



Family planning service provision in Illinois religious hospitals: Racial/ethnic variation in access to non-religious hospitals for publicly insured women ☆☆☆☆

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ABSTRACT

Objectives: To identify religious affiliations of hospitals and access to family planning (FP) care available to publicly insured women in Cook County, Illinois.

Design: We analyzed Illinois public insurance enrollment data and family planning service claims (2015–2018) for women 18–45.

Results: Eighty-five percent of Black/Hispanic women were enrolled in Medicaid managed care plans with a higher percentage of Catholic healthcare than Cook County as a whole compared to 75% of White women ($p < 0.0001$). There were fewer FP services at Catholic (IRR 0.072, 95% CI 0.068–0.076) and Christian non-Catholic (IRR 0.55, 95% CI 0.53–0.56) compared to non-religious hospitals.

Conclusions: Medicaid managed care plans may restrict family planning care by limiting patients to religious hospitals.

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1. Introduction

From 2001–2016, the number of Catholic hospitals in the United States grew by 22%. One in six acute care hospital beds are Catholic-owned or affiliated [1]. As Catholic healthcare systems grow, an increasing number of patients may encounter restrictions on their reproductive healthcare. Providers within Catholic hospitals are expected to follow the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* [2], which prohibit contraception, sterilization, abortion, most fertility treatments, and other services. These diversions from standard of care have been described in qualitative research as harming patients [3–5]. Christian non-Catholic health systems are not well studied.

We determined the religious affiliations of the hospitals available to publicly insured women in Cook County, as well as the number of Medicaid-covered deliveries and family planning services by hospital. We also assessed for racial/ethnic disparities in access to these services.

2. Materials and Methods

Those who are publicly insured in Illinois are required to enroll in HealthChoice Illinois, the statewide-managed care program, currently comprised of seven health plans. We obtained public insurance enrollment data (January 2015–November 2018) for women ages 18–45 living in Cook County through a Freedom of Information Act (FOIA) request to the Illinois Department of Healthcare and Family Services (HFS). From the de-identified descriptive data, we calculated a monthly average number of enrollees, grouped by race/ethnicity. We identified all Cook County hospitals with labor and delivery (L&D) departments. Next, we visited HFS's enrollment website to identify the seven HealthChoice Illinois plans available in Cook County in spring 2018. Five plans that were available during 2015–17 had become unavailable in 2018, and data from these plans were excluded from analysis. Using each plan's website, we reviewed contracted hospitals within Cook County or within five miles of Chicago when county search was unavailable.

We classified hospital religious affiliation as: Catholic, Christian non-Catholic, Jewish, or non-religious. Catholic affiliation was determined by

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consulting the Catholic Health Association online directory. We sought to examine whether women enrolled in each plan experienced differences in access to non-religious hospitals compared to the County as a whole. We therefore defined plans with a higher percentage of Catholic hospitals than Cook County (among hospitals with L&D units) as high-Catholic-saturation-plans, and plans with equal or lower percent of Catholic hospitals than Cook County (among hospitals with L&D units) as low-Catholic-saturation plans. To identify other affiliations, we searched publicly available information such as hospital websites. We calculated the percent of L&D hospitals in each HealthChoice Illinois plan that were Catholic, and the percent that had any religious affiliation (Catholic, Christian non-Catholic, or Jewish). We used chi square to compare enrollment in each plan by racial/ethnic group.

We also obtained HFS data on the number of Medicaid-covered deliveries and family planning services at each Illinois hospital (2015–2018). ICD-10 codes for family planning services included in the FOIA data received are as follows: Z30.011 Prescribe oral contraceptives; Z30.09 Contraceptive counseling; Z30.430 Insertion of IUD; Z30.018 Implant initiation; Z30.2 Sterilization procedure (Male or Female); Z30.02 Natural FP to avoid pregnancy. Only hospitals with data on both deliveries and family planning services were included in this analysis. We used Poisson regression to compare family planning services among hospitals of different religious affiliations, controlling for delivery volume. For this analysis, the one identified Jewish hospital was grouped with non-religious. Results are reported as incidence rate ratios (IRR) with 95% confidence intervals (CI).

To protect individual privacy, HFS redacted data from cells with counts <5.

3. Results

Among Cook County hospitals with L&D departments, 38% were Catholic-controlled and an additional 23% were of another Christian affiliation. In 2018, five of the seven HealthChoice Illinois plans had a greater Catholic hospital saturation than Cook County as a whole (>38% Catholic among Cook County hospitals with L&D units) [6]. (See Table 1.) Looking at plan enrollment by the percent of available L&D hospitals that are Catholic, we found that 85% of Black and Hispanic Cook County women were enrolled in one of the five high-Catholic-saturation plans, compared to 75% of White women (p<0.001). Enrollment for all racial/ethnic groups (2018) is shown in Fig. 1.

Across Illinois in 2015–2018, Medicaid covered 60,754 deliveries and 1,308 family planning services at Catholic hospitals (n=34), 38,746 deliveries and 7,588 family planning services at Christian non-Catholic hospitals (n=17), and 107,899 deliveries and 32,804 family planning services at non-religious hospitals (n=66). Controlling for hospital delivery volume, there were 93% fewer family planning services at Catholic hospitals compared to non-religious hospitals (IRR 0.072, 95% CI 0.068–0.076), and 45% fewer family planning services at Christian non-Catholic hospitals compared to non-religious hospitals (IRR 0.55, 95% CI 0.53–0.56).

4. Discussion

We found that women with public insurance in Cook County, Illinois, do not have uniform access to family planning services, despite Illinois Medicaid’s commitment to “increasing access to high quality, evidence-based family planning services for women and men...by providing comprehensive and continuous coverage to ensure that every pregnancy is a planned pregnancy” [7]. Controlling for delivery volume, we found significantly fewer family planning services provided for publicly insured women at Catholic hospitals. This was despite the limitation that our data grouped natural family planning (which is allowed in Catholic hospitals) with other family planning services. There were also fewer family planning services performed at Christian non-Catholic hospitals. Our analysis may undercount services or enrollment

Table 1
Female Cook County public insurance enrollees* ages 18–45 (monthly averages Jan–Nov, 2018) and hospital availability, by HealthChoice Illinois Plan

HealthChoice Illinois plans available to IL residents in 2018	Enrollee data				Enrollees with race/ethnicity unknown n (% in each plan)			Enrollees of all racial/ethnic groups n (% in each plan)			Hospital data	
	Hispanic Enrollees n (% in each plan)	Black Enrollees n (% in each plan)	Other Enrollees** n (% in each plan)	White Enrollees n (% in each plan)	Enrollees with race/ethnicity unknown n (% in each plan)	Enrollees of all racial/ethnic groups n (% in each plan)	% Cook County L&D hospitals that are religious	% Cook County L&D hospitals that are Catholic				
BlueCross/Blue Shield of Illinois	13,572 (28%)	18,532 (19%)	3,056 (38%)	12,091 (32%)	6,062 (27%)	53,313 (25%)	23/35 (66%)	14/35 (40%)				
Cook County Care	17,686 (36%)	37,092 (38%)	1,737 (2.1%)	8,740 (23%)	6,713 (30%)	71,968 (34%)	13/22 (59%)	12/22 (55%)				
Harmony Health Plan	3,804 (8%)	11,158 (12%)	218 (3%)	1,995 (5%)	1,838 (8%)	19,013 (9%)	12/22 (55%)	11/22 (50%)				
IlliniCare Health Plan	3,980 (8%)	9,961 (10%)	767 (9%)	3,428 (9%)	1,974 (9%)	20,110 (9%)	17/30 (57%)	14/30 (47%)				
Meridian Health Plan	4,821 (10%)	7,385 (8%)	1,544 (19%)	7,707 (20%)	3,308 (15%)	24,764 (12%)	19/30 (61%)	11/30 (37%)				
Molina Healthcare	2,811 (6%)	5,455 (6%)	439 (5%)	1,957 (5%)	1,399 (6%)	12,062 (6%)	6/13 (46%)	5/13 (39%)				
NextLevel Health Partners	2,095 (4%)	7,048 (7%)	357 (4%)	1,871 (5%)	1,132 (5%)	12,503 (6%)	5/14 (36%)	5/14 (36%)				
All Plans	48,769 (100%)	96,632 (100%)	8,118 (100%)	37,789 (100%)	22,426 (100%)	213,734 (100%)	-	-				
Fee-for-Service***	11,554	25,249	2,623	12,592	6,663	58,681	-	-				
Grand Total	60,323	121,880	10,741	50,381	29,089	272,414	-	-				

* Includes enrollees in HealthChoice Illinois and other Medicaid programs. Two Illinois Medicaid plans, Humana and Aetna, are excluded here because they were not in HealthChoice Illinois. These were available only to individuals in the Medicare-Medicaid Alignment Initiative. Enrollees in these two plans, representing approximately 0.3% of female enrollees ages 18–45, are excluded from this analysis (<https://www.illinois.gov/hhs/SiteCollectionDocuments/201810MCOEnrollmentReportforWebsite.pdf>).

** “Other Races/Ethnic Groups” include American/Alaskan Native, Asian, Hawaiian Native/Other Pacific Islander, or Multi-Race which were collapsed due to low number of enrollees (<4% of total). “White” includes Non-Hispanic White as well as White Race/Ethnicity Unknown/Not Answered.

*** 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.

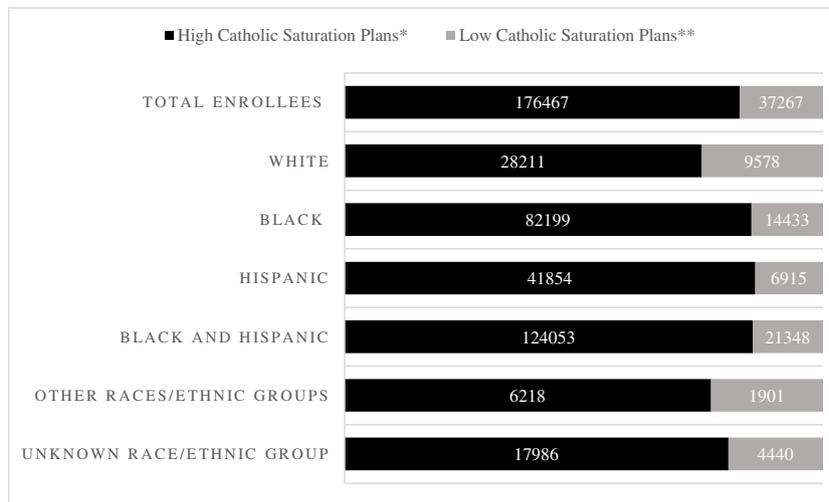


Fig. 1. High-Catholic-Saturation Medicaid Plans vs Low-Catholic-Saturation Medicaid Plans Available in Illinois (Jan-Nov 2018) by Enrollee Race/Ethnicity, Cook County Women Ages 18-45. *High-Catholic-saturation indicates the 5/7 plans that have a greater percentage of Catholic hospitals with Labor and Delivery units than Cook County as a whole (>38%). **Low-Catholic-saturation indicates the 2/7 plans that have an equal or lower percentage of Catholic hospitals with Labor and Delivery units than Cook County as a whole (≤38%).

due to redaction, but nonetheless this likely translates to a higher unmet need for postpartum contraception in religiously affiliated hospitals in Illinois. Although we did not study postpartum contraceptive services directly, the high percentage of religiously affiliated L&D units in Illinois has particular implications for the availability of postpartum contraception. Immediate postpartum Long Acting Reversible Contraception (LARC) is an important contraceptive option, offering patients the choice of a highly effective method that is not dependent on their access to outpatient follow-up care [8,9]. Illinois Medicaid policy allows for reimbursement of immediate postpartum contraception, but patients delivering at Catholic hospitals are often unable to receive immediate postpartum contraception and would have to receive contraception at a non-Catholic hospital or clinic. When a second visit is necessary to obtain LARC, some patients are unable to access their chosen method [10]. Publicly insured Black and Hispanic women are more likely to be enrolled in high-Catholic-saturation plans, and may be unaware that these plans may limit their access to family planning services [11].

Patients receiving obstetric and family planning care should be made aware of religious healthcare restrictions and the religious affiliation of the hospitals that comprise their insurance plan options. More research is needed to understand how to increase availability of all patients' desired method of postpartum contraception and how best to increase awareness of religious hospital restrictions for patients with Medicaid.

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