

# Dignity Health & CHI Merger Rapid Response Webinar

While you wait for us to get started,  
introduce yourself in the chat box!

Icebreaker question:

*What motivates you to be here?*

# Introduction

- *The ACLU of California and the National Health Law Program have been working together to fight against religious exemptions that restrict access to critical health care services.*
- Goals:
  - Become informed about Dignity Health and CHI merger
  - Gain tools to participate in Attorney General's public hearings
  - Connect advocates within regions to coordinate a rapid response

# Catholic Hospitals

- Receive massive federal tax credits and serve the public
- Follow religious directives like ERDs that deny health care
  - ERDs = U.S. Conference of Catholic Bishops' Ethical and Religious Directives
  - Others “Catholic-lite” -- *E.g.*, Statement of Common Values

# Dignity Health & CHI Background

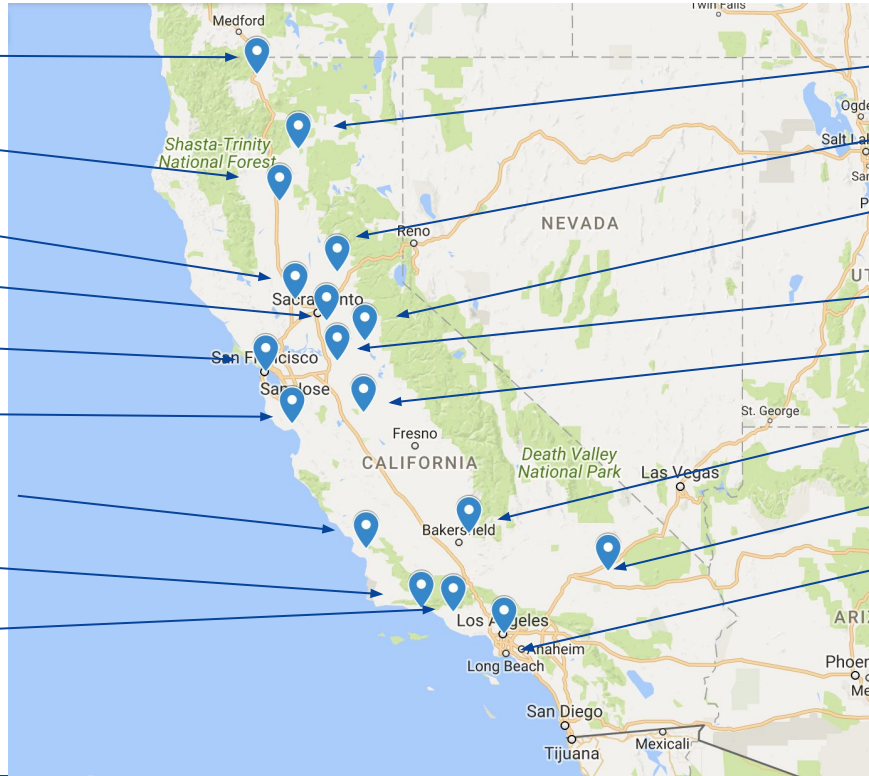
- Catholic Health Initiatives (CHI):
  - 103 hospitals across 18 states
- Dignity Health:
  - 39 hospitals in CA, AZ, & NV; provides care in 21 states
- New colossal system: 139 hospitals, 700 care sites across 28 states with upwards of \$28 bill in revenue

# CA Attorney General's Merger Review

- Non-profit health care transactions require AG approval (11 C.C.R. § 999.5)
  - Entities must apply, AG may waive req'ts
  - AG conducts independent health assessments
  - AG provides notice and opportunity for public input at hearings in affected counties

# Your Voice Matters!

- Siskiyou
- Tehama
- Yolo
- Sacramento
- San Francisco
- Santa Cruz
- San Luis Obispo
- Santa Barbara
- Ventura
- Shasta
- Nevada
- Calaveras
- San Joaquin
- Merced
- Kern
- San Bernardino
- Los Angeles



# Process: What to Expect

- Fill out your speaker card
- You'll have 3-5 mins to speak
- Community members are crucial and welcome in this space

# Materials Provided:

- FAQ Sheet
- [Health Impact Statements](#)
- Guide to providing public comment





# Sample Testimony

- Intro
- Focus area(s) of concern
  - 2-3 specific points
- Request(s)
- Closing Statement

# Sample Testimony

- Intro
- Focus area(s) of concern
  - 2-3 specific points
- Request(s)
- Closing Statement

## **Guide to Providing Public Comments:** **Dignity Health/Catholic Health Initiatives Proposed Merger**

**Good morning. Thank you for the opportunity to provide input to the Attorney General on this transaction.**

*[Introduce yourself; introduce your organization if you represent one]*

*[State your personal interest in this transaction: (e.g. this hospital serves my community, I have been coming to this hospital for X years, I am a nurse/physician at this hospital.)]*

**I am speaking today because I am concerned about the impact the proposed merger will have on:** *[choose one or more that move you to speak today]*

- reproductive health services;
- health services for LGBTQ patients, and transgender patients in particular; and
- services for low-income communities, including uninsured patients, patients on Medi-Cal or Medicare, and the hospitals' charity care and community benefit services.

*[See appendix that corresponds to your concern; choose points that speak to you.]*

### **[Request(s) [selection based on focus-area(s) of your comments]:**

1. In their notice to the Attorney General, Dignity Health and Catholic Healthcare Initiatives committed to continuing to provide women's health services for a five-year period. We believe that this commitment is insufficient and request that the Attorney

# Sample Testimony

## Appendix 1: Reproductive Health Services

1. This is a merger between two Catholic hospital systems. Catholic hospitals generally follow the Ethical and Religious Directives for Catholic Healthcare Services (ERDs). The ERDs prohibit many critical reproductive health services, including contraception, abortion, and some infertility treatments. The ERDs make no exceptions for risks to the patient's health or even life.
2. In the case of ectopic pregnancies, where the fertilized egg is not implanted in the uterus, but remains in the fallopian tube, the ERDs call on medical providers to extract the embryo by taking out a portion of, or the entire fallopian tube, a procedure that severely decreases a woman's future fertility. This is done in spite of the fact that the standard of care for ectopic pregnancies is to inject the drug methotrexate or to remove the embryo surgically while leaving the fallopian tube intact, both of which are intended to preserve fertility. The Catholic logic is that a direct attack on the embryo, through the latter two procedures, is impermissible, while an indirect approach, through removing the fallopian tube, is morally acceptable.

# Sample Testimony

## Appendix 2: LGBTQ patients

1. Adherence to the Ethical and Religious Directives for Catholic Healthcare Service (ERDs) increases the likelihood that LGBTQ individuals and their families will face discrimination in seeking to access health care services consistent with their medical needs.
2. Though the ERDs do not discuss transgender and gender non-conforming patients directly, we know that these patients have faced barriers in Dignity Health facilities throughout the state when trying to access gender-affirming care. (Gender-affirming, or transition-related, care refers to health care a trans or gender non-conforming person may need to address gender dysphoria and develop a gender expression to match their gender identity.)

# Sample Testimony

## [Request(s) [selection based on focus-area(s) of your comments]:

1. In their notice to the Attorney General, Dignity Health and Catholic Healthcare Initiatives committed to continuing to provide women's health services for a five-year period. We believe that this commitment is insufficient and request that the Attorney General require Dignity Health hospitals to maintain their provision of women's health services for at least ten years. This is particularly necessary in rural areas, where Dignity Health hospitals may be the only large acute-care hospital in the area that provides certain services. In these cases, patients may have no other feasible options for seeking care. ***[If in a rural area, mention that the specific hospitals in the county are some of the only ones available.]*** Timely and adequate access to care is crucial, and this is particularly the case for reproductive services.

## [Optional] Closing statements:

- Every patient who enters a hospital, clinic, doctor's office, or any other medical setting expects to receive treatment that meets the standard of care. The ERD restrictions in place at Dignity Health's Catholic facilities are severe restrictions that violate straightforward evidence-based standards of care—which are accepted medical practice, adopted by the major professional medical associations.

Thank you.

# Questions?



# Thank you!

## Questions:

*Ruth Dawson*  
*Hayley Penan*

[Rdawson@aclusocal.org](mailto:rdawson@aclusocal.org)  
[penan@healthlaw.org](mailto:penan@healthlaw.org)

## RSVP Links:

[San Francisco](#)  
[Sacramento](#)  
[Los Angeles](#)

Thursday August 23rd, 10am

Friday August 24th, 1pm

Wednesday August 29th, 1pm

Other counties? Email Karen Camacho [kcamacho@aclunc.org](mailto:kcamacho@aclunc.org)