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18 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
19 **FOR THE COUNTY OF SAN FRANCISCO**

21 REBECCA CHAMORRO and
PHYSICIANS FOR REPRODUCTIVE
22 HEALTH
23 Plaintiffs,
24 v.
25 DIGNITY HEALTH; DIGNITY HEALTH
d/b/a MERCY MEDICAL CENTER
REDDING
26 Defendant.
27

Case No.

CGC 15-549626

**COMPLAINT FOR DECLARATORY AND
INJUNCTIVE RELIEF**

ENDORSED
FILED
Superior Court of California
County of San Francisco

DEC 28 2015

CLERK OF THE COURT
BY: GARY FELICIANO
Deputy Clerk

COPY

FAXED

INTRODUCTION

1
2 1. Plaintiffs in this action—a pregnant woman and a nonprofit organization with member
3 physicians who practice around the State of California—challenge the policy and practice of Defendant
4 Dignity Health to apply Catholic religious directives to prevent physicians from performing immediate
5 postpartum tubal ligation on their patients in Dignity Health hospitals. Tubal ligation, known familiarly
6 as “getting one’s tubes tied,” is the contraceptive method of choice for more than 30 percent of U.S.
7 married women of reproductive age, and the most common form of permanent contraception. The
8 standard of care for the procedure is to perform it immediately after a woman gives birth (or
9 postpartum), and, as such, it is pregnancy-related care.

10 2. The individual plaintiff in this action, Rebecca Chamorro, lives in Redding, California,
11 and she is scheduled to deliver via Cesarean Section (“C-section”) at Dignity Health, doing business as
12 Mercy Medical Center Redding (“MMCR”), on January 28, 2016. Because she and her husband do not
13 want more children, Ms. Chamorro decided in consultation with her obstetrician that she wanted to
14 undergo tubal ligation immediately following her C-section. Her obstetrician sought authorization from
15 MMCR to perform the postpartum tubal ligation, which would take him only a few minutes and require
16 no additional resources from MMCR. MMCR, however, refused to authorize the postpartum tubal
17 ligation, citing its “sterilization policy and the Ethical and Religious Directives for Catholic Health
18 Services.”

19 3. Defendant Dignity Health, which claims to be the fifth largest healthcare provider in the
20 United States and the largest hospital provider in California, receives millions of dollars in funding each
21 year from the state. Yet Dignity Health requires that all its Catholic hospitals, including MMCR,
22 conform to the Ethical and Religious Directives for Catholic Health Services (the “ERDs”). Under the
23 ERDs, which are promulgated by the United States Conference of Catholic Bishops and which impose
24 nonmedical, religious directives on healthcare institutions that choose to identify as Catholic, “direct
25 sterilization” is prohibited. “Direct sterilization” is defined as sterilization for the purpose of
26 sterilization—or sterilization for the purpose of contraception. Indeed, the ERDs characterize “direct
27 sterilization,” along with other reproductive healthcare such as all forms of contraception and certain
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1 fertility treatments, as “intrinsically evil.”

2 4. The application of the ERDs to Ms. Chamorro and to patients of Physicians for
3 Reproductive Health unlawfully disrupts the patient-doctor relationship and denies patients the standard
4 of care. Under California law, entities like Dignity Health that are open to the general public and that
5 receive state funds are prohibited from discriminating on the basis of sex, which includes discriminating
6 based on “pregnancy, childbirth, or medical conditions related to pregnancy or childbirth.” Cal. Civ.
7 Code § 51(e)(5); Cal. Gov’t Code §§ 11135(a) & (e). Moreover, California law prohibits the corporate
8 practice of medicine, wherein corporate entities usurp the role of doctors by making medical decisions
9 based on nonmedical criteria. Cal. Bus. & Prof. Code §§ 2032, 2052, 2400. Dignity Health’s refusal to
10 authorize some postpartum tubal ligations based on the ERDs therefore violates California law.

11 5. Despite applying the ERDs to many patients, Dignity Health does allow some women to
12 undergo postpartum tubal ligation in its hospitals. Dignity Health has provided only limited explanation
13 as to the criteria it uses in determining whether to authorize postpartum tubal ligation, but it appears to
14 authorize some tubal ligation based on the health risk to the patient of a future pregnancy. Because it is
15 allowing tubal ligation for contraceptive purposes (indeed, tubal ligation is only ever performed for
16 contraceptive purposes), Dignity Health is additionally violating California law when it authorizes some
17 tubal ligation but prohibits other tubal ligation based on the ERDs. California law requires that if a
18 hospital permits any sterilization operations for contraceptive purposes, then it may not require the
19 individual seeking the sterilization to meet nonmedical qualifications. Cal. Health & Safety Code
20 § 1258.

21 6. Plaintiffs seek a declaratory judgment that Dignity Health’s refusal to authorize
22 physicians to perform immediate postpartum tubal ligation based on the ERDs violates state law, as well
23 as an injunction prohibiting Dignity Health from refusing to authorize the tubal ligation sought by
24 Ms. Chamorro and patients of Physicians for Reproductive Health.

25 **JURISDICTION AND VENUE**

26 7. This Court has jurisdiction under article VI, section 10, of the California Constitution and
27 California Code of Civil Procedure section 410.10.

1 8. Venue in this Court is proper because this is an action against a nonprofit corporation,
2 Dignity Health, the principal place of business of which is in the City and County of San Francisco, at
3 185 Berry Street, Suite 300, San Francisco, CA 94107.¹ Civ. Code § 395.5.

4 **THE PARTIES**

5 **Plaintiff Rebecca Chamorro**

6 9. Plaintiff Rebecca Chamorro is a 33-year-old woman living in Redding, California. Ms.
7 Chamorro is about eight months pregnant at the time of this filing, and her expected due date is February
8 4, 2016. Ms. Chamorro is scheduled to deliver at MMCR on January 28, 2016. Because she has
9 previously delivered by C-section, MMCR will require her to deliver by C-section again.

10 10. Ms. Chamorro is married and has two children, one 7 years old and the other 3 years old.
11 Ms. Chamorro and her husband have decided that they do not want any more children after the birth of
12 their third child.

13 11. After consulting with her obstetrician, Dr. Samuel Van Kirk, Ms. Chamorro decided she
14 wanted to undergo tubal ligation immediately following her C-section. With Ms. Chamorro's informed
15 consent, Dr. Van Kirk sought authorization from MMCR to perform the postpartum tubal ligation on
16 September 15, 2015. On September 18, 2015, Dr. Van Kirk received a letter from MMCR denying the
17 request for authorization on the ground that it did "not meet the requirement of Mercy's sterilization
18 policy or the Ethical and Religious Directives for Catholic Health Services" (ERDs).

19 **Plaintiff Physicians for Reproductive Health**

20 12. Physicians for Reproductive Health is a national nonprofit 501(c)(3) membership
21 organization, comprised of physicians who seek to ensure meaningful access to comprehensive
22 reproductive health services as part of mainstream medical care. Founded in 1992 by a small group of
23 concerned physicians, Physicians for Reproductive Health has grown into a national organization that
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25 ¹ Dignity Health describes itself as "a California nonprofit public benefit corporation headquartered in
26 San Francisco," 2012 Form 990, Part III, Line 4a, and lists a San Francisco address for the company.
27 Dignity Health's most recent Statement of Information, filed with the California Secretary of State
28 October 9, 2014, lists the corporation's "Principle Office Address" as 185 Berry Street, Suite 300, San
Francisco, CA 94017.

1 represents medical professionals who practice in a range of fields: obstetrics and gynecology, pediatrics,
2 fertility, family medicine, cardiology, neurology, radiology, and more. Physicians for Reproductive
3 Health has approximately 1,200 physician members who practice in the state of California, some of
4 whom practice medicine at Dignity Health hospitals.

5 13. Physicians for Reproductive Health members who have admitting privileges at Dignity
6 Health hospitals in California have been denied authorization to perform postpartum tubal ligation based
7 on the Ethical and Religious Directives. Because Physicians for Reproductive Health members
8 regularly discuss postpartum tubal ligation with their patients, Physicians for Reproductive Health
9 members will have patients in the future who wish to undergo postpartum tubal ligation at Dignity
10 Health hospitals in California.

11 **Defendant Dignity Health**

12 14. Dignity Health is registered as a 510(c)(3) tax-exempt nonprofit corporation. According
13 to its website, Dignity Health is the fifth largest health system in the country, owning and operating a
14 large network of hospitals.² Also according to its website, Dignity Health is the largest hospital
15 provider in California, with 29 hospitals in the state.³ In 2012, Dignity Health's federal tax form 990
16 listed revenue of \$8.7 billion and employment of 51,991 people. In Shasta County, Dignity Health does
17 business as Mercy Medical Center Redding.

18 15. Dignity Health receives significant funding from the State of California. In 2012,
19 Dignity Health's 2012 federal tax form 990 listed over \$23 million in "government grants," over \$3.3
20 billion in Medicare and Medicaid payments, and over \$47.7 million in meaningful use incentives. That
21 same form also describes the following revenue from "government programs": \$575.3 million in
22 revenue and \$233.7 million in net income in 2012; \$684.5 million in revenue and \$230.2 million in net
23 income in 2013. In particular, MMCR received \$51,615 from the Office of Statewide Health Planning

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26 ² <http://www.dignityhealth.org/cm/content/pages/about-us.asp>

27 ³ <http://www.dignityhealth.org/cm/content/pages/about-us.asp>

1 and Development (OSHPD) in 2006 and again in 2012 for its family practice residency training
2 program, which provides funds for training in MMCR's labor and delivery wards.

3 **STATEMENT OF FACTS**

4 **Immediate Postpartum Tubal Ligation is the Standard of Care**

5 16. If a pregnant woman decides to have a tubal ligation, it is the standard of care to provide
6 that tubal ligation soon after the woman delivers the baby (in other words, postpartum).

7 17. Tubal ligation, also known as tubal sterilization or female sterilization, is extremely safe,
8 very effective, and one of the most common methods of birth control. Tubal ligation is the family
9 planning method of choice for 30.2% of U.S. married women of reproductive age.⁴ Obstetricians
10 routinely discuss postpartum tubal ligation with their patients as part of the overall perinatal care plan,
11 and postpartum tubal ligation is considered pregnancy-related care.

12 18. Tubal ligation is a permanent form of birth control, in which the fallopian tubes are cut
13 and tied. By closing off the fallopian tubes, tubal ligation works to prevent pregnancy by preventing
14 eggs from moving from the ovaries down the fallopian tube into the uterus. When eggs cannot move
15 down the fallopian tubes into the uterus, sperm will not be able to reach the eggs.

16 19. All tubal ligation is done for contraceptive purposes. Even if a woman chooses to have a
17 tubal ligation because another pregnancy would risk her health, the performance of the tubal ligation is
18 still contraceptive in that it operates solely to prevent future pregnancy. Tubal ligation is never
19 performed to treat underlying health conditions.

20 20. A tubal ligation immediately after delivery has many advantages for patients, as well as
21 being easier and more convenient for doctors. According to the leading professional society of
22 obstetricians and gynecologists, the American Congress of Obstetricians and Gynecologists (ACOG),
23 "[t]he immediate postpartum period following vaginal delivery or at the time of Cesarean delivery is the
24 ideal time to perform sterilization [or tubal ligation] because of technical ease and convenience for the
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26 ⁴ Am. Cong. of Obstetricians and Gynecologists. *Practice Bulletin No. 133: Benefits and Risks* Am.
27 Cong. of Obstetricians and Gynecologists. *Comm. Op. No. 530: Access to postpartum sterilization*. 120
28 **OBSTET. GYNECOL.** 212, 212 (2012) at 392

1 woman and physician.”⁵ In the United States, tubal ligation is performed in the immediate postpartum
2 period for 8-9% of all hospital deliveries.⁶

3 21. The primary technical advantage of immediate postpartum tubal ligation is that it affords
4 the surgeon easier access to the fallopian tubes, due to the enlarged state and position of the uterus
5 directly after birth. Given the ease of access to the fallopian tubes postpartum, doctors can complete
6 postpartum tubal ligation in just a few minutes.

7 22. Another advantage of immediate postpartum tubal ligation is that the woman often
8 already has anesthesia. During a C-section the patient is already receiving anesthesia, and the same
9 abdominal incision that was created to deliver the baby can be used to access the fallopian tubes.
10 During a vaginal delivery, an epidural catheter placed during labor can often be left in for the anesthesia
11 for the tubal ligation, and only one small incision in the abdomen (usually the navel) is needed to access
12 the fallopian tubes.

13 23. Because doctors have better access to the fallopian tubes immediately following a C-
14 section or vaginal delivery, the method of closing the fallopian tubes at that time results in the most
15 effective form of female sterilization.

16 24. Immediate postpartum tubal ligation is an instantly effective form of contraception. It
17 also does not add time in the hospital or recovery time for the patient.

18 25. According to ACOG: “Given the consequences of a missed procedure and the limited
19 time frame in which it may be performed, postpartum sterilization should be considered an urgent
20 surgical procedure.”⁷

21 26. If Dr. Van Kirk were authorized to perform an immediate postpartum tubal ligation on
22 Ms. Chamorro, the procedure would be simple and impose no burden on MMCR. Because Ms.

23 ⁵ Am. Cong. of Obstetricians and Gynecologists. *Comm. Op. No. 530: Access to postpartum*
24 *sterilization*; 120 **OBSTET. GYNECOL.** 212, 212 (2012)..

25 ⁶ Am. Cong. of Obstetricians and Gynecologists. *Comm. Op. No. 530: Access to postpartum*
26 *sterilization*; 120 **OBSTET. GYNECOL.** 212, 212 (2012) at 392.

27 ⁷ Am. Cong. of Obstetricians and Gynecologists. *Comm. Op. No. 530: Access to postpartum*
28 *sterilization*; 120 **OBSTET. GYNECOL.** 212, 213 (2012).

1 Chamorro will have spinal anesthesia in place for her C-section, Dr. Van Kirk would not need to
2 administer any additional anesthesia to perform a postpartum tubal ligation. Dr. Van Kirk would not
3 require, and MMCR would not have to furnish, any additional support staff in the delivery room to
4 perform the tubal ligation. Other than two pieces of suture per procedure, Dr. Van Kirk would not need
5 any additional materials or equipment in the delivery room to perform the tubal ligation, and based on
6 his past experience, performing the tubal ligation at the time of delivery would take approximately one
7 to two minutes.

8 **Patients Are Harmed When They Are Denied Postpartum Tubal Ligation**

9 27. Hospital policies that prohibit immediate postpartum tubal ligation prevent physicians
10 from providing their patients with the standard of care.

11 28. If a patient is unable to obtain a tubal ligation postpartum, she will likely have to undergo
12 an otherwise unnecessary surgery to obtain one, which involves general anesthesia and multiple
13 incisions. The general anesthesia alone adds some level of risk to the woman compared to an immediate
14 postpartum tubal sterilization.

15 29. When women request and are denied postpartum tubal ligation, they are at a greater risk
16 of unintended pregnancy. According to ACOG, “Failure to provide the desired sterilization creates a
17 significant increase in cost for the woman and the health care system,” citing a study where “nearly one
18 half of women with unfulfilled postpartum sterilization requests became pregnant within one year, twice
19 the rate of women [in the study] who did not request sterilization.”⁸ Unintended pregnancy is associated
20 with poorer maternal/fetal outcomes than planned pregnancies, including low birth weight, infant
21 mortality, and maternal mortality. Approximately half of all unintended pregnancies end in abortion.

22 30. Patients often have limited choices in terms of where they are able to deliver their
23 children, and therefore where they are able to undergo postpartum tubal ligation. For example, MMCR
24 is the only hospital within a 70-mile radius that has a labor and delivery ward.

25 ⁸ Am. Cong. of Obstetricians and Gynecologists. *Comm. Op. No. 530: Access to postpartum*
26 *sterilization*; 120 **OBSTET. GYNECOL.** 212, 212 (2012), referencing Thurman AR, Janecek T. One-year
27 follow-up of women with unfulfilled postpartum sterilization requests. *Obstet Gynecol* 2010;116:1071–
28 7.

1 31. In the case of Ms. Chamorro, delivering at MMCR is her only real option. The closest
2 hospitals covered by Ms. Chamorro’s insurance that would authorize her doctor’s request for an
3 immediate postpartum tubal ligation are in the Sacramento area, approximately 160 miles from Redding,
4 or in the Chico area, over 70 miles from Redding. Given the distance, the alternatives to MMCR offered
5 by Ms. Chamorro’s insurance would impose unacceptable burdens: among other things, Ms. Chamorro
6 would have to find a new obstetrician and establish care as that physician’s obstetrical patient in the
7 Sacramento or Chico area; in order to ensure access to the appropriate hospital for her delivery, she
8 would practically have to live in the area during the last month of her pregnancy; and because her
9 insurance would cover only her hospital stay, she would potentially have to be separated from her
10 husband and children—or pay for them to join her near Sacramento or Chico.

11 32. If MMCR does not ultimately agree to let Dr. Van Kirk perform a postpartum
12 sterilization at the time of her C-section, Ms. Chamorro will undergo a C-section without a postpartum
13 tubal ligation.

14 **MMCR Refuses To Authorize Some Tubal Ligation Based on Religious Directives**

15 33. Based on the ERDs, MMCR refuses to authorize Ms. Chamorro’s obstetrician to perform
16 an immediate postpartum tubal ligation after her C-section.

17 34. Dr. Van Kirk submitted a “sterilization request for Rebecca Chamorro” on September 15,
18 2015. In the letter that Dr. Van Kirk submitted, he noted under “medical indications” that the “patient
19 desires to have a tubal ligation performed” and “the obstetrician requests permission to perform a tubal
20 ligation if the uterine scar is found to pathologically thin at the time of repeat Cesarean section, thus
21 placing the patient at risk of a future pregnancy.” He also noted that there would be risks to
22 Ms. Chamorro of “second anesthesia in another surgery,” that she was limited to MMCR, and that he
23 had previously been granted authorization to perform tubal ligation for several patients at MMCR. At
24 the end of the letter, Dr. Van Kirk requested that “if you will not grant permission for my patient to have
25 the indicated procedure that she desires, and has given her informed consent, I would request an
26 explanation as to why. If you deem that the current medical necessity has not been met to warrant
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1 sterilization, please provide me and my patient with sufficient specific information as to how we can
2 meet your definition of medical necessity.”

3 35. On September 18, 2015, MMCR denied Dr. Van Kirk’s request to provide Ms Chamorro
4 with an immediate postpartum tubal ligation. The denial letter states: “The Mercy Medical Center
5 Redding facility review committee has evaluated your request for sterilization for Rebecca Chamorro.
6 We are unable to admit your request to perform a tubal ligation at the time of Ms. Chamorro’s
7 Ceasarean Section. In reviewing your request and based on the current information submitted, it noted
8 that it does not meet the requirement of Mercy’s current sterilization policy or the Ethical and Religious
9 Directives for Catholic Health Services. Therefore, we cannot admit material cooperation to perform a
10 tubal ligation at Mercy Medical Center Redding.”

11 36. Dr. Van Kirk estimates that he has had at least 50 patients in the last eight years for
12 whom he has sought but been denied authorization to perform immediate postpartum tubal ligation
13 based on “Mercy’s current sterilization policy or the Ethical and Religious Directives for Catholic
14 Health Services.”

15 37. Dignity Health identifies some of its hospitals as affiliated with the Catholic Church. For
16 the hospitals that it identifies as Catholic, Dignity Health’s website states that these hospitals must
17 conform to “the Ethical and Religious Directives for Catholic Health Care Services.”⁹

18 38. The ERDs are promulgated by the United States Conference of Catholic Bishops.¹⁰ The
19 ERDs explicitly apply to sterilization: “Direct sterilization of either men or women, whether permanent
20 or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are
21 permitted when their direct effect is the cure or alleviation of a present and serious pathology and a
22 simpler treatment is not available.”¹¹ The ERDs further state that “[w]hile there are many acts of

23 _____
24 ⁹ <http://www.dignityhealth.org/cm/content/pages/ethics.asp>

25 ¹⁰ U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Healthcare*
26 *Services*, fifth ed., No. 53 (Nov. 17, 2009); <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>

27 ¹¹ *Id.*

1 varying moral gravity that can be identified as intrinsically evil, in the context of contemporary health
2 care the most pressing concerns are currently abortion, euthanasia, assisted suicide, and direct
3 sterilization.”¹²

4 39. Dignity Health identifies MMCR as a Catholic hospital, and has stated in correspondence
5 that MMCR must follow the ERDs.

6 40. Despite denying Dr. Van Kirk’s request for authorization to perform an immediate
7 postpartum tubal ligation for Ms. Chamorro, MMCR does authorize doctors, including Dr. Van Kirk, to
8 perform some immediate postpartum tubal ligation.

9 41. Although MMCR does not provide a comprehensive list of the clinical criteria it takes
10 into account in authorizing some immediate postpartum tubal ligation, Dr. James De Soto of MMCR
11 listed to Dr. Van Kirk in an email on October 6, 2015 some of the factors that he said MMCR takes into
12 account in assessing the “risk to the mother in future pregnancies.” These factors include risk factors for
13 uterine rupture, as well as: uterine over-distention, advanced maternal age, grand multiparity (having
14 five or more previous childbirths), some abnormal placentation, medication controlled diabetes mellitus,
15 previous hx of uterine infection, and unknown scar type. The email further states that it is “the totality
16 of risk factors, including any findings at the time of surgery, that is important.”

17 42. All pregnancies, however, present some risk to the woman.

18 **FIRST CAUSE OF ACTION**

19 **(Violation of The Unruh Act, Civ. Code § 51(b))**

20 1. Plaintiffs incorporate by reference the allegations of the above paragraphs as though fully
21 set forth herein.

22 2. The Unruh Act prohibits discrimination on the basis of sex in all business establishments.
23 Cal. Civ. Code § 51(b).

24 3. The Unruh Act defines “sex” to include pregnancy, childbirth, or medical conditions
25 related to pregnancy or childbirth. Cal. Civ. Code § 51(g).

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27 ¹² Id. at 42, note 44.

1 4. Immediate postpartum tubal ligation is a form of pregnancy-related medical care.

2 5. Prohibiting doctors at Dignity hospitals from providing immediate postpartum tubal
3 sterilization subjects women to substandard care.

4 6. Defendant's refusal to allow doctors to perform immediate postpartum tubal ligation at
5 their hospitals is sex discrimination in violation of California Civil Code section 51.

6 **SECOND CAUSE OF ACTION**

7 **(Violation of Govt. Code § 11135)**

8 7. Plaintiffs incorporate by reference the allegations of the above paragraphs as though fully
9 set forth herein.

10 8. California Government Code section 11135(a) prohibits discrimination on the basis of
11 sex in state funded programs and activities.

12 9. Defendants receive state funds directly tied to state programs encouraging the promotion
13 of public health generally and reproductive health care in particular.

14 10. Sex discrimination under California Government Code section 11135 includes
15 discrimination based on "[p]regnancy or medical conditions related to pregnancy," and "[c]hildbirth or
16 medical conditions related to childbirth." Cal. Govt. Code §§ 11135(e), 12926(r)(1).

17 11. Immediate postpartum tubal ligation is a form of pregnancy-related medical care.

18 12. Prohibiting doctors at Dignity hospitals from providing immediate postpartum tubal
19 ligation subjects women to substandard care.

20 13. Defendant's refusal to allow doctors to perform postpartum tubal ligation in their
21 hospitals is sex discrimination in violation of California Government Code section 11135 and its
22 implementing regulations.

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1 **THIRD CAUSE OF ACTION**

2 **(Violation of Business & Professions Code §§ 2032, 2052, and 2400)**

3 14. Plaintiffs incorporate by reference the allegations of the above paragraphs as though fully
4 set forth herein.

5 15. California Business & Professions Code section 2032 provides that “only natural persons
6 shall be licensed [to practice medicine] under this chapter.”

7 16. California Business & Professions Code section 2052 prohibits the unlicensed practice of
8 medicine and the resulting punishments.

9 17. California Business & Professions Code section 2400 provides that “corporations and
10 other artificial legal entities shall have no professional rights, privileges, or powers.”

11 18. Taken together, these code sections form a bar on the corporate practice of medicine.

12 19. Dignity Health refuses to allow doctors to perform some immediate postpartum tubal
13 ligation based on solely on the Ethical and Religious Directives for Catholic Health Services.

14 20. In preventing physicians from performing immediate postpartum tubal ligation, thus
15 requiring physicians to provide substandard care, and in making determinations as to which patients will
16 be permitted to undergo a postpartum tubal ligation Dignity Health violates the statutory bar on the
17 corporate practice of medicine.

18 **FOURTH CAUSE OF ACTION**

19 **(Violation of Health & Safety Code § 1258)**

20 21. Plaintiffs incorporate by reference the allegations of the above paragraphs as though fully
21 set forth herein.

22 22. California Health and Safety Code section 1258 provides that: “No health facility which
23 permits sterilization operations for contraceptive purposes to be performed therein, nor the medical staff
24 of such health facility, shall require the individual upon whom such a sterilization operation is to be
25 performed to meet any special nonmedical qualifications, which are not imposed on individuals seeking
26 other types of operations in the health facility. Such prohibited nonmedical qualifications shall include,
27 but not be limited to, age, marital status, and number of natural children.”
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ACLU FOUNDATION OF NORTHERN CALIFORNIA, INC.

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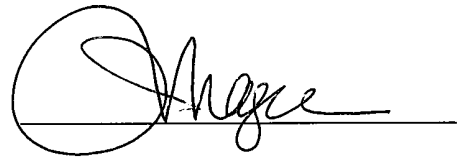
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VERIFICATION

I, Jodi Magee, am the President/CEO of Physicians for Reproductive Health. I have read this Verified Complaint for Declaratory and Injunctive Relief in the matter of *Chamorro et al. v. Dignity Health*. I am informed, and do believe, that the matters herein are true. On that ground I allege that the matters stated herein are true. In addition, the facts within paragraphs 12 and 13 are within my own personal knowledge and I know them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: Dec 23, 2015

A handwritten signature in black ink, appearing to read "J. Magee", is written over a horizontal line.

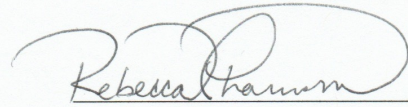
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VERIFICATION

I, Rebecca Chamorro, have read paragraphs 9, 10, 11, 31, and 32 of this Verified Complaint for Declaratory and Injunctive Relief in the matter of *Chamorro et al. v. Dignity Health*. The facts within these paragraphs are within my own personal knowledge and I know them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: 12/26/15



Rebecca Chamorro