determine what recourse is available when needed care has been denied, and what actions can be taken to secure or preserve comprehensive reproductive health care for families and communities in the future.

Facts About Catholic Health Care

Q What is so unique about Catholic health care?

A Catholic health care is defined by a faith-based mission and an affiliation with the Catholic church. It is governed by the *Ethical and Religious Directives for Catholic Health Care Services*, guidelines issued by the United States Conference of Catholic Bishops (USCCB). These *Directives* outline the mission and spiritual responsibilities of Catholic health care. They forbid the provision of health care services that contradict church teachings or are deemed by the church to be immoral. The following statement comes from these *Directives*.

Within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.¹


Q What kinds of health care services are forbidden by the *Directives*?


A Reproductive health care services that most Americans consider basic and essential are significantly restricted by the *Directives*, so that patients—whether they are Catholic or not—usually cannot learn about or access them through Catholic health care facilities. Specifically, the *Directives* prohibit prescribing or dispensing birth control devices or medications, as well as providing contraception counseling (including counseling about the use of condoms to prevent HIV/AIDS for at-risk individuals).


Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching


*on responsible parenthood and in methods of natural family planning.*²

The *Directives* also prohibit sterilization procedures (including tubal ligation for women and vasectomy for men), *in vitro* fertilization techniques, and abortion. In most Catholic hospital emergency rooms, rape victims cannot get emergency contraception (the “morning-after pill”). In addition to restricting common reproductive health care, the *Directives* ban fetal tissue research (the conduct of which is already highly regulated by federal law).

 *Are there exceptions to the bans on reproductive health care at some Catholic health care facilities?*

 Sometimes. The local bishop, the hospital’s sponsoring organization, and its board of trustees all have roles in the governance of a Catholic hospital or hospital system. This results in variations on how strictly the *Directives* are interpreted and applied from place to place. Sometimes accommodations are made so that patients can get certain reproductive health care services at special locations or from clinicians who work outside the Catholic system. Whether such exceptions will be in place at a given Catholic health care facility, however, is largely unpredictable. Recently, Church opposition to such exceptions has tended to harden, which means that some Catholic hospitals that used to help their patients access some of the banned services are less likely to do so today.

 *Who are the patients using Catholic health care services?*

 People all across America rely on Catholic health care as their primary provider of care and/or health insurance. In some more urban areas, the Catholic health care provider is one of many that families can choose from, but in other areas, a Catholic hospital is the only provider in a county or region. Geographically, Catholic hospitals have a higher concentration on the West Coast, in the

Midwest, and in the Northeast regions of the country, but Catholic hospitals can be found in all but four states in the US.

Because part of the Catholic health care mission is to serve the poor, some Catholic hospitals are located in economically depressed rural or urban areas where they will be easily accessible to the low-income families who rely on hospitals rather than private physicians for most of their health care needs. If this is the only hospital these families can get to, the result is that they will not have alternate access to the reproductive health services that their Catholic hospital does not provide.


Q Do these reproductive health care restrictions apply to non-Catholic patients?


A The *Directives* are not aimed at individual patients, they do not take into account individual situations or needs; they are rule-bound—not people-centered. They govern the institutional activities and services that are to be offered by the clinical and administrative staff working in Catholic health care facilities. Banned services, therefore, are generally not made available at all, regardless of the patient’s religious beliefs or affiliation.

Q Do Catholic health care providers help patients access reproductive health outside their system by making referrals?


A Not necessarily. Researchers from Catholics for a Free Choice found that getting referral information from Catholic health care providers to assist a patient who needs access to a banned reproductive health service—such as emergency contraception after a rape—is often not possible. For example, researchers found that more than four out of five Catholic hospital emergency rooms do not provide the “morning-after pill” under any circumstances; that staff at almost one in three of these emergency rooms refused to give a referral to direct a woman to a clinician who could provide her with the medication she would need; and that fewer


than one in four included a phone number or other useful information that would enable a patient to follow up on their referral easily.³ They also found that sometimes the information that was provided was blatantly incorrect—asserting, for example, that emergency contraception was not available anywhere in the city or in the state.


 *Can these reproductive health care restrictions apply to patients who are using a non-Catholic hospital or a private provider?*

 Patients who are not using Catholic hospitals might still be affected by the reproductive health care restrictions elaborated in the *Directives* if they are enrolled in a managed care plan or HMO that is part of the Catholic health care system. There are about 50 such plans in the United States, insuring about 2.5 million enrollees.⁴

 *Are Catholic managed care plans as restrictive as Catholic hospitals?*


 Catholic managed care plans have been significantly more flexible than Catholic hospitals in finding ways to provide reproductive health services for their enrollees, with larger plans more likely than smaller ones to provide these alternative accommodations. Catholic managed care plans do provide reproductive health care at a rate substantially below that of other managed care plans.⁵ For example, birth control appears to be covered in one way or another by only about half of Catholic managed care plans, and even then only one method—usually oral contraception or birth control pills—is available. Fewer than half of plans pay for tubal ligations, and very few pay for abortion even after rape, incest, or to save the pregnant woman's life.⁶


 *How do Catholic managed care plans limit reproductive health care options?*

 Like non-Catholic HMOs, Catholic managed health plans typically limit which types of care and

procedures they will pay for and which doctors or hospitals their members can visit to obtain care under their plans. Sometimes, for an additional fee, employees can purchase “riders” or selected extra coverage to supplement the basic services included in a plan.

When these standard managed care practices are incorporated into a Catholic health care delivery system, patients can be affected in several ways. First, the plan might not pay for the reproductive health care banned by the *Directives*. Also, in some areas, the plan’s provider network might include *only* Catholic health care providers. Finally, supplements that include reproductive health care at extra cost to the enrollee may not be made available. Almost half of women surveyed for a study commissioned by Catholics for a Free Choice indicated that they would not be able to go outside their plan to get health care services the plan doesn’t cover.⁷ Complicating all of this is the fact that Catholic health care providers might not even give patients information about out-of-network alternative treatment options.

 *Can a person who needs reproductive health care services that aren’t available through their Catholic managed care plan simply change plans?*

 Maybe, but since plans are usually contracted through employers, most people don’t have much flexibility in choosing their health insurance plan. While large firms might offer several plans for employees to choose from—making a plan change a possibility—three out of four people who work for companies with fewer than 50 employees have only one health plan option. Employees and Medicaid enrollees who do have plan options are sometimes given only limited periods of time each year—30 days, for example—to make any changes for the upcoming year. Family members who are entitled to coverage under the plan of their spouse or parent may have little or no knowledge of or control over any of the decisions about what coverage is made available to them.

Q What about reproductive health services available under Medicaid or Medicare?

A Catholic managed health plans participate in Medicaid programs. In some states nearly all Medicaid recipients are required to enroll in managed care, while in others enrollment is voluntary or is required only in certain counties. Overall, a little more than half of all Medicaid recipients are enrolled in a managed care plan, and almost 800,000 of those are in Catholic plans.⁸ These enrollees are disproportionately likely to be women of reproductive age.⁹ In addition, more than 600,000 disabled women under the age of 45 rely on Medicare and may be using Catholic hospitals.¹⁰

Q What about getting family planning services where contraceptive coverage is required by state law?

A Some states require managed health plans operating within their borders to cover family planning services. However, in some of these states—including California, Connecticut, Delaware, Hawaii, Maryland, Maine, Nevada, North Carolina, and Rhode Island—special exceptions have been built into the laws to allow Catholic employers *not* to provide these services.¹¹ The language of these legal exceptions usually names the employer rather than the managed care provider as the decision maker. This means that an employer morally opposed to certain services might legally structure the health insurance coverage employees are eligible for so that it excludes the required birth control benefits.

Medicaid enrollees can also be affected. There is a federal law that allows exceptions for Catholic managed health plans in states where coverage for family planning services are guaranteed to all managed care enrollees, so they can refuse coverage even for counseling or making referrals.

Q What do the Directives say about emergency contraception (the “morning-after pill”)?


A Only five percent of Catholic hospital emergency rooms provide emergency contraception (EC) upon request, so a woman is typically unable to receive EC unless she has been raped. While reproductive health services such as birth control and abortion are specifically banned by the *Directives*, use of emergency contraception, or the “morning-after pill,” is not considered to be immoral by the Catholic church under certain circumstances. The *Directives* state the following: “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.”¹² At best, however, this excludes providing emergency contraception to the millions of women who need it each year for reasons other than rape.¹³


Q Do Catholic hospitals offer emergency contraception to rape victims?


A Not usually. Only 28 percent of Catholic emergency rooms will provide women who have been raped with emergency contraception. The *Directives* allow EC following rape only if conception has not occurred. However, there is no medically reliable way to make this determination immediately after the assault and at the point when the emergency contraception would have to be administered. So Catholic hospital staff must make their own interpretations regarding the provision of treatment. Some report that they offer emergency contraception to all rape victims “when appropriate,” but that this may involve prior filing of a police report of the rape and questioning of the victim about her menstrual cycle so that if she has recently ovulated—and therefore *might* have conceived as a result of the rape—emergency contraception is denied.


Eighty-two percent of the Catholic hospital emergency rooms surveyed by Catholics for a Free

Choice reported that they don't dispense emergency contraception under any circumstances.¹⁴ Since a rape victim is often taken to the nearest hospital after her assault regardless of its religious affiliations, such *Directives*-driven policies can add a tremendous burden to women already traumatized by the crime committed against them.

 *What happens in states where rape victims have a legal right to access to emergency contraception?*

 Even in some of these states, legal exemptions that allow Catholic hospitals to abide by the *Directives* instead of the state law are in place in spite of the fact that offering emergency contraception is the medically accepted standard of care for rape victims. One case challenging a Catholic hospital's claim of exemption occurred in California in 1989. It led to a court finding that hospitals can be held liable for failing to give a rape victim information about and access to emergency contraception. The court concluded that emergency contraception is "pregnancy prevention" and not abortion so the state "conscience clause" which exempts Catholic hospitals from providing abortions does not apply.¹⁵ Unfortunately, court rulings of this sort are not necessarily binding in other states or jurisdictions, so while a rape victim might have a legal right to access emergency contraception, in some—but not all—states, her ability to actually get access to the medication can be significantly diminished or blocked if her care is being provided by a Catholic hospital. Washington State, Illinois, and California require by law that rape survivors be counseled about or offered EC in all emergency rooms; six other states (Florida, Kentucky, Connecticut, Ohio, Maryland, and New York) require or encourage the dispensation of EC to rape victims through mechanisms other than a direct mandate through the law.

 *What about medically necessary abortions?*

 Abortions are largely unavailable through Catholic health care plans and not available at all in

Catholic hospitals, even though many non-Catholic managed care plans cover both elective and therapeutic or medically necessary abortions. A few plans arrange for exceptions to this policy under extremely limited circumstances when they are required by state law to do so.¹⁶ For Medicaid patients, including those enrolled in managed care plans that are paid out of federal funds, the federal Hyde Amendment strictly limits abortions to instances of rape, incest, or circumstances that are life-threatening for the pregnant woman. Exceptions are made only in states that contract and pay for abortions separately.


As of 2000, 16 states (California, Connecticut, Delaware, Idaho, Illinois, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and West Virginia) funded all or most medically necessary abortions for Medicaid recipients. There are five Catholic health plans operating in these states, but only one indicated to researchers from Catholics for a Free Choice that it will cover abortion services beyond those circumstances stipulated by the Hyde Amendment.¹⁷


Q What happens to reproductive health services when Catholic health care organizations merge with secular hospitals?


A When Catholic and non-Catholic hospitals consolidate, the Catholic health service provider usually takes over control of the secular or non-Catholic hospital—not the other way around. The *Ethical and Religious Directives for Catholic Health Care Services* allow these partnerships as long as the Catholic partner limits its involvement with the provision of services the Catholic church considers “morally wrong.” This means the contracts between the merging hospitals often stipulate that family planning and other disapproved reproductive health service provisions will be eliminated or curtailed at each of the hospitals involved. In some cases, physicians affiliated with these hospitals have been required to sign contracts stipulating that they


will no longer provide the services disapproved by the *Directives*, even in their private practices.

Experience has shown that when Catholic and non-Catholic hospitals consolidate their managements through mergers, acquisitions, or other partnership agreements, there is a 50 percent likelihood that the reproductive health services previously offered at the non-Catholic hospital will be cut back or eliminated, regardless of the structure of the partnership.¹⁸ Many such arrangements have been made in the last decade, leading to rapid growth in the Catholic health care system. In fact, Catholic health care has become the largest, private, non-profit provider of health care services in the United States, and half of the nation's 20 largest health care organizations (measured by net revenue) are Catholic.¹⁹

 *How serious is the threat of hospital mergers for people who need access to reproductive health care?*

 In some locations, after a merger or consolidation of Catholic and non-Catholic hospitals, a county or region that was previously served by hospitals managed by two or more different organizations, is now served by only one. The negative impact is especially serious where the Catholic hospital emerges as the sole or only provider for the region, leaving patients without alternative access to needed reproductive health services. This has happened all across the country, from Vermont to Alaska, with 91 Catholic hospitals officially classified as “sole providers” in 1998. Ninety-five percent of these Catholic sole provider hospitals are located in counties with a majority non-Catholic population, and three out of four are in counties where Catholics make up less than one quarter of the population. In some, the Catholic population is less than one percent.

 *What about reproductive health care for students at Catholic universities?*

 A majority of students at Catholic universities who were surveyed by Catholics for a Free Choice expressed a high level of dissatisfaction with the reproductive health care available to them on their campuses.²⁰ The students noted a lack of openness in dealing with the reality of a sexually active population, and a general sense of frustration that women's needs were not being met on campus. One student at Loyola University in Chicago said, "If we didn't have Planned Parenthood nearby, I wouldn't have known where to go."

Responses from the schools themselves confirm students' observations. Of the 133 Catholic universities that identified themselves to Catholics for a Free Choice researchers as having a health center on campus, only 16 universities reported that they make contraception available to students for birth control purposes, and three of those said that condoms are the only birth control option they provide. Only three reported providing emergency contraception. And while almost two-thirds said that they provide counseling for female students with unplanned pregnancies, 18 percent said they would only discuss options that are in agreement with Catholic doctrine. Thirty-four of the schools reported that they refer pregnant students only to organizations that don't offer abortion or abortion counseling.

How to Take Action Against Catholic Health Care Restrictions

WOMEN, clinicians and community advocates can take action to ensure they receive and have access to wanted and needed health care, and to help ensure that the bishops controlling the Catholic health care structure will not succeed in their efforts to dictate the health care that women may receive. Women who have been denied the reproductive health care they need have steps they can take to receive the services they desire. Clinicians who have been denied their right and obligation to practice medicine in the way that will best serve the health interests of their patients can take steps to make changes. Community advocates who want to ensure safe access to reproductive health care in their communities can also take steps to increase the chances that those imposing Catholic health care restrictions on women will not succeed in their efforts.

Women

Denied Immediate and Needed Service?

WAYS TO GET WHAT YOU NEED

- For women who have been denied needed reproductive health service, the first priority is to find a way to receive needed care. As a woman, you have the right not to take “no” for an answer, however, it may be necessary to resort to a number of creative approaches to receive the care you seek.
- Insist on the right to reproductive health care, or insist on a referral so that you may find the care you need. This may require a number of requests all the way to upper management.

- Referrals may be available from local resources such as a state or city Department of Health, a state or local medical association, or a local women's health or abortion clinic such as Planned Parenthood.

- Ask your doctor whether she or he can provide care for you at a different hospital.

- National organizations may also be able to provide local referrals, depending on where you live. Employees with the National Abortion Federation hotline (1-800-772-9100) can help you find an abortion provider near you, and most of those providers deliver other reproductive health care services as well. The national emergency contraceptive hotline (1-877-462-8837 or www.EmergencyContraception.com) can help you get access to the “morning-after pill.” Local Planned Parenthood affiliates provide low-cost reproductive health care services, and calling Planned Parenthood Federation of America (1-800-230-PLAN) can help you locate the closest Planned Parenthood clinic.

- When paying for reproductive health care outside your health plan is an issue, Planned Parenthood Federation of America, which offers many reproductive health care services on a sliding payment scale may be an option. Check our resource listing at the back of this guide for information.

Clinicians

Barred From Providing Necessary Reproductive Health Services?

HOW TO GIVE YOUR PATIENTS WHAT THEY NEED

- If you are a clinician whose hospital policy precludes your provision of a service that your patient needs, make timely arrangements to treat the patient at an alternative location.
- Arrange for a safe referral. In addition to the referral resources listed above, there are a number of national organizations and regional coalitions with expertise in dealing with issues about reproductive health care provision in Catholic health care environments. These organizations can often offer practical assistance for immediate and long-term actions. Please refer to the list of organizations in appendix B.

Physician activism is one of the most important tools available to correct the inequities inherent in the policies of Catholic health care because physicians understand—perhaps better than anyone—that when the church is allowed to dictate medical services and practices, physicians are prevented from giving patients the best care available. Doctors have great power to disseminate information to the public about shortfalls in reproductive health care services or pending hospital mergers in their communities; they can also exert significant influence on the terms of consolidation agreements their hospitals may enter into with Catholic hospitals. When doctors combine their voices and expertise with the efforts of community advocates, a significant change can be brought about for health care consumers' long-term access to reproductive health care.

Denied Legal Reproductive Health Services?

HOW TO FIND THE SUPPORT YOU NEED

AS THIS PUBLICATION documents, the denial of reproductive health services by Catholic hospitals and managed care providers is widespread and in most cases, *not* illegal. Although reporting to the agencies and organizations suggested in this guide may or may not result in any short-term remedy, it is always appropriate to register consumer dissatisfaction about such denials of service to individuals and organizations that might have influence over decisions that impact the availability of care in your community. The more these organizations are aware that the health care needs of those in their communities are not being met, the higher the probability that these issues will be taken into account in their future decision making.

● Organizations that monitor health care delivery in various ways include the Joint Commission on Accrediting Healthcare Organizations or JCAHO (complaint hotline: 1-800-994-6610 or by e-mail: complaint@jcaho.org), and the American Hospital Association or AHA (312-422-3000), and your state and local departments of health (check the blue pages in your phone book). In addition, when a Catholic hospital that is a member of a managed health care provider network refuses to provide reproductive health care that is covered by the plan, the plan's administrators should be notified. If reproductive health services are denied at a hospital that is affiliated with a medical school or that trains residents, a report can be made to the Accreditation Council on Graduate Medical Education (312-755-5000).

● Complaints about HMO or managed care plan failures to cover needed reproductive health care can be directed to the local and national Better Business Bureau (703-276-0100 or on-line at www.complaints.bbb.org), to the state insurance

commission, and, if applicable, to the state Medicaid office. Check the blue pages in your phone book for these numbers.

- Ask your doctor what services he or she provides and if there are any he or she limits or won't provide. Don't go to doctors who limit reproductive health services, and let those providers know why you have chosen not to use them.

- Physicians have an ethical obligation not to abandon or ignore patients who are in need of care. If they can't treat the patient themselves, they must refer the patient to someone who can. If a doctor has refused to provide needed reproductive health care and won't help with a referral, notify the state and local medical societies (check your phone book for listings). Please refer to the resource list of organizations in appendix B.

- If you think that the service denial you've experienced may be against the law, a private attorney, the state attorney general's office (check the blue pages of your phone book), or your state or national office of the American Civil Liberties Union Reproductive Freedom Project or the Center for Reproductive Rights should be notified.

Concerned About Future Access to Reproductive Health Care?

HOW TO ASSESS POSSIBLE ROADBLOCKS

WOMEN WHO ARE NOT facing an immediate health care crisis, but are concerned about reproductive health services covered by their HMO, Medicaid, or health insurance plans should find out exactly what services are available.

- Women should find out the availability of reproductive health services at their local hospitals. Is

birth control, including family planning counseling and prescriptions for a full range of birth control options available? Are sterilization procedures, including tubal ligations for women and vasectomies for men available? What about in vitro fertilization techniques? Can rape victims and others who need it get emergency contraception (the “morning-after pill”)? Are medically necessary abortions provided?

- The World Wide Web offers a wide range of valuable information. For example, the Web site for the Catholic Health Association of the United States (www.chausa.org) has a state-by-state directory of Catholic hospitals. Most hospitals will also have their own Web sites, from which you can learn who owns and controls your local hospital, and whether the Catholic *Directives* dictate the services it provides. Alternatively, calling the Catholic Health Association (314-427-2500) as well as your local hospitals can provide the same information. When calling your hospital, you might need to direct your questions to the administrative office, to the “patient services” office, to the ob-gyn, urology, or emergency medicine departments, or—where available—to the hospital ombudsman.

- Find out what reproductive health limitations, if any, have been placed within your health coverage. Ask Human Resources personnel the same questions that you ask of a hospital. Checking the printed materials produced by your insurer to look for specific inclusions and exclusions in your policy may not be sufficient. For example, none of the Web sites of Catholic health plans that were surveyed by Catholics for a Free Choice in 2000 mentioned any limitation on reproductive health services, either by the plan itself or by member hospitals. Some states, such as Texas, require that enrollees be informed of coverage that is not provided, but most do not, so the best way to be sure is to call your insurer directly and ask direct questions about your specific coverage. Have your account numbers

available so that you can be sure that the answers you get apply specifically to your policy.

- In calls to both hospitals and insurers, be careful not to accept superficial answers to your questions. The more specific your question, the more reliable an answer you are likely to receive. For example, instead of asking “Do you provide emergency contraception?” it is best to ask, “What are your policies regarding emergency contraception?” Follow-up questions will also increase the probability that the answers you are receiving are complete. For example, you might ask, “Do you provide emergency contraception to women who have not been raped?” or, “Do you require a rape victim to have a police report completed before she can receive emergency contraception?” or, “Are there circumstances where you will not provide emergency contraception to a woman who has been raped?”

It may also be important for women who see a doctor, a physician assistant or PA, or a nurse practitioner in an office or private practice to ask him or her about the range of services they can provide. If reproductive health services are not available, find out why. Are these policies dictated by conditions of your provider’s employment within the Catholic health system? Is your clinician willing and able to provide needed treatment to you outside the Catholic system if necessary?

When Health Insurance Does Not Cover the Full Range of Reproductive Health Care

WHAT WOMEN AND EMPLOYERS CAN DO

- Patients who have been denied care should make sure that their employer or Medicaid office is aware of the coverage limitations in their plan and find out whether changing plans or purchasing a rider for coverage of reproductive health services is

an option. If not, a request should be made that alternative arrangements be made to cover the care you or your family members need.

- Employers should understand that as the direct purchasers of managed care plans, they can have a significant impact in defining or expanding the benefit packages that health plans decide to offer, especially in competitive markets. For example, employers have been successful in demanding that some Catholic plans arrange for out-of-network hospitals or clinics to provide services that Catholic hospitals cannot, or for the portion of the monies they receive from the payers for health services (either employers, individuals, or the government) for reproductive health services to go through third-party administrators—thus never entering the Catholic plan’s revenue stream. Or, a Catholic plan can be pressured by employers to arrange for another issuer to handle payment and provision of reproductive health services.

- Some states have laws requiring that all plans, including Catholic plans, offer specific reproductive health services. Federal laws can also impact service delivery. Therefore, it is reasonable to notify your elected representatives in both the state and federal governments if you are not satisfied with the reproductive health care policies that your insurer has adopted.

Reproductive Health Care Advocates

ENSURING CHANGE

BOTH LEGISLATIVE INITIATIVES that favor the practices of Catholic health care providers and mergers and consolidations involving Catholic hospitals have taken a significant toll on access to reproductive health care in the United States over the last decade, especially before the ramifications of such

mergers were fully appreciated by community activists. More recently, successful opposition to hospital mergers has ensured the preservation of some or all essential services. Several organizations and coalitions have created models of community action that have been successfully replicated, and assistance is available from regional and national organizations such as those listed in appendix B.

Simply opening the consolidation process to community scrutiny has in some cases halted mergers or resulted in compromises or solutions that ultimately preserved at least some access to reproductive health services, although often at considerable inconvenience to patients. In one case, community effort has resulted in dissolution of a five-year-old merger.²¹ The take-home message from the experience to date is that vigilance is everything.

- Activists must pay attention to the economic vitality of local public and private hospitals and watch closely for news of proposed mergers, acquisitions, sales or closures. Even after agreements have been reached, continued vigilance is necessary to ensure that seemingly unrelated events or even contract breeches don't lead to the curtailment or elimination of reproductive health service delivery.

It is naive to assume that pressure on Catholic health system entities will lead to significant changes in their policies—except in the case of managed health plans where competition for business sometimes results in flexibility in accommodating reproductive health care service delivery. Public education and outreach to decision makers and regulators are, therefore, crucial components of campaigns to save reproductive health care in the face of hospital mergers and legislation that protects Catholic health care prerogatives to deny essential care.

- Letters to the editor of local and regional newspapers, letters to members of the board of trustees of the secular hospital negotiating with a Catholic hospital or health system, or to the

officers and directors of HMOs, letters to local and state elected officials, and letters to the state or regional department of health can help raise scrutiny of a proposed merger. The earlier intervention in any legislative or merger process is begun, the better the prospects for success.

Conclusion

IN 2000, Catholics for a Free Choice commissioned a survey of American women to learn their opinions regarding reproductive health care services. The results were striking: American women of all religious backgrounds believe that access to health care is a right to which all people are entitled, and that Catholic religious teachings should not be allowed to influence the kinds of health services that are available to them.²² Women expect to find a full range of reproductive health services at Catholic and community hospitals, regardless of the religious affiliation of those hospitals. Forty-five percent of those surveyed told researchers they believe they would be able to obtain medical services that may go against Catholic religious teaching, even at Catholic hospitals.

- The great majority of respondents indicated that they want their hospital to offer medically indicated abortions (87%), birth control pills (91%), sterilization procedures (85%), and “morning-after pills” for rape victims (78%), whether or not the hospital is affiliated with the Roman Catholic church.
- Nearly six in 10 women surveyed (57%) want their hospital to provide “morning-after pills” to prevent any other unplanned pregnancies as well.

- More than eight in 10 women (84%) believe that their health insurance policies should continue to cover reproductive health care services no matter what the religious affiliation of the insurance company providing them. Even when a hospital or pharmacy refuses to provide reproductive health services, women say owners of these institutions have an obligation to provide referrals to another hospital or pharmacy where abortions, birth control pills, or other reproductive health services can be readily obtained (88 percent hospitals; 90 percent pharmacies).
- More than eight in 10 women (85%) believe that any Catholic hospital that receives government funds—and almost all do—should be required to provide women’s reproductive health services.
- Nearly three out of four women (74%) would oppose a merger of a Catholic and a non-Catholic hospital if it results in women being denied reproductive health services. Similarly, 68 percent of women say they would disapprove if a Catholic institution became the only hospital in their community and prohibited reproductive health services.

There can be no question that vital reproductive health services are being denied under Catholic health care practices, and that the extent to which comprehensive women’s health care is sacrificed to the dictates of the *Ethical and Religious Directives for Catholic Health Care Services* is not widely understood or appreciated. While universally accepted medical ethics and standards of care in the United States assume that patients will be given information about all their medical options in order to make necessary decisions about their health, even this minimal expectation is not realized in a typical center operating in compliance with the *Directives*. It is clear that public health is not well-served when bishops rather than physicians decide which health

services will be available in a hospital or covered by a managed care plan.

Religious freedom is also damaged when a health care institution decides that the teachings of one faith group take precedence over the conscience of individual women and health care professionals. The claim made by the Catholic Health Association that requiring their hospitals to provide reproductive health care and referrals violates their religious freedom is troubling when one realizes that they are prepared to violate the religious freedom of women, doctors, and nurses who know best what is morally appropriate to them. It is especially troubling if one views health care as a public trust and a community service not a religious practice.

Increased awareness on the part of women, providers, and policy makers is needed, as well as a commitment to action designed to affect remedies both for short-term and long-term public health and service delivery inequities resulting from the policies of Catholic health care.

ENDNOTES

¹ USCCB, *Ethical and Religious Directives for Catholic Health Care*, www.usccb.org.

² USCCB, *Ethical and Religious Directives for Catholic Health Care*, Directive 52.

³ Catholics for a Free Choice, *Catholic Health Restrictions Updated* (Washington, DC: CFFC, 1999).

⁴ Catholics for a Free Choice, *Catholic HMOs and Reproductive Health Care* (Washington, DC: CFFC, 2000).

⁵ The Alan Guttmacher Institute, *Uneven and Unequal: Insurance Coverage and Reproductive Health* (New York: Alan Guttmacher Institute, 1994).

⁶ Catholics for a Free Choice, *Catholic HMOs and Reproductive Health Care*.

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⁸ Catholics for a Free Choice, *Catholic HMOs and Reproductive Health Care*.

⁹ Ibid.

- ¹⁰ National Abortion Federation, *Public Funding for Abortion: Medicaid and the Hyde Amendment*, 2002, www.prochoice.org (accessed November 11, 2003).
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- ¹³ C. Ellertson, J. Koenig, J. Trussell, & J. Bull. "How Many US Women Need Emergency Contraception?" *Contemporary OB/GYN*, October, 1997, pp.103–128.
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- ¹⁵ Catholics for a Free Choice. *Catholic Health Care Restrictions May Be Hazardous to Your Health*, (Washington, DC: CFFC, 1999).
- ¹⁶ *Catholic HMOs and Reproductive Health Care*.
- ¹⁷ Ibid.
- ¹⁸ Catholics for a Free Choice. *Reproductive Health Compromised: When Catholic and Non-Catholic Hospitals Merge*, (Washington, DC: Catholics for a Free Choice, 1998).
- ¹⁹ *Catholic HMOs and Reproductive Health Care*.
- ²⁰ *Catholic Health Restrictions Updated*.
- ²¹ *Catholic Health Restrictions Updated*.
- ²² Catholics for a Free Choice. *Religion, Reproductive Health and Access to Services: A National Survey of Women*, (Washington, DC: Catholics for a Free Choice, 2000). All data reported in this section from this survey unless otherwise noted.

	AL	AK	AZ	AR	CA	CO	CT	DE* (Wilmington diocese)
Catholic population	153,336	57,419	880,643	103,069	10,111,452	603,196	1,270,093	220,000
Catholics as % of total population	3	9	17	4	30	14	37	18
# of Catholic hospitals	3	4	4	13	47	10	3	1
Catholic hospitals as % of total hospitals	2	19	5	14	9	12	6	9
Catholic hospital systems	1	4	3	5	6	2	3	1
Patient visits to Catholic hospitals annually	345,554	514,516	709,647	1,169,105	4,642,184	1,520,442	778,150	208,000
Catholic health care centers	3	2	2	6	28	10	1	2
Patient visits to Catholic health care centers annually	4,000	224	135,524	265,484	237,657	5,109	61	257
Catholic/non-Catholic hospital mergers	0	0	0	3	15	2	5	0

	KS	KY	LA	ME	MD* (Baltimore archdiocese)	MA	MI
Catholic population	419,057	374,127	1,326,072	217,705	500,178	3,071,921	2,265,678
Catholics as % of total population	16	10	30	17	17	49	23
# of Catholic hospitals	14	13	12	3	8	9	29
Catholic hospitals as % of total hospitals	9	11	7	7	11	13	17.5
Catholic hospital systems	4	5	3	3	5	8	15
Patient visits to Catholic hospitals annually	1,188,316	2,050,734	643,873	3,661,210	1,170,986	1,296,947	5,021,234
Catholic health care centers	6	7	8	1	4	7	14
Patient visits to Catholic health care centers annually		76,950	559,863	500	433,888	13,310	39,936
Catholic/non-Catholic hospital mergers	5	1	6	1	3	0	0

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	DC* (Washington archdiocese)	FL	GA	HI	ID	IL	IN	IA
Catholic population	556,851	2,295,307	446,005	232,935	133,950	3,839,333	770,337	510,640
Catholics as % of total population	22	14	5	19	10	31	13	18
# of Catholic hospitals	2	10	5	2	5	51	33	17
Catholic hospitals as % of total hospitals	13	4	3	7	11	22	26	14
Catholic hospital systems	1	9	2	1	0	17	11	3
Patient visits to Catholic hospitals annually	431,957	2,183,416	571,276	460,896	728,582	7,416,721	4,085,528	3,165,103
Catholic health care centers	7	10	1	4	0	15	4	3
Patient visits to Catholic health care centers annually	199,951	47,939	22,000	29,901	0	61,617	23,741	240
Catholic/non-Catholic hospital mergers	0	1	2	0	0	5	5	3

	NJ	NM	NY	NC	ND	OH	OK
Catholic population	3,468,014	488,825	7,779,305	314,891	149,108	2,159,410	126,683
Catholics as % of total population	44	24	40.5	4	24	19	4
# of Catholic hospitals	14	0	41	0	13	28	8
Catholic hospitals as % of total hospitals	15	N/A	15	N/A	27	15	6
Catholic hospital systems	5	0	10	1	2	16	6
Patient visits to Catholic hospitals annually	2,989,224	N/A	7,876,066	N/A	285,591	4,634,901	1,011,756
Catholic health care centers	116	4	29	13	0	2	2
Patient visits to Catholic health care centers annually	37,616	40,988	629,666	255,600	N/A	400	360
Catholic/non-Catholic hospital mergers	4	0	9	3	1	1	2

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	MN	MS	MO	MT	NE	NV	NH
Catholic population	1,248,381	124,633	856,561	124,837	366,899	571,767	336,803
Catholics as % of total population	25	5	15	14	22	26	27
# of Catholic hospitals	18	1	17	6	11	3	2
Catholic hospitals as % of total hospitals	12	Less than 1	12	10	12	9	6
Catholic hospital systems	7	N/A	14	1	3	1	N/A
Patient visits to Catholic hospitals annually	869,750	93,339	3,141,330	325,640	624,351	387,943	255,971
Catholic health care centers	3	2	13	0	4	3	10
Patient visits to Catholic health care centers annually	51,069	0	139,697	0	273,442	12,000	570
Catholic/non-Catholic hospital mergers	4	2	3	1	0	0	1

	UT	VT	VA	WA	WI	WV	WY
Catholic population	125,000	149,048	596,102	680,497	1,635,774	69,614	49,000
Catholics as % of total population	5	24	8	12	31	4	10
# of Catholic hospitals	0	0	7	19	38	3	0
Catholic hospitals as % of total hospitals	N/A	N/A	6	19	28	4	N/A
Catholic hospital systems	0	0	2	16	7	2	0
Patient visits to Catholic hospitals annually	N/A	N/A	653,996	2,371,481	3,888,986	495,658	N/A
Catholic health care centers	0	0	0	19	3	2	3
Patient visits to Catholic health care centers annually	N/A	N/A	N/A	834,247	13,433	9,699	13,433
Catholic/non-Catholic hospital mergers	0	1	2	2	7	3	0

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	OR	PA	RI	SC	SD	TN	TX
Catholic population	394,427	3,699,440	639,962	148,116	155,222	183,459	5,665,053
Catholics as % of total population	11	30	61	4	6	3	27
# of Catholic hospitals	14	25	2	5	9	3	37
Catholic hospitals as % of total hospitals	22	10	13	6	15	2	7
Catholic hospital systems	11	14	1	3	2	3	13
Patient visits to Catholic hospitals annually	2,448,695	3,379,285	249,454	320,497	659,215	771,880	4,158,451
Catholic health care centers	6	6	1	0	0	1	92
Patient visits to Catholic health care centers annually	81,088	127,770	15	N/A	N/A	399	726,107
Catholic/non-Catholic hospital mergers	4	5	0	3	0	3	17

NOTES FOR APPENDIX A

*For the jurisdictions of Delaware, the District of Columbia, and Maryland, diocesan boundaries are not contiguous with state boundaries. The figures presented here for population and annual patient visits to Catholic hospitals and health care centers are those within the diocesan boundaries.

The *Diocese of Wilmington* (DE) comprises the city of Wilmington and the counties of New Castle, Kent, and Sussex in the State of Delaware, and the counties of Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester in Maryland. The *Archdiocese of Baltimore* (MD) comprises the city of Baltimore and Allegany, Anne Arundel, Baltimore, Carroll, Frederick, Garrett, Harford, Howard, and Washington counties in Maryland. The *Archdiocese of Washington* (DC) comprises the District of Columbia and Montgomery, Prince George's, St. Mary's, Calvert, and Charles counties in Maryland.

Sources

Total Catholic Population: *Official Catholic Directory 2003*. New Jersey: P.J. Kenedy and Sons, 2003.

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Catholic hospitals: Catholic Health Association. *Catholic Healthcare in the USA: Hospital Directory*. www.chausa.org (accessed October 10, 2003).

Total hospitals: American Hospital Directory. www.ahd.com (accessed October 10, 2003).

Catholic hospital systems: Catholics Health Association. *Catholic Healthcare in the USA: Hospital Directory*. www.chausa.org (accessed October 10, 2003).

Catholic healthcare centers: *Official Catholic Directory 2003*.

Annual patient visits to Catholic health care centers: *Official Catholic Directory 2003*.

Annual patient visits to Catholic hospitals: *Official Catholic Directory 2003*.

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Catholics for a Free Choice. *When Catholic and Non-Catholic Hospitals Merge: Reproductive Health Compromised*. Washington, DC: Catholics for a Free Choice, 1998.

Catholics for a Free Choice. *Catholic Health Restrictions Updated*. Washington, DC: Catholics for a Free Choice, 1999.

Catholics for a Free Choice. *Caution: Catholic Health Restrictions May Be Hazardous to Your Health*. Washington, DC: Catholics for a Free Choice, 1999.

Catholics for a Free Choice. *Merger Trends 2001: Reproductive Health Care in Catholic Settings*. Washington, DC: Catholics for a Free Choice, 2001.

Appendix B | Resources

Access Project

The Access Project is a nonprofit organization dedicated to expanding women's access to reproductive choice. Access Project provides information for medical professionals interested in learning about integrating early abortion methods and emergency contraception into their practice, and provides information for non-medical professionals about early abortion and emergency contraception.

E-mail: info@theaccessproject.org

Web: www.theaccessproject.org

Advocates for Youth

Advocates for Youth promotes efforts to help young people make informed and responsible decisions about their reproductive and sexual health. This organization believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health. Advocates for Youth is the only organization that works both in the United States and in developing countries with a sole focus on adolescent reproductive and sexual health.

2000 M Street NW, Suite 750

Washington, DC 20036

Phone: (202) 419-3420

Fax: (202) 419-1448

E-mail: questions@advocatesforyouth.org

Web: www.advocatesforyouth.org

Alan Guttmacher Institute (AGI)

The Alan Guttmacher Institute (AGI) is a nonprofit organization focused on sexual and reproductive health research, policy analysis and public education. The Institute's mission is to protect the reproductive choices of all women and men in the United States and throughout the world.

New York Office
120 Wall Street, 21st Fl.
New York, NY 10005

Phone: (212) 248-1111

Fax: (212) 248-1951

E-mail: info@guttmacher.org

Web: www.guttmacher.org

Washington, DC Office
1120 Connecticut Avenue, NW,
Suite 460

Washington, DC 20036

Phone: (202) 296-4012

Fax: (202) 223-5756

American Civil Liberties Union

Since its inception in 1920, the ACLU has recognized that personal privacy and reproductive rights are among our most

important constitutional liberties. The ACLU was the first national organization to argue for abortion rights before the Supreme Court, and has been the principal defender of those rights since 1973, when the Court recognized the right to choose in *Roe v. Wade*. The ACLU's mission is to ensure that every person can make informed, meaningful decisions about reproduction free from intrusion by the government. Through litigation, advocacy, and public education, they aim to protect access to the full spectrum of reproductive health care, from sexuality education and family planning services, to prenatal care and child-bearing assistance, to abortion counseling and services. The ACLU has branch offices across the country.

125 Broad Street, 18th Floor
New York, NY 10004
Phone: (212) 549-2585
Web: www.aclu.org/

American College of Obstetricians and Gynecologists (ACOG)

Founded in 1951 in Chicago, Illinois, ACOG today has over 45,000 members and is the nation's leading group of professionals providing health care for women. Now based in Washington, DC, it is a private, voluntary, nonprofit membership organization. ACOG works primarily in four areas: serving as a strong advocate for quality health care for women, maintaining the highest standards of clinical practice and continuing education for its members, promoting patient education and stimulating patient understanding of and involvement in medical care, and increasing awareness among its members and the public of the changing issues facing women's health care.

409 12th Street, SW
Washington, DC 20090
Phone: (202) 863-2518
E-mail: resources@acog.org
Web: www.acog.org

Association of Reproductive Health Professionals (ARHP)

The Association of Reproductive Health Professionals (ARHP) is a nonprofit membership association composed of reproductive health experts. These leading professionals include physicians, advanced practice clinicians (nurse practitioners, nurse midwives, physician assistants), researchers, educators, pharmacists, and other professionals in reproductive health. ARHP and its members provide reproductive health services and education, conduct reproductive health research, and influence reproductive health policy. The association was founded by Alan Guttmacher in 1963 as the physician education arm of Planned Parenthood Federation of America (PPFA).

2401 Pennsylvania Avenue, NW, Suite 350
Washington, DC 20037
Phone: (202) 466-3825
Fax: (202) 466-3826
E-mail: arhp@arhp.org
Web: www.arhp.org

California Abortion and Reproductive Rights Action League (CARAL)

CARAL's mission is to develop and sustain a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. The mission of the CARAL's Education Fund is to provide people from all walks of life the tools they need to participate more fully in the democratic process that affects their reproductive choices, from contraception to sexuality education to abortion to healthy birth. Through public forums, skills and leadership training, issue analysis, media, and computer communication, CARAL promotes an inclusive understanding of choice that reflects the agenda and concerns of all women including young women, poor women, and women of color.

32 Monterey Boulevard
San Francisco, CA 94131
Phone: (415) 334-1502
E-mail: info@caral.org
Web: www.caral.org

California Women's Law Center

The California Women's Law Center works to ensure, through systemic change, that life opportunities for women and girls are free from unjust social, economic, and political constraints. CWLC's ARCH Project (Advocates for Reproductive Choice in Healthcare) deals with the rapid expansion of religious health systems and its grave consequences for women's health and reproductive rights. CWLC is working to ensure women's health access in communities throughout the state, advocating for systemic reform to protect women's health services, and mobilizing advocates around the country to respond to this growing threat.

3460 Wilshire Boulevard, Suite 1102
Los Angeles, CA 90010
Phone: (213) 637-9900
Fax: (213) 637-9909
E-mail: cwlc@cwlc.org
Web: www.cwlc.org

The Center for Reproductive Rights

The Center for Reproductive Rights is a nonprofit legal advocacy organization dedicated to promoting and defending women's

reproductive rights worldwide. Founded in 1992 as the Center for Reproductive Law and Policy, the Center has defined the course of reproductive rights law in the United States with significant victories in courts across the country, including two landmark cases in the U.S. Supreme Court: *Stenberg v. Carhart* (2000) and *Ferguson v. City of Charleston* (2001). Using international human rights law to advance the reproductive freedom of women, the Center has strengthened reproductive health laws and policies across the globe by working with more than 50 organizations in 44 nations including countries in Africa, Asia, East Central Europe, and Latin America and the Caribbean.

New York Office
120 Wall Street
New York, NY 10005
Phone: (917) 637-3600
Fax: (917) 637-3666

Washington, DC Office
1146 19th Street, NW
Washington, DC 20036
Phone: (202) 530-2975
Fax: (202) 530-2976

E-mail: info@reprorights.org
Web: www.crlp.org

Cover My Pills: Fair Access to Contraception

CoverMyPills.com is a project that advocates that any health insurance plan that covers prescription drugs should include contraception as part of that coverage. It is dedicated to working with women and men, organizations, employers, and unions across the country to ensure that contraception is included as part of an individual's insurance coverage. The CoverMyPills.com Web site is sponsored by Planned Parenthood of Western Washington's Fair Access to Contraception (FAC) project.

2001 East Madison Street
Seattle, WA 98122
Phone: (800) 727-2996
Web: www.covermypills.com

MergerWatch

MergerWatch monitors the threats to reproductive health care from mergers and other health care industry transactions through which restrictive religious rules are imposed on previously secular health care providers and services are banned. They study religious/secular hospital affiliations, the purchase of doctors' practices and clinics by religious affiliated hospitals and the growing power of religiously sponsored managed care plans. MergerWatch is prepared to help with up-to-date information, coaching, technical assistance and referrals, speakers for community forums and expert testimony for state approval hearings.

Phone: (518) 436-8408
E-mail: info@mergerwatch.org
Web: www.mergerwatch.org

National Abortion Federation

The National Abortion Federation (NAF) is the professional association of abortion providers in the United States and Canada. NAF members provide the broadest spectrum of abortion expertise in North America. NAF members include some 400 nonprofit and private clinics, women's health centers, Planned Parenthood facilities, and private physicians, as well as nationally and internationally recognized researchers, clinicians, and educators at major universities and teaching hospitals.

1755 Massachusetts Ave, NW, Suite 600

Washington, DC 20036

Phone: (202) 667-5881

Web: www.prochoice.org

NAF offers a hotline that operates Monday through Friday from 8 am to 10 pm and Saturday and Sunday from 9 am to 5 pm, EST. It provides, in both English and Spanish, factual information about pregnancy and abortion; confidential, non-judgmental support; referrals to providers in the caller's area; referrals to funding sources; aid in understanding the complex maze of state abortion restrictions; and case management for women in difficult situations. The toll-free hotline phone number is (800) 772-9100.

NARAL Pro-Choice America

For over thirty years, NARAL Pro-Choice America (formerly the National Abortion and Reproductive Rights Action League) has been the political arm of the prochoice movement and a strong advocate of reproductive freedom and choice. NARAL Pro-Choice America's mission is to protect and preserve the right to choose while promoting policies and programs that improve women's health and make abortion less necessary. NARAL Pro-Choice America works to educate Americans and officeholders about reproductive rights and health issues and elect pro-choice candidates at all levels of government. NARAL Pro-Choice America has offices across the country. Information on local affiliates can be found on NARAL Pro-Choice America's Web site or by calling the toll-free number below.

1156 15th Street, NW, Suite 700

Washington, DC 20005

Main Number: (202) 973-3000

Main Fax: (202) 973-3096

Information Line: (202) 973-3018

Toll Free: (877) YOU-DECIDE

Web: www.naral.org

National Association of Nurse Practitioners in Women's Health (NPWH)

The mission of the National Association of Nurse Practitioners in Women's Health (NPWH) is to assure the provision of quality health care to women of all ages by nurse practitioners. NPWH defines quality health care to be inclusive of an individual's physical, emotional, and spiritual needs.

503 Capitol Court, NE, Suite 300
Washington, DC 20002
Phone: (202) 543-9693
Fax: (202) 543-9858
E-mail: info@npwh.org
Web: www.npwh.org

National Organization for Women

The National Organization for Women (NOW) is the largest organization of feminist activists in the United States. NOW has 500,000 contributing members and 550 chapters in all 50 states and the District of Columbia. Since its founding in 1966, NOW's goal has been to take action to bring about equality for all women. NOW works to eliminate discrimination and harassment in the workplace, schools, the justice system, and all other sectors of society; secure abortion, birth control and reproductive rights for all women; end all forms of violence against women; eradicate racism, sexism and homophobia; and promote equality and justice in our society.

733 15th Street NW, 2nd Floor
Washington, DC 20005
Phone: (202) 628-8669
Fax: (202) 785-8576
TTY: (202) 331-9002
E-mail: now@now.org
Web: www.now.org

Black Women's Health Imperative

The Black Women's Health Imperative seeks to develop and communicate highly effective and beneficial health information, products and programs to African American women. The organization's aim is to deepen the public's resolve to invest in health prevention strategies and research that contribute to Black women leading healthier, longer lives.

600 Pennsylvania Avenue, SE, Suite 310
Washington, DC 20003
Phone: (202) 548-4000
Fax: (202) 543-9743
E-mail: nbwhp@nbwhp.org
Web: www.blackwomenshealth.org

National Women's Health Network

The mission of the National Women's Health Network is to advocate for national policies that protect and promote all women's health and to provide evidence-based, independent information to empower women to make fully informed health decisions.

514 10th Street NW, Suite 400
Washington, DC 20004
Phone: (202) 347-1140
Fax: (202) 347-1168
Web: www.womenshealthnetwork.org

NOT-2-LATE.com

NOT-2-LATE.com is an emergency contraception Web site operated by the Office of Population Research at Princeton University. The Web site is designed to provide accurate information about emergency contraception derived from the medical literature and a directory of clinicians willing to provide emergency contraceptives in your area.

Phone: (888) 668-2528
E-mail: ec@opr.princeton.edu
Web: www.ec.princeton.edu

Planned Parenthood Federation of America (PPFA)

Planned Parenthood Federation of America is the world's oldest and largest voluntary family planning organization. The organization promotes the belief that everyone has the right to choose when or whether to have a child—and that every child should be wanted and loved. Planned Parenthood affiliates operate 850 health centers nationwide, providing medical services and sexuality education for millions of women, men, and teenagers each year—regardless of race, age, sexuality, disability, or income. For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll free (800) 230-PLAN.

Chicago Office	New York Office
Phone: (630) 627-9270	Phone: (212) 541-7800
Fax: (630) 627-9549	Fax: (212) 245-1845

San Francisco Office	Washington, DC Office
Phone: (415) 956-8856	Phone: (202) 785-3351
Fax: (415) 956-3331	Fax: (202) 293-4349

E-mail: communications@ppfa.org
Web: www.ppfa.org

Religious Coalition for Reproductive Choice

The Religious Coalition for Reproductive Choice (RCRC) was founded in 1973 to safeguard the newly won constitutional right to abortion. The Coalition founders were clergy and lay leaders from mainstream religions, many of whom had provided

women with referrals to safe abortion services before the Supreme Court legalized abortion in *Roe v. Wade*. Today, the Religious Coalition is an alliance of national organizations from major faiths, affiliates from throughout the country, and the national Clergy for Choice Network, Spiritual Youth for Reproductive Freedom, and The Black Church Initiative. Members are religiously and theologically diverse, but are unified in the commitment to preserve reproductive choice as a basic part of religious liberty.

1025 Vermont Avenue, NW, Suite 1130
Washington, DC 20005
Phone: (202) 628-7700
Fax: (202) 628-7716
E-mail: info@rcrc.org
Web: www.rcrc.org

Sexuality Information and Education Council of the United States

The Sexuality Information and Education Council of the US (SIECUS) is a national, nonprofit organization that affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

New York Office	Washington, DC Office
130 West 42nd Street,	1706 R Street, NW
Suite 350	Washington, DC 20009
New York, NY 10036-7802	
Phone: (212) 819-9770	Phone: (202) 265-2405
Fax: (212) 819-9776	Fax: (202) 462-2340
E-mail: siecus@siecus.org	
Web: www.siecus.org	

Internet News Resources for Women's Health

iVillage.com

Part of the iVillage.com network devoted to women's health and wellness.

Web: www.allhealth.com

Henry J. Kaiser Family Foundation Daily Reproductive Health Report

Kaisernetwork.org is an online resource for timely and in-depth coverage of health policy news, debates and discussions. This free and comprehensive multimedia service connects users to the events, people, information, and research that shape health policy.

Web: www.kaisernetwork.org

NewsRX.com

The NewsRX health news network is the world's largest provider of weekly, comprehensive health information. The Web site includes Women's Health Weekly.

Web: www.NewsRX.com

WebMD

Providing daily health information and services for medical professionals and the general public.

Web: www.webmd.com

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CATHOLICS FOR A FREE CHOICE (CFFC) is a nongovernmental organization with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations. It 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.