



End Religious Restrictions on UC Health Care

UC Health is a crucial public resource. The fourth-largest health care provider in the state, it plays a central role in caring for Californians, who count on it to provide high-quality, evidence-based care. As a public institution, UC has a duty to provide care that is free of religious influence. And as a national leader in promoting comprehensive reproductive and LGBTQ-inclusive health care, UC must stand up for both its own and California's values.

But UC Health leadership is seeking to institutionalize affiliations that impose religious restrictions on UC practitioners and patients. These affiliations place UC doctors, other clinicians, and students in hospitals operating under religious rules that harm and discriminate against patients by denying them comprehensive reproductive and LGBTQ-inclusive care.

As soon as July 29, 2020, the UC Regents may vote on rules governing all UC Health affiliations. **The Regents' choice is clear—UC must adopt rules that prevent religious restrictions on UC health care providers, students, and patients.**

COVID-19 and UC Health

As the current COVID-19 global pandemic makes clear, the most important guiding principle in medical decisions must be patient health. In fact, this crisis emphatically demonstrates that hospitals should exist to provide the best possible science-based care to patients, not impose religion on them and discriminate against them. We have seen other states try to exploit the pandemic to restrict reproductive and LGBTQ-inclusive care. Now more than ever, California must continue to be a national leader in inclusive health care, and UC must lead California in this effort.

Why It's Problematic to Place UC Providers and Patients in Hospitals with Religious Restrictions on Care

Catholic health systems such as Dignity Health and St. Joseph Health must follow directives issued by Catholic Bishops. The Catholic Bishops deny the very existence of transgender people and restrict them from receiving gender-affirming care in Catholic hospitals. They also explicitly prohibit all clinicians (including UC clinicians) in Catholic hospitals from providing, discussing, or even referring for basic reproductive health services, including contraception, sterilization, and abortion—and go so far as to call these procedures “inherently evil.” Patients in Catholic hospitals are regularly denied access to this care, including urgent treatment for miscarriage and ectopic pregnancy.¹

Reproductive and LGBTQ-inclusive care is basic health care—and religious restrictions affect patient care across a wide spectrum of services, including mental health, primary care, cancer care, and cardiology. For example, under the affiliations proposed by UC Health leadership, UC providers in Catholic hospitals would be limited from providing a pregnant patient who has cancer, or a transgender patient who has mental health concerns, with the evidence-based care they may need.

¹ The [Ethical and Religious Directives for Catholic Health Care Services](#) prohibit standard medical care for miscarriage or ectopic pregnancy if a fetal heartbeat is detected; this has led to patient infection and even death.

How the Regents Should Vote

Rules adopted by the Regents must ensure that UC affiliations meet the following fundamental criteria and specify them in contracts:

UC Must Draw a Clear Line Prohibiting Religious Restrictions on Providers, Students, or Patients.

- UC personnel placed in non-UC hospitals must be affirmatively exempted from any and all religious restrictions on care.
- Because UC personnel work in care teams and the care of patients requires broad collaboration, personnel of the non-UC hospital must also be explicitly exempted from religious restrictions while working with UC clinicians who are placed in their facilities.
- Any patient referred from a UC facility to a non-UC facility may not be subject to religious restrictions on the care they receive. They must receive the same evidence-based care, free from religious restrictions, that they would receive at UC.

UC Must Take a Stand on Non-Discrimination.

- No UC employee may be permitted to participate in the denial of LGBTQ-inclusive care or reproductive health care, including gender-affirming surgery or other treatment for transgender people. Participating in this denial of care—including by referring denied patients to other facilities—would violate UC's non-discrimination policy.

Possible Paths Forward That Protect Providers and Patients

UC has argued that it must affiliate to provide better care to more patients. This can be done without imposing harmful religious restrictions on patients, students, or providers. Specifically, UC can pursue:

- **Affiliations with health care entities that have no religious restrictions on care.** If UC is committed to expanding access to care to all patients, it should pursue evidence-based strategies that improve access to primary care, including the use of mobile and pop-up clinics and expanding community health centers. UC could also affiliate with public hospitals and non-religiously restrictive private hospitals that care for low-income patients in under-served areas. For example, in the Inland Empire, religious providers make up less than a quarter of hospitals serving low-income and underserved patients.
- **Affiliations with religiously restrictive facilities that solely enable the flow of patients from those facilities to a UC facility.** By not placing UC personnel or patients in facilities with religious restrictions, this type of affiliation would expand patient access to UC's high-quality, specialty services without subjecting UC clinicians, students, or patients to discriminatory and harmful restrictions on care.
- **Affiliations with religiously restrictive facilities in which an area of the restrictive facility is carved out to make a secular UC entity that would operate under a UC license.**