

The Role of Religiously-affiliated Hospitals in Reproductive Health Care for Women with Public Insurance in Cook County, Illinois

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INTRODUCTION

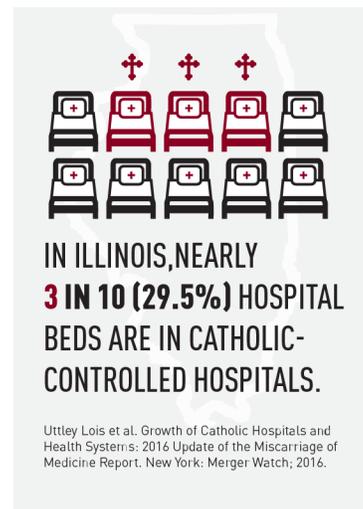
Religious hospitals control a significant share of healthcare in the United States, and Catholic hospitals are the largest and fastest growing. Given the restrictions religious hospitals can place on access to sexual and reproductive health care, it is important to understand how care could be affected—particularly for women who may already face barriers as a result of income or racial inequities.

In 2016, one in six U.S. acute-care hospital beds was controlled by a Catholic hospital – an increase of 18% since 2001. In Illinois, nearly 3 in 10 (29.5%) hospital beds are in Catholic-controlled hospitals.¹

Providers working in Catholic hospitals must follow the *Ethical and Religious Directives (ERDs) for Catholic Health Care Services* written by the U.S. Conference of Catholic Bishops.² These directives prohibit the provision of contraception, abortion, sterilization, and most fertility treatments. They can also limit options for HIV/STI prevention, LGBT health, miscarriage management, and care of sexual assault victims. Women going through miscarriages and other obstetric complications have faced medically unnecessary delays and transfers-of-care because the Catholic hospital where they first presented did not allow their physician to provide standard-of-care treatment.^{3, 4} Reproductive health policies in other (non-Catholic) religious hospitals are less uniform, but some restrict access to abortion.

Most patients do not seek healthcare with a preference for religious health systems; in fact, many patients are unaware of religious affiliation. A recent national survey of women ages 18-45 asked participants what hospital they would go to for reproductive care and what the religious affiliation of that hospital was. Among women whose primary hospital is Catholic, over a third were unaware of that hospital's religious affiliation.⁵ Another study found that women seeking reproductive healthcare did not anticipate differences in the services available based on institution type (Catholic vs. secular).⁶

Rather, individuals often seek care in hospitals covered by their insurance networks. For women enrolled in public insurance programs such as Medicaid, this can mean that networks are determined by managed care plans which limit the providers and hospitals that are covered by the plan. Illinois' public insurance programs have shifted toward this model. Most people with an Illinois medical card are required to enroll in HealthChoice Illinois, the state-wide managed care program. Individuals enrolling in HealthChoice Illinois who live in Cook County receive an enrollment packet in the mail that asks them to choose one of seven health plans and a primary care provider. Individuals are provided with a 30-day enrollment period



and, if they are not able to select a plan, they are automatically enrolled in one pre-selected through a state algorithm. Individuals do have 90 days to switch their plan once enrolled.

As part of a broader study exploring the impact of religiously-affiliated hospital system policies on the provision of sexual and reproductive health care, we sought to assess the potential influence of religious affiliations on the health systems available to publicly-insured women in Cook County. It has not been previously reported if hospitals with labor and delivery departments have a higher share of Catholic beds than acute care hospitals overall, or if specific groups of women are disproportionately affected by religious hospitals in Illinois.

METHODS

To better understand the relationship between public insurance enrollment and access to non-religious hospitals within managed care networks, we obtained public insurance enrollment data through a freedom of information (FOIA) request to the Illinois Department of Healthcare and Family Services. We analyzed de-identified descriptive data for all female enrollees aged 19-44 in medical assistance programs from the period of January 2015 through May 2017 who lived in Cook County. Since the managed care enrollment data was provided in the form of monthly enrollment numbers, we used these to calculate a monthly average number within the time period.

We then created a list of all the hospitals within Cook County that have labor and delivery (L&D) departments since these hospitals are most likely to be providing reproductive health-related care that may face religious restrictions, primarily in the form of access to post-partum contraception or protocols for handling pregnancy complications. To identify Catholic-affiliated hospitals, we consulted a list maintained by the Catholic Health Association of the United States and searched for specific information on hospital websites and in other published statements by hospital administration sources that a given hospital followed the ERDs. We relied on hospital websites and other administrative statements to identify Jewish and Christian, non-Catholic hospitals. Next, we visited the Illinois Department of Healthcare and Family Services' public insurance enrollment website to identify the seven HealthChoice Illinois plans available in Cook County in the spring of 2018.⁷ Five plans that were available during enrollment data collection had become unavailable in 2018 and data from these plans were excluded from analysis. We reviewed a list of each plan's contracted hospitals within Cook County (using their respective websites), or within five miles of Chicago when county search was unavailable, using the hospital finder search function. We cross-referenced this list with the list described above to determine the religious affiliations of the hospitals. We also reviewed the number of total hospital beds listed for each hospital with L&D departments, using the Illinois Hospital Report Card maintained by the Illinois Department of Health, in order to better understand hospital size.

RESULTS

Religious Hospital Affiliation by Managed Care Plan

We found that 38% of *all* the Cook County hospitals with L&D departments are Catholic-controlled and 64% have a religious affiliation. In 2018, five of the seven HealthChoice Illinois plans have a greater Catholic hospital saturation than Cook County as a whole (>38% Catholic among Cook County L&D hospitals). These are Molina Healthcare, Blue Cross Community Health Plans, IlliniCare Health, Harmony Health Plan, and CountyCare Health Plan (Table 1).

We also found that in five of the seven 2018 HealthChoice Illinois plans, ≥50% of the Cook County hospitals with L&D departments have some religious affiliation (including Catholic).

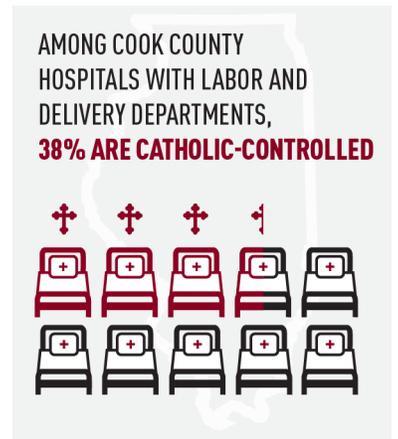


Table 1. Cook County Hospitals with Labor & Delivery Departments, by Managed Care Plan (2018)

HealthChoice Illinois plans available to Cook County residents in 2018	Of plan-affiliated hospitals with L&D, number and % that are Catholic	Of plan-affiliated hospitals with L&D, number and % that are religiously affiliated	Total number of hospital beds in all hospitals with L&D*	Number of hospital beds in Catholic hospitals with L&D; % within plan*
NextLevel Health Partners	5/14 (36%)	5/14 (36%)	4,562	1,435 (31%)
Meridian Health Plan	11/30 (37%)	19/30 (61%)	10,423	3,585 (34%)
Molina Healthcare	5/13 (39%)	6/13 (46%)	4,220	1,894 (45%)
Blue Cross Community Health Plans	14/35 (40%)	23/35 (66%)	12,593	4,832 (38%)
IlliniCare Health	14/30 (47%)	17/30 (57%)	10,141	4,597 (45%)
Harmony Health Plan	11/22 (50%)	12/22 (55%)	7,425	3,562 (48%)
CountyCare Health Plan	12/22 (55%)	13/22 (59%)	8,230	3874 (47%)

*Hospital bed numbers taken from the Illinois Hospital Report Card and Consumer Guide to Health Care, found at <http://www.healthcarereportcard.illinois.gov/>

Women Affected in Cook County

Among female Cook County residents aged 19-44 enrolled in these seven plans between January 2015 and May 2017, 87% were in one of the five higher Catholic-saturation plans (Table 2). Black and Hispanic/Latino women were significantly more likely to be enrolled in one of the five higher Catholic-saturation plans compared to white women (93% vs. 77%, $p < 0.001$).

Table 2. Female Cook County Public Insurance Enrollees, ages 19-44 (January 2015-May 2017*), by Managed Care Plan

HealthChoice Illinois plans available to Cook County residents in 2018	Enrollees of all racial/ethnic groups N (% in each plan)	Black enrollees N (% in each plan)	Hispanic/ Latino enrollees N (% in each plan)	White enrollees N (% in each plan)	Other enrollees N (% in each plan)	Enrollees with race/ethnicity unknown N (% in each plan)
NextLevel Health Partners	5,935 (5%)	3,609 (6%)	907 (3%)	704 (4%)	76 (1%)	639 (5%)
Meridian Health Plan	10,662 (8%)	4,113 (6%)	2,142 (7%)	2,861 (18%)	622 (11%)	925 (8%)
Molina Healthcare	11,300 (9%)	5,880 (9%)	2,776 (9%)	1,285 (8%)	481 (9%)	878 (7%)
Blue Cross Community Health Plans	29,277 (23%)	11,359 (17%)	7,960 (27%)	5,100 (32%)	2,011 (36%)	2,847 (23%)
IlliniCare Health	16,826 (13%)	8,402 (13%)	3,574 (12%)	2,796 (18%)	733 (13%)	1,320 (11%)
Harmony Health Plan	20,541 (16%)	13,681 (21%)	4,108 (14%)	1,317 (8%)	335 (6%)	1,100 (9%)
CountyCare Health Plan	33,673 (26%)	18,122 (28%)	7,954 (27%)	1,758 (11%)	1,329 (24%)	4,510 (37%)
All Plans**	128,214 (100%)	65,166 (100%)	29,421 (99%)	15,821 (99%)	5,587 (100%)	12,219 (100%)
Fee-For-Service***	82,133	34,135	19,787	13,481	5,038	9,691
Total	210,347	99,301	49,208	29,302	10,625	21,910

*Molina and NextLevel were not available to enrollees until January 2016; average enrollment for these plans was calculated for January 2016-May 2017.

**Between 2015 and 2017 there were additional managed care plans offered in Cook County; totals for these (n= 47213) are not included on this table. Some columns may not sum to 100% due to rounding error.

***Some individuals are not required to enroll in HealthChoice Illinois plans or remain grandfathered in Fee-For-Service plans that do not have the same network restrictions. They can visit any hospital that accepts public insurance.

DISCUSSION

Under federal guidelines, women enrolled in public insurance programs are entitled to receive coverage for comprehensive family planning care. Illinois now includes public insurance coverage for abortion care following the passage of legislation in 2016.⁸ Our findings suggest that nearly 9 in 10 women enrolled in Cook County managed care plans are enrolled in a plan that has greater Catholic hospital saturation than Cook County as a whole. Put another way, these women have a greater than 1 in 3 chance of ending up at a Catholic-controlled hospital when seeking inpatient pregnancy-related care. These women may encounter more barriers seeking reproductive health care than if they had access to all Cook County hospitals with L&D departments.

Since we examined 2015-2017 public insurance enrollees and excluded five managed care plans offered during that period from analysis due to the plans becoming defunct and data being unavailable, we cannot comment on how the exclusion of enrollees in these now-defunct plans (and their recent redistribution into the seven plans available as of January 2018) might affect the percent of enrollees in plans with greater Catholic hospital saturation. We plan to update our analysis with 2018 managed care enrollees by the end of the year.

Per federal regulations, the state’s public insurance plans must cover family planning services and ensure enrollees have access to family planning providers. Illinois also has established state guidelines and model contract language that affirms a managed care organization’s responsibility for ensuring enrollees have access to a network of providers offering comprehensive family planning care—including contraception and sterilization—as well as no-cost coverage for this care.⁹ Since restrictions on coverage for abortion care within the state’s public insurance system have recently been removed, women may also be looking within their networks for access to hospital-based abortion care.

Given these potential barriers for women enrolled in public insurance plans, it is important to note that while managed care organizations are able to limit their provider networks when managing care, federal guidelines do require that plans must offer enrollees a “free choice of provider” for family planning services.^{10,11} Thus, managed care enrollees should be able to receive covered family planning services from the qualified Medicaid provider of their choice, regardless of whether that provider is “in” or “out” of their plan’s network.¹² However, it is unclear how often women are aware of and make use of this option. Instead, women may only be learning of religious-based restrictions when they arrive at a hospital for care. More research is needed to describe the experiences of women seeking care that may be restricted by the hospitals in their managed care networks.

ACKNOWLEDGMENTS

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NEARLY **NINE IN TEN** WOMEN ARE ENROLLED IN A COOK COUNTY MANAGED CARE PLAN THAT HAS **A GREATER CATHOLIC HOSPITAL SATURATION** THAN COOK COUNTY AS A WHOLE. (**>38%** CATHOLIC AMONG COOK COUNTY L&D HOSPITALS).



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- ⁸ Public Act 100-0538 (eff. Jan 1, 2018).
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- ¹⁰ 42 U.S.C. § 1396a (a)(23) of the Social Security Act.
- ¹¹ Cartwright-Smith, L., & Rosenbaum, S. (2012). "Medicaid's Free-Choice-of-Provider Protections in a Family Planning Context: *Planned Parenthood Federation of Indiana v. Commissioner of the Indiana State Department of Health*". *Public Health Reports*, 127(1), 119–122; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234390/>
- ¹² 42 CFR 431.51(a)(4); <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec431-51.pdf>.