

Congress of the United States
Washington, DC 20515

August 5, 2020

Dr. Michael Drake, President
University of California
Office of the President
University of California
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Oakland, CA 94607
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University of California Board of Regents
Office of the Secretary and Chief of Staff to the Regents
1111 Franklin St., 12th floor
Oakland, CA 94607
regentsoffice@ucop.edu

Via email

Re: Affiliations that Impose Religious Restrictions on UC Health Care

Dear President Drake and Board of Regents:

As members of the California congressional delegation, we have a deep commitment to protecting and advancing access to evidence-based health care for all, both in our state and around the nation. It is for this reason that we write to express our serious concerns over the University of California's affiliations that impose religious restrictions on UC providers, students, and patients, limiting the kind of medically necessary care they can provide and receive. Restricted services include LGBTQ-inclusive care, abortion care, miscarriage management, tubal ligation, and contraception. The consequences of denying this care are serious and can even be life-threatening.

Many of us were outspoken in our strong opposition to the Trump administration's Refusal of Care Rule. This dangerous, discriminatory regulation was designed to allow health care institutions and providers to deny patients information and treatment based on personal religious or moral beliefs. Its most profound impacts would be in further limiting access to reproductive health care – disproportionately for those who are Black and Brown – and encouraging discrimination against LGBTQ patients.

Given the repeated assaults from the Trump administration on access to evidence-based health care, it is deeply alarming that the University of California, which has long been a national leader

in comprehensive reproductive and LGBTQ-inclusive care, would be willing to involve its providers and patients in arrangements that subject them to religious rules that hold that basic reproductive health care is impermissible, and that directly exclude LGBTQ patients. Reproductive and LGBTQ-inclusive care is fundamental, basic health care, and we in California should stand strong in protecting it.

We understand that the UC Regents will soon be adopting guidelines for UC health system contracts. We think it is of paramount importance that these guidelines draw a clear line on religious restrictions. This should be an obvious, fundamental line: UC is a public entity and it must not limit its health care based on religious doctrine. UC must also take a clear stand on non-discrimination in its contracts. Any contract between UC and another hospital should affirmatively state that hospital policies prohibiting gender-affirming services for transgender people – or reproductive health services, including access to HIV-preventative medication, like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) care, education and counseling, that disproportionately affect women and LGBTQ people – are in violation of UC’s non-discrimination policy.

The UC Health-backed proposal – known as “Option 1” in the report by the UC Working Group on Comprehensive Access – fails both of these essential requirements, and we strongly urge you to vote against it. “Option 1” does not require that contracts with outside health systems affirmatively state that religious directives will not apply to UC providers and students. It also does not state that hospital policies prohibiting gender-affirming services for transgender people or reproductive health services violate UC’s non-discrimination policy.

Finally, we reject the view of UC Health that “Option 1” should be adopted because affiliations placing UC providers and patients in religiously restrictive hospitals are necessary to expand health care access to underserved communities. In fact, hospitals with Catholic religious directives often prohibit many types of medical services that communities of color critically rely upon, particularly in the areas of reproductive and LGBTQ-inclusive health, where some of the deepest racial health inequities exist. Indeed, patients of color, low-income patients, people living with HIV and AIDS, and others who experience health disparities and systemic barriers to health care access are most in need of science-based, comprehensive care that is not limited by religious restrictions. We urge you to seek alternatives that would expand access to care for patients who need it most, instead of participating in systems that exacerbate existing health inequities. Without question, there are other hospitals in California that UC could partner with in order to improve access to care for the underserved without sacrificing its values or its legal obligation to remain free of religious influence.

If UC votes to move forward with contracts in which UC providers participate in limiting patient access to reproductive and LGBTQ-inclusive care, it will send a message to the nation that it is permissible to impose such limits on care, just as the Trump administration has sought to do with the Refusal of Care Rule. We strongly urge UC to carefully consider its values here and vote to reject “Option 1” and contracts that impose religious restrictions on UC providers and patients.

Sincerely,



Barbara Lee
Member of Congress



Julia Brownley
Member of Congress



Mark Takano
Member of Congress

Katie Porter
Member of Congress

Adam B. Schiff
Member of Congress

Judy Chu
Member of Congress

Eric Swalwell
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Susan A. Davis
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Maxine Waters
Member of Congress

Anna G. Eshoo
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Jimmy Gomez
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Alan Lowenthal
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Mike Thompson
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Jackie Speier
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Linda T. Sánchez
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Grace F. Napolitano
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Pete Aguilar
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Jared Huffman
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Gilbert R. Cisneros, Jr.
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Mark DeSaulnier
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Ami Bera, M.D.
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Nanette Diaz Barragán
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