



James Steintrager
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Chair of the Assembly of the Academic Senate
Faculty Representative to the Regents
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

October 27, 2023

DAVID RUBIN, EXECUTIVE VICE PRESIDENT
UC HEALTH

Re: Revisions to Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405

Dear EVP Rubin,

As requested, I distributed for systemwide Senate review the proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations. All ten Academic Senate divisions and three systemwide committees ([UCAP](#), [UCFW](#), and [UCAE](#)) submitted comments. These were discussed at the Academic Council's October 25 meeting and are attached for your reference. Academic Council also voted on endorsement of the revised policy, with 12 members in favor, 4 opposed, and 1 abstention. Votes in favor were based on general approval of the revised policy. As the attached comments confirm, every campus division that was consulted, as well as the three systemwide committees, expressed reservations about various aspects of the policy, and in one case rejected the policy in its entirety.

We understand that the revisions finalize the interim presidential policy implemented in response to Regents Policy 4405, which underwent systemwide review in spring of 2022. The policy establishes guidelines for entering into and maintaining affiliations with health care organizations external to UC, with the stated goals of supporting and advancing the University's commitment to healthcare access and its commitment to inclusion, diversity, equity, and accountability.

Key revisions include updates to definitions, including "emergency services" and "emergency medical conditions," to align with those used by the California Department of Managed Health Care. The revisions also clarify UC clinician roles within affiliated organizations, distinguish between various types of affiliations, and underscore the need for rigorous quality monitoring, especially for affiliations involving hospitals.

In the past, the Senate has expressed concerns about the University's plan to expand affiliations with providers that impose policy-based restrictions on care, particularly those rooted in Ethical and Religious Directives for Catholic Health Care Services (ERDs), which limit evidence-based

diagnoses and treatments such as elective abortion and gender affirmation procedures and thus appear discriminatory. Many faculty continue to have serious concerns about affiliating with these organizations. However, we also understand the need for a presidential policy that implements Regents Policy 4405, albeit with appropriate guardrails and protections.

We appreciate UC Health's engagement with the UC community in shaping this policy to ensure that it fosters access to high-quality, evidence-based care while safeguarding the University's values. We also appreciate the improvements in the revised policy, particularly those addressing ambiguities in the emergency care provisions that empower UC clinicians in decision-making; establishing the University's commitment to evidence-based care for all patients; and exempting "Public Affiliations" such as the Veterans Health Administration, Indian Health Service, and other government agencies from the policy.

However, several concerns remain unaddressed:

Protections for UC Personnel, Enforcement, and Monitoring: Questions remain about the freedom of UC personnel to practice evidence-based care at covered affiliate sites and about the robustness of complaint mechanisms for UC personnel who feel their freedom to exercise professional judgment is hindered at an affiliate. The policy should more clearly assert the right of UC clinicians and trainees working at affiliates to exercise professional judgment and report violations of the policy, and it should provide transparent and easily accessible provisions for receiving and addressing complaints from UC personnel. We recommend that each location designate an ombudsperson whom personnel can contact if they have concerns or complaints.

The policy should also provide safeguards to ensure that UC student trainees who object to their assigned affiliate can secure alternative placements. The burden to find an alternative placement should fall on the department, not on the trainee. In addition, some reviewers interpret the policy as requiring UC personnel to sign agreements compelling adherence to ERDs. The policy should be clear that no UC personnel will be expected to sign such agreements.

Another concern is that the policy's restrictions may affect research performed at affiliates, potentially limiting educational connections in underserved regions with limited healthcare provider alternatives. The policy should provide exceptions to allow research and educational associations in these underserved areas.

Compliance and Oversight: The policy should incorporate stronger mechanisms for compliance, accountability, and oversight, including provisions for monitoring the application and outcomes of emergency service provisions, and reproductive health care access at affiliates. While the policy provides protection for UC personnel at affiliates to deliver services in the best interest of patients, policy-based restrictions that shape logistical capabilities may ultimately be limiting. We recommend an additional policy appendix with guidance on how to measure, verify, and improve care at affiliates. In addition, regular systemwide review of the policy will help ensure that it aligns with UC values and stays current on healthcare issues.

Clarity on "Emergency" Care: Notwithstanding the improved definitions, the policy should provide greater clarity about what constitutes an "emergency" that permits UC personnel to perform specific and otherwise restricted procedures. It should be flexible enough to ensure timely and medically necessary care in the patient's best interest, regardless of an active

emergency situation, with determinations made by clinicians rather than compliance officers or administrators.

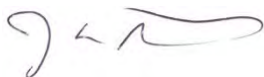
Continued Restrictions on Patient Care: While the revised policy improves emergency access to care, particularly regarding abortions, it still falls short in serving patients who require contraception, post-partum sterilization, or gender-affirming care typically restricted under ERDs. Some faculty will continue to oppose the policy on this basis. At a minimum, patients at UC-affiliated hospitals with policy-based restrictions should be informed in advance about the unavailability of certain services, and patients who are transferred to UC-affiliated hospitals with policy-based restrictions should be informed about relevant restrictions at those affiliates as well as alternative options at UC locations. Appendix D, Hospital Quality Measures, should include a metric to assess the timeliness of patient transfers under policy section III.B.3c. We also urge the University to take a strong leadership role in support of reproductive rights and gender-affirming care.

Impact on Employee Health Benefits: Some faculty remain concerned that the policy will not satisfactorily address UC employee access to health care coverage, particularly in regions with limited providers. This issue is most prominent at UC Merced and UC Santa Cruz, where providers at Catholic health care facilities are the main (or only) resource in those campus communities. The policy should clearly distinguish between UC academic medical centers' affiliations with religious policy-based healthcare providers and UC's medical insurance partnerships with them. The policy should explicitly state that it governs UC's training and clinical care relationships with affiliates, to reassure UC employees about their access to in-network healthcare facilities and services.

Finally, reviewers identified many specific opportunities to enhance the policy's definitions and overall clarity. We encourage you to review the letters and incorporate these suggestions as appropriate.

Thank you for the opportunity to opine. Please do not hesitate to contact me if you have additional questions.

Sincerely,



James Steintrager, Chair
Academic Council

Cc: Academic Council
Provost Newman
Vice Provost Haynes
Associate Vice President Nelson
Chief Policy Advisor McAuliffe
Senate Division Executive Directors
Senate Executive Director Lin



320 STEPHENS HALL
UNIVERSITY OF CALIFORNIA

October 18, 2023

JAMES STEINTRAGER
Chair, Academic Council

*Subject: Systemwide Review of the proposed revisions to the Presidential Policy on Affiliations
with Certain Health Care Organizations*

Dear Chair Steintrager:

The proposed revisions to the *Presidential Policy on Affiliations with Certain Health Care Organizations* were sent to the Berkeley Division Committees on Diversity, Equity, and Campus Climate (DECC); and Faculty Welfare (FWEL). While DECC had no comments, FWEL provided comments and I encourage you to read FWEL's letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Max Auffhammer', with a stylized flourish at the end.

Maximilian Auffhammer,
Professor of Agricultural & Resource Economics/International & Area Studies (ARE/IAS)
Chair, Berkeley Division of the Academic Senate

Enclosures

cc: Amani Allen, Vice Chair, Berkeley Division of the Academic Senate
Christine Wildsoet, Chair, Committee on Diversity, Equity, and Campus Climate
Mary Firestone, Co-Chair, Committee on Faculty Welfare
Nancy Wallace, Co-Chair, Committee on Faculty Welfare
Jocelyn Surla Banaria, Executive Director
Linda Corley, Senate Analyst, Committee on Diversity, Equity, and Campus Climate
Patrick Allen, Senate Analyst, Committee on Faculty Welfare



October 12, 2023

PROFESSOR MAX AUFFHAMMER
Chair, 2023-2024 Berkeley Division of the Academic Senate

*Re: DECC's Comments on the UC Presidential Policy on Affiliations with Certain
Healthcare Organizations*

The Committee on Diversity, Equity, and Campus Climate (DECC) reviewed the UC Presidential Policy on Affiliations with Certain Healthcare Organizations. DECC did not have any comment for this revision.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Christine Wildsoet', with a stylized flourish at the end.

Christine Wildsoet
Chair, Committee on Diversity, Equity, and Campus Climate

CW/lc



320 STEPHENS HALL
UNIVERSITY OF CALIFORNIA

October 15, 2023

CHAIR MAXIMILIAN AUFFHAMMER
Academic Senate

Re: Review of Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Chair Auffhammer,

The Committee on Faculty Welfare (FWEL) carried out our review of the Presidential Policy on Affiliations with Certain Health Care Organizations via email because the October 10, 2023 deadline occurred before our scheduled meeting on October 16, 2023. Only one current FWEL member had significant background concerning the prior Presidential Policy on Affiliations with Certain Healthcare Organizations and provided substantive comment.

Overall, FWEL agrees that the revised policy does more clearly establish standards of engagement between the University's health centers, clinics and health professional schools and the private and public health care organizations with whom they have or seek to have contractual affiliations. We also concur that the revisions more clearly advance the University's public mission and values, including its commitment to inclusion, diversity equity, and accountability. Importantly, the revised private and public affiliations standards very clearly establish the University's uncompromising commitment to evidence-based care for all patients. Finally, FWEL is encouraged that all current affiliate public and private health care organizations have now fully agreed to these revised standards.

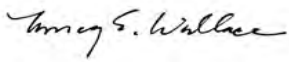
Our outstanding concerns with the policy include:

- There is a disturbing lack of “teeth” in the document. Nearly all contract law stipulates what will happen if the parties fail to abide by the agreement. This document does not. Instead, the language is focused on reviews at unknown intervals and does not stipulate the consequences if one of the parties fails in its contractual obligations.
- Section III, E, **Process for collecting and Responding to Concerns and Complaints**, is not clear about to whom within UCH locations and how personnel and trainees should present concerns and complaints when “they believe that their professional judgement or freedom to exercise any of the rights described in Section III D.3 above, is being impeded in any way.” Given the importance of this oversight mechanism, it would appear that a “one-stop-shop” structure with common service provision and standards across campuses would be a preferable reporting destination for such complaints and concerns.

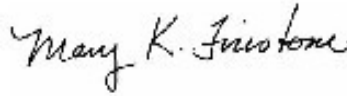
- There should be oversight mechanisms in place to monitor continued application and performance outcomes related to Appendix C summarizing the “University’s understanding of what items and services Personnel and Trainees may or may not be permitted to deliver at current University Affiliates located in California.” In particular, the definitions of and the responses to emergency versus non-emergency conditions and diagnoses is clearly not comprehensive and needs careful monitoring over time. The text of the presidential policy, however, provides no reference to the need for on-going monitoring of emergency service provision by UC Personnel and Trainees responding to reproductive health related diagnoses at affiliated public and private health organizations. We believe that there is a need for this monitoring as well as a need to identify who will be responsible for monitoring over time.

We appreciate the opportunity to weigh in on this important matter.

Regards,



Nancy Wallace, Co-Chair
Committee on Faculty Welfare



Mary Firestone, Co-Chair
Committee on Faculty Welfare

NW/MF/pgs



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October 18, 2023

James Steintrager
Chair, Academic Council

RE: Draft Presidential Policy on Affiliations with Certain Health Care Organizations

The draft Presidential Policy on Affiliations with Certain Health Care Organizations was forwarded to all standing committees of the Davis Division of the Academic Senate. Three committees responded: Academic Freedom and Responsibility (CAFR), Faculty Welfare (FWC), and the Faculty Executive Committee of the School of Nursing (SON).

Committees support the draft policy. FWC thinks the revisions strengthen protections for UC values and properly incorporate diversity, equity, and inclusion goals.

CAFR agrees that the draft strengthens UC clinicians' authority to make decisions without affiliate interference but also notes logistical hurdles that clinicians may face: "One implementation question centered on the means for carrying out a UC personnel member's decision to provide services if those services are not offered at an affiliated institution. While laudable in its abstract defense, it was unclear to the committee how a UC actor would be able to carry this into operation, other than by calling for a patient to be transported. A UC actor might well feel constrained by the lack of procedures for carrying out their professional judgment even if the policy included an abstract right for them to state their preferences." In other words, even if the policy protects clinicians' authority, logistical realities may, in effect, constrain their decision making.

Lastly, CAFR asks: "Do UC actors retain the right to work with medical sites that do not follow these provisions, even if the university could not affiliate with them?" The policy should answer this question.

The Davis Division appreciates the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Palazoglu", is written over a light blue horizontal line.

Ahmet Palazoglu
Chair, Davis Division of the Academic Senate

Distinguished Professor of Chemical Engineering
University of California, Davis

Enclosed: Davis Division Committee Responses

c: Monica Lin, Executive Director, Systemwide Academic Senate
Michael LaBriola, Assistant Director, Systemwide Academic Senate
Edwin M. Arevalo, Executive Director, Davis Division of the Academic Senate

October 11, 2023

Ahmet Palazoglu

Chair, Davis Division of the Academic Senate

RE: Request for Consultation on the Draft Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Ahmet:

The Committee on Academic Freedom and Responsibility (CAFR) has reviewed the Request for Consultation (RFC) on the draft Presidential Policy on Affiliations with Certain Health Care Organizations. In review of the draft of the proposed policy, the committee is providing some comments and concerns below for consideration.

The draft seems to enhance UC personnel's freedom to make clinical decisions without interference by an affiliate organization, a defense of our academic freedom that the committee endorses. However, there were questions of implementation and implications that the committee considered worth raising since some of those questions raise other questions related to academic freedom.

One implementation question centered on the means for carrying out a UC personnel member's decision to provide services, if those services are not offered at an affiliated institution. While laudable in its abstract defense, it was unclear to the committee how a UC actor would be able to carry this into operation, other than by calling for a patient to be transported. A UC actor might well feel constrained by the lack of procedures for carrying out their professional judgment even if the policy included an abstract right for them to state their preferences.

Another implementation question turned on whether UC actors could obtain information on the impact of the denial or provision of services like those around sexual health, and whether their right to conduct research on these issues is impacted by affiliation decisions. Also, who constitutes the approval authorities on affiliation decisions on the right to conduct research? Solely administrators or would a different body that has significant faculty representation?

The broadest question remains the one that is hardest to codify in a policy but is of absolutely central importance: might a member of the university community be constrained by their relationships with these health care organizations? Would they be able to say and act on their best professional judgment?

One committee member raised the question of whether departments or units, in aggregate, could decide about affiliation, not just individual UC actors. Is there an option to allow each UC campus, and each department to exert these choices based on a wider UC statement of "values" that espouses evidence-based practice and non-discrimination? Even more granularly, is there an opportunity to allow individual faculty members to choose not to work at an affiliate site if it is in conflict with their values?

Other implementation questions turned on the converse questions: did UC actors retain the right to work with medical sites that do not follow these provisions, even if the university could not affiliate with them?

Does the policy impact the rights to academic freedom for those members of the UC community who do not object to the policies at those medical sites?" Or does its language of core values suggest that their disagreement takes them beyond the stance of UC as an institution? In general, the discussion of values—rather than policies—in this document raises concerns about clarity and about academic freedom. Such values always have to be paired with the right of members of the UC community to practice their academic freedom. An acknowledgment of the tension between a values-based approach and academic freedom—as is often provided by campus chancellors when issuing statements about values—would assuage these concerns.

The Davis Division on Committee on Academic Freedom and Responsibility appreciates the opportunity to comment on the Draft Presidential Policy on Affiliations with Certain Health Care Organizations.

Sincerely,

A handwritten signature in cursive script that reads "Gregory P. Downs".

Gregory Downs
Chair, Committee on Academic Freedom and Responsibility

October 11, 2023

Ahmet Palazoglu

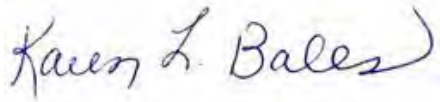
Chair, Davis Division of the Academic Senate

RE: Request for Consultation – Draft Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Ahmet:

The Committee on Faculty Welfare has reviewed the RFC – Draft Presidential Policy on Affiliations with Certain Health Care Organizations and found that the new revisions are a major improvement on the 2021-2022 proposal. The document successfully clarifies how the policy is intended to be understood and implemented by those within and outside of the health care profession. The committee supports the diversity, equity, and inclusion-related goals that are incorporated throughout as well as the effort to ensure that University values are preserved and not undermined by affiliates.

Sincerely,

A handwritten signature in blue ink that reads "Karen L. Bales". The signature is written in a cursive style with a large, sweeping flourish at the end.

Karen L. Bales

Chair, Committee on Faculty Welfare

Draft Presidential Policy on Affiliations with Certain Health Care Organizations

FEC: School of Nursing Committee Response

October 11, 2023

The SON committee has reviewed the draft Presidential Policy on Affiliations with Certain Health Care Organizations and supports the implementation of Regents Policy 4405.

October 17, 2023

Jim Steintrager, Chair
Academic Council

Re: Systemwide Review – Presidential Policy on Affiliations with Certain Healthcare Organizations

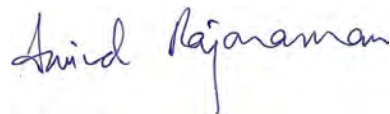
Dear Chair Steintrager,

The Irvine Division discussed proposed revisions to the Presidential Policy on Affiliations with Certain Healthcare Organizations at its Cabinet meeting on October 17, 2023. The Council on Equity and Inclusion (CEI) and the Council on Faculty Welfare, Diversity, and Academic Freedom (CFW) also reviewed the proposal.

Overall, Cabinet, as well as CEI and CFW, was supportive of the policy and appreciated that revisions were responsive to previous feedback. CEI members noted that it would be helpful to include more information about implementation and additional details about how information and resources would be made available to Personnel, Trainees, and patients. CFW members provided a range of comments and questions. Comments from both councils are attached in their entirety.

The Irvine Division appreciates the opportunity to comment.

Sincerely,



Arvind Rajaraman, Chair
Academic Senate, Irvine Division

Enclosures: CEI, CFW memos

Cc: Valerie Jenness, Chair Elect-Secretary
Jisoo Kim, Executive Director
Gina Anzivino, Associate Director



October 10, 2023

ARVIND RAJARAMAN, CHAIR
ACADEMIC SENATE, IRVINE DIVISION

RE: Presidential Policy on Affiliations with Certain Healthcare Organizations

The Council on Equity and Inclusion discussed proposed revisions to the Presidential Policy on Affiliations with Certain Healthcare Organizations at its meeting on October 2, 2023.

Overall, members appreciated that revisions were responsive to feedback from the previous review and that the updated policy provides additional and revised definitions, and clarifies that the rights of Personnel (e.g., University-employed faculty and staff) and Trainees to make clinical decisions are protected and that working at a Covered Affiliate site is voluntary for Personnel. However, they noted that it would be helpful for the policy to include more information about implementation as well as additional details about how information and resources would be made available to patients, Personnel, and Trainees alike, especially in emergencies or other time-sensitive situations.

For example, Section III.F.1. **Process for Collecting and Responding to Concerns and Complaints** (page 8 of 23, clean version) states that each University of California Health (UCH) location must identify for all its Personnel and Trainees working at a Covered Affiliate a contact at the UCH location to whom they can reach out for assistance if they believe that their professional judgment or freedom to exercise any of their rights described in Section III.D.3. (e.g., their right to make clinical, and other decisions) is being impeded in any way at the Covered Affiliate's facility. Members would like to understand how the contact would be selected and how Personnel and Trainees would be informed of this and other resources when working at a Covered Affiliate. For instance, would they receive training on key policy provisions such as this?

Further, Section III.G.2. **Transparency and Reporting** (page 8 of 23, clean version) states that in circumstances where UCH refers a patient from a UCH Clinical Location to a Covered Affiliate, the facility, clinic, or clinician must proactively inform the patient about the restrictions and alternative options at UCH Clinical Locations or other facilities by, for example, documenting the information in the patient's discharge instructions. Members thought this was insufficient. They noted that most patients do not read pages and pages of discharge instructions thoroughly, especially when they are experiencing a traumatic or urgent medical event. They suggested that essential information about restrictions and accessing other options should additionally be provided on a one-page summary and, most importantly, that medical Personnel should also verbally discuss information about restrictions and alternative options with patients.

Finally, in a couple instances the policy says that certain actions must be taken "promptly." Specifically, see Section III.F.3. (page 8 of 23, clean version): "Each UC Clinical location must identify an individual employed by the University and charged with reviewing and *promptly* resolving patient, Personnel, and Trainee concerns or complaints related to care received or provided through Covered Affiliates;" and "Any concerns raised about perceived impediments to accessing comprehensive reproductive healthcare, gender-affirming services, or end-of-life care must be reported *promptly* to the UCH location's Chief Executive Officer or designee." Members found this to be vague and open to interpretation and suggested that



providing specific timeframes for reporting and resolving such matters would ensure that serious issues are addressed in a timely and consistent manner across locations.

The Council on Equity and Inclusion appreciates the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads "Karen Edwards". The signature is fluid and cursive, with the first name "Karen" and the last name "Edwards" clearly distinguishable.

Karen Edwards, Chair
Council on Equity and Inclusion

Cc: Valerie Jenness, Chair Elect-Secretary
Jisoo Kim, Executive Director
Gina Anzivino, Associate Director & CEI Analyst
Stephanie Makhoul, Senate Analyst

October 17, 2023

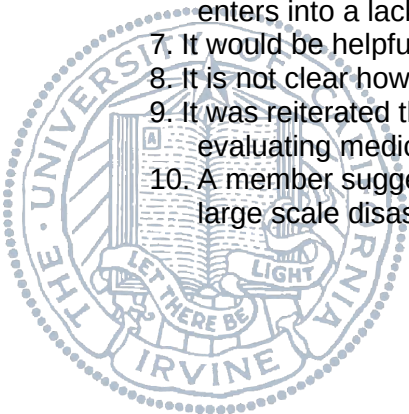
**ARVIND RAJARAMAN, CHAIR
ACADEMIC SENATE – IRVINE DIVISION**

Re: Systemwide Presidential Policy on Affiliations with Certain Healthcare Organizations

Academic Council Chair Jim Steintrager forwarded for systemwide review proposed revisions to the Presidential Policy on Affiliations with Certain Healthcare Organizations. The revisions finalize the interim policy of the same name that was implemented in response to Regents Policy 4405 and underwent systemwide review in spring of 2022. Following the previous systemwide review and extensive engagement with the UC community, which concluded at the end of August, the policy was revised with the aim of promoting access to high-quality care while countering any form of discrimination.

The Council on Faculty Welfare, Diversity, and Academic Freedom (CFW) discussed this issue at its meeting on October 10, 2023, and submits the following comments:

1. Overall, members agreed with the previous CFW statement: "It is not clear how this affiliation hurts UC when it is providing critical care and, because of their Catholic tenets, they actually serve the underserved more than any other hospital system."
2. However, some members stated that the policy limits the degree to which Catholic healthcare organizations can provide care. If the UC is no longer able to be an affiliate with Catholic healthcare organizations, then this narrows the resources that UC faculty can use/have and is therefore not attending to the welfare or academic freedom of all faculty. It is contrary to inclusion and equity and the policy should be rejected as a whole.
3. Some members pointed out that the UC physicians have worked within this system for years. If a procedure could not be done at a particular facility, an individual was always referred to facilities that would be available.
4. The policy does not address trainees sufficiently. We are training students and student doctors and on the one hand don't want them to be involved in certain organization that provide care but some of our trainees will be hired by those affiliates and inclusion is important. What are we trying to do?
5. What constitutes emergency care? The document is confusing in some parts.
6. If there is a restriction on physician or staff counseling then this is worrisome and enters into a lack of academic freedom.
7. It would be helpful if the document contained examples.
8. It is not clear how to report if there is an issue.
9. It was reiterated that the physician should always be the decision maker when evaluating medical emergency situations.
10. A member suggested that the policy should include procedures for instances such as large scale disasters or crises.



Sincerely,

A handwritten signature in cursive script, reading "Lisa Naugle". The signature is fluid and elegant, with the first name "Lisa" and last name "Naugle" clearly distinguishable.

Lisa Naugle, Chair
Council on Faculty Welfare, Diversity, and Academic Freedom

C: Jisoo Kim, Executive Director
Academic Senate

Gina Anzivino, Associate Director
Academic Senate

Stephanie Makhoul, Cabinet Analyst
Academic Senate

October 16, 2023

James Steintrager
Chair, UC Academic Senate

Re: (Second Systemwide Senate Review) Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Steintrager,

The divisional Executive Board (EB) appreciated the opportunity to review the proposed revisions to (Systemwide Senate Review) Presidential Policy on Affiliations with Certain Healthcare Organizations. EB reviewed the proposal and divisional committee and council responses at its meeting on October 12, 2023. Member voted unanimously in favor of a motion to not endorse the proposed revision and share the ongoing concerns of the Division. They noted that the comments below relate to the proposed policy, but nonetheless remain concerned about access to high quality care for UC colleagues whose only option may be such affiliates.

Members acknowledged that EB had endorsed the previous version of the proposed policy. They concluded that the latest revision seems to weaken the policy in significant ways: it eliminated the explicit refusal of religious-based policies; placed the burden to ensure accountability on students who are themselves a vulnerable population in these settings; diminishes the ability of patients, students and researchers to access full reproductive and gender-affirming care and procedures; consolidates power into the leadership of UC health; and provides no enforcement mechanisms to hold affiliation partners accountable. Most of the divisional responses during the previous review spoke to strengthening the policy; this revision weakens it.

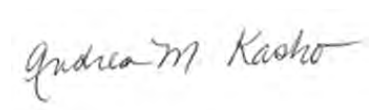
Members affirmed the UC academic mission of teaching, research, and service as a public university. They raised questions about the differences between providing services and performing procedures. Divisions had wanted to see these distinctions addressed as well as assurances that UCLA medical staff could provide procedures. Members noted that the proposed policy explicitly stated that training of UC health education would not limit students so that they get the full breadth of their education. The policy also states that the program decides where students go for training. If the student finds the assigned location objectionable then the burden is on the student to find a different location. This scenario is highly problematic. Students do not have this power. Members advised that the burden should be on the program rather than on the student for a full healthcare education. Members suggested that the policy clarify that it is incumbent on the people making the assignments to ensure that students have access to the full spectrum of training. To not allow students to perform procedures required by the state to provide would be a dereliction of the university's mission to the state of California.

Further, they noted that the policy was very vague about what constituted an emergency that would allow UCLA medical staff to perform certain procedures. They also expressed concern that the onus was on front line and junior staff. Members affirmed the importance of the provider/doctor making a decision about what constituted an emergency rather than a compliance officer or administrator making the determination. Moreover, members observed that in order to perform the procedures in case of emergency the appropriate equipment, medicine, etc. should be available. The current policy indicates that if an affiliate location does not currently have the equipment or medicine, they do not need to have it available. Members advised that this aspect of the policy needs to change.

Members worried that it would be discriminatory to only provide long-term contraception after giving birth but not under other circumstances. They questioned whether assigning LGBTQ+ students to openly hostile institutions would be problematic if not discriminatory as well.

Lastly, members asked for clarification of section 3.B.3 as the current text was subject to contradictory interpretations.

Sincerely,

A handwritten signature in dark ink, reading "Andrea M. Kasko". The signature is fluid and cursive, with the first name "Andrea" and middle initial "M." clearly visible, followed by the last name "Kasko".

Andrea Kasko
Chair
UCLA Academic Senate

Encl.

Cc: Kathleen Bawn, Vice Chair/Chair Elect, UCLA Academic Senate
Jessica Cattelino, Immediate Past Chair, UCLA Academic Senate
April de Stefano, Executive Director, UCLA Academic Senate

October 6, 2023

Andrea Kasko, Chair
Academic Senate

Re: Systemwide Review: Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Kasko,

At its meeting on October 2, 2023, the Council on Planning and Budget (CPB) reviewed and discussed the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations. Members offered the following comments.

Members commented on a changed legal and political landscape since this issue was first discussed by the Academic Senate in 2019. These changes have an inevitable effect on healthcare and UC's options as an insurer. Members agreed that the revisions significantly improved the policy and thus are in support of the proposed modifications.

If you have any questions for us, please do not hesitate to contact me at emmerich@humnet.ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

Best regards,

Michael Emmerich, Chair
Council on Planning and Budget

cc: Kathleen Bawn, Vice Chair/Chair Elect, Academic Senate
Jessica Cattelino, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Associate Director, Academic Senate
Members of the Council on Planning and Budget



OFFICE OF THE ACADEMIC SENATE
PATTI LIWANG, CHAIR, ACADEMIC SENATE
senatechair@ucmerced.edu

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5200 NORTH LAKE ROAD
MERCED, CA 95343

October 18, 2023

To: James A. Steintrager, Chair, Academic Council

Re: [Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405](#)

The proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations (implementing Regents Policy 4405) were distributed for comment to the Merced Division Senate Committees and School Executive Committees. The following committees offered several comments for consideration. Their comments are appended to this memo.

- Committee on Academic Personnel (CAP)
- Committee on Research (CoR)
- Committee on Faculty Welfare and Academic Freedom (FWAF)
- Graduate Council (GC)
- School of Social Sciences, Humanities, and Arts Executive Committee (SSHA EC)

CAP believed the revisions represent an improvement over the previous draft in that it offers broader protections for emergency abortion care. Several large issues remain outstanding, however. First, the language on p. 11 seems to indicate that UC employees may still be required to sign a document at some facilities stating that they will abide by the Ethical and Religious Directives for Catholic Health Care Services (ERDs). Also, while the restrictions on UC providers providing abortion care under emergency situations are now improved, there is still no ability to provide contraception, post-partum sterilization, or many kinds of gender-affirming care. What policies will be put in place to ensure that both UC employees and the patients they may see are aware of these restrictions? For UC trainees who decline to work at hospitals that do not practice evidence-based care for policy reasons, as is their right under this draft, what safeguards are in place to ensure they can find other placements?

CoR believed that the policy seems much improved. Notably, from the perspective of research, Section III.D. really helps to clarify how the policy would impact trainees at the sites of “Covered Affiliates” especially those with Policy-Based Restrictions. However, because the policy covers such a broad range of activities, it is difficult to be sure that it will not cause some unforeseen issues with medical research. To handle this, CoR recommended that the Joint Clinical Advisory Committee (outlined in III.H) should be set up to handle issues not only from Clinicians, but also researchers.

FWAF noted that the policy emphasizes the commitment of UC Health to protecting and advancing the University's values, including in particular, providing life-saving medical services related to reproductive and LGBTQ-inclusive care. However, FWAF was concerned that the policy in its current version does little to ensure that patients will have inclusive and equitable access to those services. FWAF believes the UC policy should be more forceful. It should clearly state that the UC will only enter into Healthcare Affiliations when potential Affiliates explicitly state in a legally-enforceable document that they will provide these services not only as medical emergency services, but as a matter of basic health care services and routine medical care. FWAF's specific concerns relate to Section II.C.3.b and are included in their appended memo.

GC recognized that the concerns detailed in their April 29, 2022 memo pertaining to the clarification of III.B.3 have been addressed; however, it appears that no additional "guidance for resolving circumstances where potential affiliations may conform with some elements of III.B provisions but not all" has been implemented. GC offered two recommendations to include in Appendix C (page 32 of the Presidential Policy) and those recommendations are contained in their appended memo.

SSHA EC still had concerns over some provisions of the policy to harm or have detrimental effects on UC Merced faculty research and the development of Medical Education at the University. A key problem is that the policy will likely preclude important research and educational connections with Dignity Health, which runs the Mercy Medical Center, the only hospital in Merced. Dignity is also one of the largest hospital networks in California and runs many hospitals in the central valley that are often the only healthcare provider in remote regions and communities. Faculty have collaborative research links with the hospital and, as there is no University hospital in Merced, this will also limit potential for UC Merced students on the Medical Education program doing clinical rotations or other key training at the hospital. This may also impact provisions on future programs aligned with healthcare. SSHA EC also noted no option within the Policy that provide exceptions to afford these research and educational associations in underserved regions where there are no alternatives.

Divisional Council reviewed the committees' comments and supports their various points and suggestions.

The Merced Division thanks you for the opportunity to comment on these proposed policy revisions.

CC: Divisional Council
Monica Lin, Executive Director, Systemwide Academic Senate
Michael LaBriola, Assistant Director, Systemwide Academic Senate
Senate Office



ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON ACADEMIC PERSONNEL (CAP)
SEAN MALLOY, CHAIR
smalloy@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

October 16, 2023

To: Patti LiWang, Senate Chair

From: Sean Malloy, Chair, Committee on Academic Personnel (CAP)

Re: Presidential Policy on Affiliations with Certain Health Care Organizations

CAP reviewed the Presidential Policy on Affiliations with Certain Health Care Organizations and offers the below comments.

1. The revisions represent an improvement over the previous draft in that it offers broader protections for emergency abortion care. The draft also now distinguishes between federal agencies (including the VA) that cannot provide abortion services by law under the Hyde amendment and those that engage in policy-based restrictions by choice such as Catholic hospitals governed by the Ethical and Religious Directives for Catholic Health Care Services (ERDs). Several large issues remain outstanding, however including:

2. The language on p. 11 seems to indicate that UC employees may still be required to sign a document at some facilities stating that they will abide by the ERDs:

"... some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above."

While this seems to indicate that UC employees that UC policies will supersede any individual document signed by an employee, this puts UC employees in a bad situation. At the very least, they may be required to sign a document that is contrary to the non-discrimination policies practiced by the UC itself. If UC policies supersede the ERDs for UC employees, they should not be required to sign a document stating they will abide by the ERDs.

3. While the restrictions on UC providers providing abortion care under emergency situations are now improved, there is still no ability to provide contraception, post-partum sterilization, or many kinds of gender-affirming care. What policies will be put in place to ensure that both UC employees and the

patients they may see are aware of these restrictions, and the fact they may need a referral to get such treatment, *before* they arrive at the facility? Communication is vital here.

4. For UC trainees who decline to work at hospitals that do not practice evidence-based care for policy reasons, as is their right under this draft, what safeguards are in place to ensure they can find other placements? In some geographic areas this may prove challenging. Providing an opt-out for working or training at facilities that limit the ability to provide evidence-based care is crucially important but means little if we cannot find alternative placements for these trainees, forcing them to choose between adherence to evidence-based care and their own careers.

CAP's additional comments on the policy:

- A Covered Person or Organization with which the University has established an Affiliation is a Covered Affiliate. This is confusing, because in the section that defines covered person or organization, a new term is introduced.
- The policy should Add hyphens to “end-of-life” care.

We appreciate the opportunity to opine.

cc: Senate Office

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SANTA BARBARA • SANTA CRUZ

ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON RESEARCH (COR)
TAO YE, CHAIR
tye2@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

October 18, 2023

To: Patti LiWang, Senate Chair

From: Tao Ye, Chair, Committee on Research (CoR)

Re: Presidential Policy on Affiliations with Certain Health Care Organizations

CoR reviewed the Presidential Policy on Affiliations with Certain Health Care Organizations and offers the below comments.

This policy seems much improved. Notably, from the perspective of research, Section III.D. helps to clarify how the policy would impact trainees at the sites of Covered Affiliates, especially those with Policy-Based Restrictions.

However, because the policy covers such a broad range of activities, it is difficult to ensure that it will not cause some unforeseen issues with medical research. To handle this, the Joint Clinical Advisory Committee (outlined in III.H) should be set up to handle issues not only from Clinicians, but also researchers. Right now, it seems that the committee is mostly intended to deal with individual complaints as they come up. However, there should also be some form of record keeping, such that general issues that occur across sites/affiliates can be identified and addressed with future policy revisions.

We appreciate the opportunity to opine.

cc: Senate Office

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ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON FACULTY WELFARE AND ACADEMIC FREEDOM (FWAF)

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

October 6, 2023

To: Patti LiWang, Chair, Divisional Council (DivCo)

From: Jayson Beaster-Jones, Chair, Committee on Faculty Welfare and Academic Freedom (FWAF)

Re: [Proposed Revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations](#)

The Committee on Faculty Welfare and Academic Freedom (FWAF) discussed the “Proposed Revisions to the UC Presidential Policy on Affiliations with Certain Healthcare Organizations”.

The policy emphasizes the commitment of UC Health to protecting and advancing the University’s values, including in particular, providing life-saving medical services related to reproductive and LGBTQ-inclusive care. However, the policy in its current version does little to ensure that patients will have inclusive and equitable access to those services. Instead, the policy makes vague statements that suggest patients will simply be provided with information when Affiliate healthcare providers have policies that restrict the provision of those services. We believe the UC policy should be more forceful. It should clearly state that the UC will only enter into Healthcare Affiliations when potential Affiliates explicitly state in a legally-enforceable document that they will provide these services not only as medical emergency services, but as a matter of basic health care services and routine medical care.

Our specific concerns are with the following language in the policy:

Section II.C.3.b

“Each location must verify that access to services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the Affiliation”

The statement above is ambiguous, and it raises questions about how enforcement and compliance will be achieved. Given that some affiliates ban the provision of some of these services, how will each location be able to maintain (much less improve) those services? Will hosting locations have alternative service providers available who can provide abortions or end of life care in the event that an Affiliate refuses to provide those services?

Similarly, the specifics of the verification process are unstated. How will locations verify that access to these services has been maintained? What are the metrics for evaluating whether access has been “maintained” or “improved”?

Affiliates are allowed to have policy-based restrictions on the kinds of services they offer. This includes restrictions on the services referenced above (e.g., gender-affirming care, abortion, contraception, etc.). In other words, the policy does not require Affiliates to provide those services. Instead, the policy only requires each hosting location to inform its patients of those limitations. However, if a patient is already receiving care from an Affiliate that has policy-based restrictions (perhaps for an unrelated medical condition), the policy does not prohibit the Affiliate from trying to discourage them from receiving the above services from alternative providers. The Affiliates may provide medical advice that is consistent with their own principles, but still stands at odds with the principles of the UC.

We thank you for the opportunity to review this policy.

CC: FWAF Members



ACADEMIC SENATE, MERCED DIVISION
GRADUATE COUNCIL (GC)

UNIVERSITY OF CALIFORNIA, MERCED

October 11, 2023

To: Patti LiWang, Chair, Divisional Council

From: Michael Scheibner, Chair, Graduate Council (GC)

Re: [Presidential Policy on Affiliations with Certain Health Care Organizations](#)

Graduate Council (GC) has reviewed the revised Presidential Policy on Affiliations with Certain Health Care Organizations and offers the following comments.

In GC's April 29, 2022 memo (appended, page 3), members had recommended an increase in clarity on the considerations of III.B, especially III.B.3. GC recognizes that this has been addressed; however, it appears that no additional "guidance for resolving circumstances where potential affiliations may conform with some elements of III.B provisions but not all" has been implemented. Appendix D lists four quality measures that can be used; however, none of these measures clearly state the points in III.B.3. GC recommends providing additional clarification.

In GC's April 29, 2022 memo, members also recommended providing an appendix listing current affiliations that UC Health expects to come into question as a result of the interim policy, so that stakeholders may properly assess the likely outcome of full policy implementation. GC believes that the new Appendix B ("Covered Affiliations/Limited Affiliations") partially addresses this concern. It remains unclear which of the current affiliations will come into question. GC recommends providing further clarification.

GC would like to offer two additional recommendations to include in Appendix C (page 32 of the Presidential Policy):

1. GC strongly recommends revising the following language:

Current language:

*Pregnant patient at 20 weeks presents with cramping, bleeding, and broken water;
recommended treatment is abortion and delay risks serious health condition.*

Recommended language:

*Pregnant patient at 20 weeks presents with cramping, bleeding, **and/or** broken water;
recommended treatment is abortion and delay risks serious health condition.*

2. GC strongly recommends defining “early pregnancy” in terms of weeks in the following:

*Patient with **early pregnancy** bleeding or cramping; miscarriage is imminent/inevitable and delay in care is unsafe; recommended treatment is abortion and delay risks serious health condition.*

GC thanks you for the opportunity to review the Presidential Policy on Affiliations with Certain Health Care Organizations

Cc: Graduate Council
Senate Office



OFFICE OF THE ACADEMIC SENATE
ERIN HESTIR, CHAIR, GRADUATE COUNCIL
ehestir@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

APRIL 29, 2022

TO: LEROY WESTERLING, CHAIR, ACADEMIC SENATE

FROM: ERIN HESTIR, CHAIR, GRADUATE COUNCIL (GC)

RE: PRESIDENTIAL POLICY ON AFFILIATIONS WITH CERTAIN HEALTHCARE ORGANIZATIONS

Graduate Council (GC) has reviewed the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) and offer the following comments:

The cover letter sent to university stakeholders by UC Health Executive Vice President, Carrie Byington, describes the purpose and motivation of the interim policy being considered for permanent adoption as follows:

The University's medical centers and health professional schools regularly enter into affiliations with other health care organizations to improve quality and access for the people of the State of California, particularly those in medically underserved communities, and to support the University's education and research mission. Some of those organizations have instituted policy-based restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment. For example, some of these organizations prohibit elective abortion or gender reassignment procedures. The purpose of the Presidential Policy is to establish standards for affiliation with such organizations that will protect and advance the University's values, as well as its commitment to inclusion, diversity, equity, and accountability, in accordance with Regents Policy 4405.

The interim policy clearly articulates UC's desired goal that all health care organizations participating in affiliate relationships with the University provide care to patients and a learning environment for health trainees that supports the University's values. However, it is not clear how the decision-making process will balance the components of sub-subsection III.B.3. GC wonders if the Mercy UC Davis Cancer Center in Merced is in jeopardy. Furthermore, Dignity Health will not provide services explicitly listed in III.B.3.b.

Each location must verify that access to services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the Affiliation (page 3 - III.B.3.b).

GC wonders if there is an expectation that such services should be provided in the care of cancer patients, or if the nature of cancer care and the lack of alternative health partners in Merced is a consideration that provides for III.B.3.c to control over III.B.3.b.

Each location must develop a process to facilitate timely access by University patients or patients receiving care from University Personnel or Trainees to University (or other non-Covered Organizations, as may be appropriate) facilities for services that are not provided at a Covered Affiliate's facility (page 3 – III.B.3.c).

GC recommends providing:

1. clarity on the application of considerations enumerated in III.B, especially III.B.3, including guidance for resolving circumstances where potential affiliations may conform with some elements of III.B provisions but not all; and
2. an appendix listing current affiliations that UC Health expects to come into question as a result of the interim policy, so that stakeholders may properly assess the likely outcome of full policy implementation.

Graduate Council appreciates the opportunity to opine.

CC: Graduate Council
Senate Office

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ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON ACADEMIC PERSONNEL (CAP)
SEAN MALLOY, CHAIR
smalloy@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343

October 16, 2023

To: Patti LiWang, Senate Chair

From: Sean Malloy, Chair, Committee on Academic Personnel (CAP)

Re: Presidential Policy on Affiliations with Certain Health Care Organizations

CAP reviewed the Presidential Policy on Affiliations with Certain Health Care Organizations and offers the below comments.

1. The revisions represent an improvement over the previous draft in that it offers broader protections for emergency abortion care. The draft also now distinguishes between federal agencies (including the VA) that cannot provide abortion services by law under the Hyde amendment and those that engage in policy-based restrictions by choice such as Catholic hospitals governed by the Ethical and Religious Directives for Catholic Health Care Services (ERDs). Several large issues remain outstanding, however including:

2. The language on p. 11 seems to indicate that UC employees may still be required to sign a document at some facilities stating that they will abide by the ERDs:

"... some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above."

While this seems to indicate that UC employees that UC policies will supersede any individual document signed by an employee, this puts UC employees in a bad situation. At the very least, they may be required to sign a document that is contrary to the non-discrimination policies practiced by the UC itself. If UC policies supersede the ERDs for UC employees, they should not be required to sign a document stating they will abide by the ERDs.

3. While the restrictions on UC providers providing abortion care under emergency situations are now improved, there is still no ability to provide contraception, post-partum sterilization, or many kinds of gender-affirming care. What policies will be put in place to ensure that both UC employees and the

patients they may see are aware of these restrictions, and the fact they may need a referral to get such treatment, *before* they arrive at the facility? Communication is vital here.

4. For UC trainees who decline to work at hospitals that do not practice evidence-based care for policy reasons, as is their right under this draft, what safeguards are in place to ensure they can find other placements? In some geographic areas this may prove challenging. Providing an opt-out for working or training at facilities that limit the ability to provide evidence-based care is crucially important but means little if we cannot find alternative placements for these trainees, forcing them to choose between adherence to evidence-based care and their own careers.

CAP's additional comments on the policy:

- A Covered Person or Organization with which the University has established an Affiliation is a Covered Affiliate. This is confusing, because in the section that defines covered person or organization, a new term is introduced.
- The policy should Add hyphens to “end-of-life” care.

We appreciate the opportunity to opine.

cc: Senate Office



CHAIR, ACADEMIC SENATE
RIVERSIDE DIVISION
UNIVERSITY OFFICE BUILDING, RM 225

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RIVERSIDE, CA 92521-0217
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October 18, 2023

James A. Steintrager, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

RE: Systemwide Review of Proposed Revisions to the UC Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Jim,

Attached is the consultative feedback of UCR Committees on Diversity, Equity, and Inclusion and Faculty Welfare. The Riverside Executive Council is scheduled to discuss the subject proposed policy during their October 23, 2023 meeting. After which I hope to provide our response, as well as, that of the UCR School of Medicine.

The Committee on Faculty Welfare had no comments.

The Committee on Diversity Equity and Inclusion did not have any comments on the specific policy language but noted that as the revisions are implemented very clear language about its content and function will be helpful for people in communities heavily impacted by these forms of discrimination/harassment/harm, which are huge barriers to access to all manner of healthcare.

Sincerely yours,

A handwritten signature in cursive script, reading "Sang-Hee Lee".

Sang-Hee Lee
Professor of Anthropology and Chair of the Riverside Division

CC: Monica Lin, Executive Director of the Academic Senate
Cherysa Cortez, Executive Director of UCR Academic Senate Office



Academic Senate

COMMITTEE ON DIVERSITY, EQUITY, & INCLUSION

October 3, 2023

To: Sang-Hee Lee, Chair
Riverside Division Academic Senate

From: Gareth Funning, Chair 
Committee on Diversity, Equity, & Inclusion

Re: [Systemwide Review] Proposed Revisions to Policy: UC Presidential Policy on
Affiliations with Certain Healthcare Organizations

The DEI committee reviewed the proposed Presidential Policy regarding Immigration Enforcement Issues Involving Patients in UC Health Facilities. The Committee did not have any comments on the specific policy language, but noted that as the revisions are implemented very clear language about its content and function will be helpful for people in communities heavily impacted by these forms of discrimination/harassment/harm, which are huge barriers to access to all manner of healthcare.



Academic Senate

FACULTY WELFARE

October 2, 2023

To: Sang-Hee Lee, Chair
Riverside Division

From: Committee on Faculty Welfare

RE: [Systemwide Review] Proposed Revisions to Policy: *UC Presidential Policy on Affiliations with Certain Healthcare Organizations*

The Committee on Faculty Welfare reviewed the proposed revisions to the *UC Presidential Policy on Affiliations with Certain Healthcare Organizations* and had no comments.



October 23, 2023

TO: Sang-Hee Lee, Ph.D., Chair, Academic Senate, UCR Division

FROM: Marcus Kaul, Ph.D., Chair, Faculty Executive Committee, UCR School of Medicine

SUBJECT: Comment on [Systemwide Review] Proposed Revisions to Policy: UC Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Sang-Hee,

The School of Medicine Faculty Executive Committee has reviewed the Proposed Revisions to Policy: UC Presidential Policy on Affiliations with Certain Healthcare Organizations. The Committee has the following concern regarding:

- Section III G, Compliance and Enforcement, paragraph 5: “Any existing Covered Affiliation that does not meet these requirements must be amended to comply with this policy or be phased out no later than December 31, 2023.”

The Committee would like to make sure that the preceding statement found in Section III G, Compliance and Enforcement - paragraph 5, does not compromise the operations of the School of Medicine.

Yours sincerely,

A handwritten signature in black ink, appearing to read "M. Kaul".

Marcus Kaul, Ph.D.
Chair, Faculty Executive Committee School of Medicine



OFFICE OF THE ACADEMIC SENATE

9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0002
TELEPHONE: (858) 534-3640
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October 18, 2023

Professor James Steintrager
Chair, Academic Senate
University of California
VIA EMAIL

Re: Divisional Review of the Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Chair Steintrager,

The Presidential Policy on Affiliations with Certain Health Care Organizations was distributed to San Diego Divisional Senate standing committees and discussed at the October 16, 2023 Divisional Senate Council meeting. Senate Council endorsed the proposal and offered the following comments for consideration. Council appreciated that many of the concerns raised in prior reviews were addressed in this version of the policy, and noted that it will be important for the policy to be reviewed on a regular basis to ensure that it remains up to date with current issues in healthcare. Although additional information was added regarding "emergency services" and "emergency medical conditions", the definitions may still not be broad enough. Council noted that it is important to allow physicians the latitude to make choices regarding a patient's care in an emergency, but there could be situations where it puts UC personnel, especially trainees, in a difficult position. On the flip side, the policy could also be interpreted as restricting certain services unless there is an emergency.

Sincerely,

A handwritten signature in blue ink, appearing to read "John A. Hildebrand".

John A. Hildebrand
Chair
San Diego Divisional Academic Senate

cc: Olivia A. Graeve, Vice Chair, San Diego Divisional Academic Senate
Lori Hullings, Executive Director, San Diego Divisional Academic Senate
Monica Lin, Executive Director, UC Systemwide Academic Senate

October 17, 2023

James Steintrager
Chair, Academic Council
Systemwide Academic Senate
University of California Office of the President
1111 Franklin St., 12th Floor
Oakland, CA 94607-5200

Re: Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405

Dear Chair Steintrager:

The San Francisco Division of the Academic Senate is pleased to opine on the Systemwide Review of the Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405. UCSF appreciates this policy's revisions, which include enhancing the policy summary statement, addressing the importance of government agency affiliations, updating definitions that align with the California Department of Managed Health Care, detailing the UC health trainees' voluntary requirement, and modifying language to be consistent with the Regents Policy 4405. We particularly applaud the carve-out of the VA and the Indian Health Service as "Public Affiliations," thereby exempting them from the policy. Indeed, public affiliations can and do have policy-based restrictions on care that UC does not support, but UCSF also believes it is appropriate to treat affiliations with entities owned or operated by the government differently. That said, the revised policy does not adequately address UCSF's concerns regarding the original policy. The Clinical Affairs Committee (CAC), Committee on Faculty Welfare (CFW), Committee on Research (COR), Committee on Rules and Jurisdiction (R&J), and School of Medicine Faculty Council (SOMFC) have formally commented on this systemwide review.

Emergencies. UCSF's first review of this policy highlighted the need for the further specification of emergencies. While the language within this section has been modified, either further clarification is needed, or the clause "in the event of an emergency" should be removed entirely. The current policy still prevents clinicians from providing certain types of medically necessary care that may not clearly constitute emergency services but that should be provided in a timely manner. Above all else, this policy must confirm that UC Personnel and Trainees have the ability and right to "provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient's condition." Simply put, an emergency is too high of a threshold, and seriously limits UC clinicians' ability to provide evidence-based, medically necessary care for patients. (CFW, COR) This language should instead focus on whether there is a risk of material deterioration to the patient's wellbeing. (CAC) We also add the following points regarding this section:

- Improving or Maintaining Services: Section III.C.3.b of the policy requires that "each location must verify that access to services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the Affiliation." This standard is inadequate for the services listed above, but naturally is not important for affiliations entered into for the purposes of expanding access in other areas, such as ophthalmology. UCSF also wonders how this provision and/or services will be operationalized, quantified, and measured; a new appendix is suggested that provides guidance as to how locations should measure and verify that care is maintained, or preferably, improved. (CAC)

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Steve Hetts, MD, Chair
Errol Lobo, MD, PhD, Vice Chair
Thomas Chi, MD, Secretary
Kathy Yang, PharmD, MPH, Parliamentarian

- Mental health is also a potential non-emergency concern that needs to be considered and included in the language of Section III.C.3.v, rather than only referring to physical conditions. (COR)
- Emergency Services and Emergency Medical Conditions: R&J suggests separating the term "Emergency Services and Emergency Medical Conditions" into two paragraphs, each containing one definition, or choosing a single definition of "Emergency Medical Conditions."
- Appendix C: The policy also provides examples of emergencies in Appendix C. The language preceding the table in Appendix C (Emergency Services and Emergency Medical Conditions) is unclear and should include the term "examples" to clarify that the table is not an exhaustive list, but merely a list of examples. (R&J)

Research. COR remarked that #2 in the Frequently Asked Question (FAQ) newly clarifies that researchers conducting clinical trials that involve providing care at affiliate sites are directly governed by this policy. Thus, the policy's restrictions on care limit not just appropriate clinical care but also researchers' ability to conduct studies effectively at affiliates. For example, many studies that involve the use of medications or radiologic equipment recommend that participants not get pregnant. If a participant at an affiliate that limits access to contraception opts for an IUD or contraceptive implant to avoid pregnancy during the study, the participant would have to be referred elsewhere to receive it. Enrollment in the study would be delayed, or the patient may decline to participate in the study if travel to the alternative site is too burdensome.

Discrimination. The Statement of Nondiscrimination prohibits discrimination against "any person participating in a University-sponsored health education, training, or clinical program." It would be helpful to clarify whether this group refers only to professionals and learners or includes patients as well. (COR) Another key concern that committees identified relates to emergencies detailed in Appendix C. This appendix amplifies discrimination against transgender people because it supports a clinical approach to hysterectomy only for cisgender patients, which is contradictory to the policy's Statement of Nondiscrimination. CAC recommends that these issues be revisited in future reviews of the policy.

Trainees. Another concern relates to the placement of trainees at affiliate sites. Although the policy no longer guarantees an alternative placement for trainees who request it due to the logistical challenges associated with such a promise, the language could further clarify that the onus for identifying alternative sites lies with the University and/or be more candid about whether and how the University will find an alternative site. (SOMFC) Additionally, CAC remarks that Section III.D.1 provides that "some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above[.]" This language raises concerns about expecting UC Personnel and Trainees to sign agreements that they will adhere to religious directives. Can California employees be expected to sign agreements to adhere to religious directives? This is not a reasonable request.

Equitable Access to Care. UCSF's SOMFC noted that there does not appear to be a UC policy on managing equitable access to care for all Californians, and recommends that this be a longer-term goal for UC Health, similar to the one we have for education. There is a comprehensive system and framework to create educational opportunities and to reduce disparities, but we do not have that for healthcare.

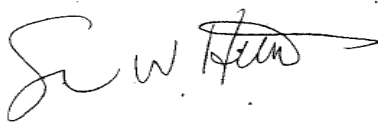
The remaining concerns committees expressed were issues with definitions and overall clarity of the policy.

- **Policy-Based Restrictions Definition Question:** CAC wonders how the scope of a health care provider's license was relevant to the Policy-Based Restrictions definition.
- **Acute Symptoms of Sufficient Severity:** COR recommends specifying whether "acute symptoms of sufficient severity" include mental health symptoms or if they are limited to physical symptoms.
- **Policy Summary:** The removal of "some of those organizations have instituted Policy-Based Restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment" from the Policy Summary is not recommended because the sentence clarifies the policy's stakes.
- **Grievances:** In Section III.G.3, the process needs to allow for grievances to be submitted directly to UC and bypass the affiliate to ensure that mechanisms to address discrimination are not reliant on the affiliates.
- **Transparency and Reporting:** In Section III, under Policy Text, the language concerning Transparency and Reporting lacks precision, which may burden clinicians, residents, and trainees who must convey restrictive care information to patients. R&J recommends clarifying the language to ensure that care providers are not responsible for informing patients about restrictive care at affiliate sites but can still advocate for transparency of restricted care information to patients.

- **Organization:** In Section II, Definitions, the order of UCH-related terms would be logically and alphabetically lead with the definition for UCH, followed by UCH Clinical Location and then UCH Training Program.

Finally, while UCSF's Committee on Sustainability (SUST) did not provide a separate letter, it did raise a significant sustainability concern. Notably, that the unnecessary travel to other facilities, given these restrictions, will inevitably increase UC's carbon footprint. This practice does not support UC's Carbon Neutrality Initiative, which commits UC to emitting net zero greenhouse gases from its buildings and vehicle fleet by 2025.

Thank you for the opportunity to opine on the revisions to this important policy. If you have any questions, please let me know.

A handwritten signature in black ink, appearing to read "Steven Hetts", with a long horizontal flourish extending to the right.

Steven Hetts, MD, 2023-25 Chair
UCSF Academic Senate

Enclosures (5)

Cc: Malini Singh, Chair, Clinical Affairs Committee
Elizabeth Rogers, Chair, Committee on Faculty Welfare
Kartika Palar, Chair, Committee on Research
Spencer Behr, Chair, Rules & Jurisdiction
Sara Whetstone, Chair, School of Medicine Faculty Council
Marya Zlatnik, Chair, Committee on Sustainability

Clinical Affairs Committee

Malini Singh, MD, MPH, MBA, Chair

October 13, 2023

Steven Hetts, MD
Division Chair
UCSF Academic Senate

Re: Comments on the Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405

Dear Chair Hetts:

The Clinical Affairs Committee (CAC) writes to comment on the [Proposed Revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405](#) that is out for systemwide review. CAC supports the proposed changes because the changes broadly improve and clarify the policy.

CAC provides the following additional comments to supplement its general support. These comments were developed in consultation with colleagues in the [UCSF Department of Obstetrics, Gynecology, and Reproductive Sciences](#).

1. **Public Affiliations:** CAC supports the proposed changes that exempt affiliations with government owned or operated entities from the policy. This change alleviates concerns about how the policy could impact UC's relationship with entities like the VA. CAC believes it is appropriate to treat "Public Affiliations" differently.
2. **Policy-Based Restrictions Definition Question:** A faculty member raised a question about how the scope of a health care provider's license was relevant whether Policy-Based Restrictions are present. CAC was unable to answer this question without speculating and raises it for future reviews and revisions of this policy.
3. **Improving or Maintaining Services:** Section III.C.3.b of the policy requires that "Each location must verify that access to services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the Affiliation." Some faculty members believe this standard is inadequate and that all affiliations should improve access to these services, not merely maintain access. Other faculty members focused on how this provision will be operationalized. How will locations quantify how services will be maintained or improved. What will be the measurable outcomes? CAC recommends that future versions of the policy include a new appendix that provides guidance as to how locations should measure and verify that care is maintained, or preferably, improved.
4. **Risk of Material Deterioration to the Patient's Condition:** Section III.C.3.v requires that affiliation agreements explicitly confirm that UC Personnel and Trainees can

“provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another faculty would, in their sole professional judgment, risk material deterioration to the patient’s condition.” Upon recommendation from a faculty member, CAC suggests that the language instead focus on whether there is a risk of material deterioration to the patient’s wellbeing. This would allow UC Personnel and Trainees to consider the patient more holistically, including their mental health, rather than focusing on a specific condition.

5. ***Emergencies:*** CAC endorses the proposed changes for providing more robust definitions for emergencies and for creating an appendix with examples. The proposed changes improve the policy and specifically recognize labor during pregnancy and inevitable miscarriages as emergencies. That being said, CAC does have some notes from faculty on how the policy could be further improved.

A faculty member raised a concern about Appendix C codifying a prohibition on UC providers in providing contraception and abortion, even upon patient request, unless it is an emergency. The faculty member also expressed concern that the language in the Appendix supports a clinical approach to hysterectomy in which transgender patients may be denied this surgery in a facility where a cisgender patient with, for example, fibroids may undergo hysterectomy. This amplifies discrimination against transgender people, which is contrary to the policy’s Statement of Nondiscrimination. CAC recommends these issues be revisited in future reviews of the policy.

6. ***Sterilization and Contraception:*** A faculty member also expressed disappointment that the revised policy still does not serve patients who want or need post-partum sterilization and contraception. Those patients will need very proactive notification that this care cannot be provided at Covered Affiliates and patients may need to travel far to deliver elsewhere to receive post-partum sterilization or contraception. This is another issue CAC recommends receive further consideration in future reviews.
7. ***Certifying Adherence to Policy-Based Restrictions:*** Section III.D.1 provides that “some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above[.]” This language raised concerns about expecting UC Personnel and Trainees to sign agreements that they will adhere to religious directives. Can California employees be expected to sign agreements to adhere to religious directives? CAC hopes that future versions of the policy would require affiliation agreements to eliminate requirements from the Covered Affiliates to have UC Personnel and Trainees sign such agreements.
8. ***Voluntary Assignments to Covered Affiliates:*** The policy discusses how and what to do if UC Personnel or Trainees object to working at a Covered Affiliate. The policy states, “If an alternative site is not found, the DIO, PD, or designee shall inform the Trainee and the relevant Dean. The trainee must be given the option to train at that Covered Affiliate site, or to find another program if possible.” CAC appreciates that the revised language is more candid and no longer promises alternative placements that the University may not have been able to provide. CAC believes the language would be

further improved if it made it clearer that the onus for identifying alternative sites is with the University, not the objecting Trainee.

9. **Facility and Equipment Audits:** Last, a faculty member recommended that the policy should include either (1) an audit process for Covered Affiliates with Emergency Departments to be sure that the Affiliate has equipment like vacuum machines and providers trained in providing abortions if Covered Affiliates do not have an OBGYN department or (2) require language in affiliation agreements that establish audit procedures for each affiliation.

Sincerely,

A handwritten signature in black ink, appearing to read "Malini Singh". The signature is fluid and cursive, with the first name "Malini" and the last name "Singh" clearly distinguishable.

Malini Singh, MD, MPH, MBA
Clinical Affairs Committee Chair

Committee on Faculty Welfare**Elizabeth Rogers, MD, Chair**

October 13, 2023

Steven Hetts, MD
Division Chair
UCSF Academic Senate

**Re: Presidential Policy on Affiliations with Certain Health Care Organizations
Systemwide Review**

Dear Chair Hetts:

The Committee on Faculty Welfare (CFW) writes to comment on the [Proposed Revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations](#) that is out for systemwide review. CFW broadly supports the proposed revisions, but CFW has ongoing concerns about the requirement that there be some kind of emergency before UC Personnel and Trainees can provide needed but restricted care at Covered Affiliates with Policy-Based Restrictions.¹

Affiliation agreements with Covered Affiliates must confirm that UC Personnel and Trainees have the ability and right to “provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient’s condition.” The policy then defines Emergency Services and Emergency Medical Conditions and provides examples in Appendix C.

While the revised definitions and appendix clarify when and what constitutes an emergency that would enable UC Personnel and Trainees to provide items and service without restriction, CFW believes that an emergency is too high of a threshold. Care should be provided if it is in the best interest of the patient, regardless of whether there is an active emergency. CFW hopes that as this policy evolves along with UC’s relationships with Covered Organizations with Policy-Based Restrictions, UC Personnel and Trainees will be able to provide the full spectrum of care, without restriction when indicated, not only in emergencies.

Thank you for the opportunity to comment on this important policy. Please contact me or our Senate analyst Kristie.Tappan@ucsf.edu if you have questions about CFW’s comments.

Sincerely,

Elizabeth Rogers, MD
Committee on Faculty Welfare Chair

¹ Capitalized terms are defined terms in the policy.

Communication from the Academic Senate Committee on Research Kartika Palar, PhD, Chair

October 16, 2023

TO: Steven Hetts, Chair of the UCSF Division of the Academic Senate

FROM: Kartika Palar, Chair, UCSF Committee on Research

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office

RE: Systemwide Review of Proposed Revisions to the Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Hetts:

The Committee on Research (COR) writes to comment on the Systemwide Review of Proposed Revisions to the Presidential Policy on Affiliations with Certain Healthcare Organizations. COR appreciates the extensive engagement with the UC community on this policy and supports the aim of developing a policy that promotes access to high-quality care while countering discrimination. COR recognizes that the revised policy is an attempt to synthesize many disparate concerns from a broad range of UC stakeholders. However, COR feels strongly that the revised policy does not adequately address COR's concerns regarding the original policy.

In reviewing the original policy, COR noted that Section III.C.3 stated that UC providers in non-UC facilities could inform patients of their options, prescribe medically necessary and appropriate interventions, transfer or refer patients for care, and provide necessary and appropriate items or services *in the event of an emergency*. COR felt that this restriction seriously limited UC clinicians' ability to provide evidence-based, medically necessary care for patients. The revised policy did not adjust this language; instead, the policy now includes definitions of "emergency services" and "emergency medical conditions."

COR continues to recommend that Section III.C.3 be revised to read:

(v) provide any item or service they deem in their professional judgment to be necessary and appropriate, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient's condition.

In other words, COR again asks that the clause "in the event of an emergency" be removed. The policy, as written, still prevents clinicians from providing certain types of medically necessary care that may not clearly constitute emergency services but that should be provided in as timely a manner as possible. For example, a stable patient with an ectopic pregnancy needs an abortion as soon as practicable. Transferring such a patient from an affiliate to a UC facility that can provide an abortion creates unnecessary risk and forces UC clinicians to provide substandard care. However, this situation does not seem to fall within the definition of emergency medical conditions as described in the policy and elaborated on in Appendix C.

As an advocating body for faculty researchers, COR noted that Frequently Asked Question #2 newly clarifies that researchers conducting clinical trials that involve providing care at affiliate sites are directly governed by this policy. Thus, the policy's restrictions on care limit not just appropriate clinical care but also researchers' ability to conduct studies effectively at affiliates. For example, many studies that involve the use of medications or radiologic equipment recommend that participants not get pregnant. If a participant at an affiliate that limits access to contraception opts for an IUD or contraceptive implant to avoid pregnancy during the study, the

participant would have to be referred elsewhere to receive it. Enrollment in the study would be delayed, or the patient may decline to participate in the study if travel to the alternative site is too burdensome.

Furthermore, the care that is restricted at affiliates is subject to ongoing political debate nationwide; research on these types of care is therefore essential to help policymakers make informed decisions. Because the policy specifically states that the purpose of affiliations is “to support the University’s education and research mission,” the fact that the policy may restrict researchers from conducting studies that are well within the University’s research mission is deeply concerning to COR.

COR also questions the decision to remove the sentence “Some of those organizations have instituted Policy-Based Restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment” from the Policy Summary. The removal of this sentence obfuscates the rationale for the policy and makes it harder for a reader to grasp the implications of the policy. COR feels that the sentence should remain in the document so that the policy’s stakes are clear.

Finally, COR identified some specific opportunities to improve the policy’s clarity:

- In the definitions of emergency services and emergency medical conditions, it would be helpful to specify whether “acute symptoms of sufficient severity” are limited to physical symptoms or can include mental health symptoms.
- The Statement of Nondiscrimination prohibits discrimination against “any person participating in a University-sponsored health education, training, or clinical program.” It would be helpful to clarify whether this group refers only to professionals and learners or includes patients as well.
- It would be helpful to clarify the process for submitting the complaints or grievances referenced in Section III.G.3. In particular, the process should allow for grievances to be submitted directly to UC, bypassing the affiliate, to ensure that a mechanism exists to address discrimination that does not rely on the affiliates themselves.

Thank you for the opportunity to comment on this important issue. If you have any questions on the Academic Senate Committee on Research’s comments, please contact me or Academic Senate Analyst Liz Greenwood (liz.greenwood@ucsf.edu).

Committee on Rules and Jurisdiction Spencer Behr, MD, Chair

October 11, 2023

Steve Hetts, MD
Division Chair
UCSF Academic Senate

Re: Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405

Dear Chair Hetts:

The Committee on Rules and Jurisdiction (R&J) writes to comment on the [Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405](#). R&J recommends that UCOP consider enhancing clarity and consistency in the policy language.

Transparency and Reporting

In Section III, under Policy Text, the language concerning Transparency and Reporting lacks precision. While it is understandable that the policy should not restrict locations on how they inform patients about restricted care at certain affiliate sites, R&J is concerned that the lack of precision may burden clinicians, residents, and trainees with the responsibility of conveying this information to patients. It is not realistic to expect care providers to be aware of all restrictions across locations affiliated with UCSF, which is why clinicians and residents should not be held responsible for delivering this information. Therefore, R&J recommends clarifying the language in this section of the policy to ensure that care providers are not responsible for informing patients about restrictive care at affiliate sites. However, the policy should still allow flexibility for locations to maintain transparency and report restricted care information to patients.

Emergency Services and Emergency Medical Conditions

The language preceding the table in Appendix C (Emergency Services and Emergency Medical Conditions) may lead readers to believe that the table is an exhaustive list of conditions or diagnoses that are considered emergencies or not. Developing and including an exhaustive list of all possible emergencies as an appendix to this policy is not realistic. To clarify that the table provides examples, the language preceding the table should include the term “examples”.

Additionally, under Section II, Definitions, the term “Emergency Services and Emergency Medical Conditions” appears to include two separate definitions. This inclusion of two definitions under one term can be confusing. Therefore, R&J suggests either separating the paragraph into two paragraphs, each containing one definition, or choosing a single definition of “Emergency Medical Conditions”. In other words, there should be separate definitions for “Emergency Services” and “Emergency Medical Conditions” as they are two distinct terms. Otherwise, a single definition should be identified to avoid

redundancy and confusion. Furthermore, considering that these terms are infrequently used in the policy, their usefulness should be questioned. The terms “Emergency Services” and “Emergency Medical Conditions” are explained in the definitions, but the body of the policy refers to emergencies, not the defined terms.

Organization

In Section II, Definitions, the order of UCH-related terms (including UCH Clinical Location, UCH or University of California Health, and UCH Training Program) seems to be incorrect. Logically and alphabetically, the definition for UCH should precede the definitions for UCH Clinical Location and UCH Training Program.

Thank you for the opportunity to comment on this review. Please contact me or Senate Analysts Kristie Tappan (kristie.tappan@ucsf.edu) and Sophia Root (sophia.root@ucsf.edu) with any questions.

Sincerely,

A handwritten signature in purple ink, appearing to be 'SB', with a horizontal line underneath.

Spencer Behr, MD
Committee on Rules and Jurisdiction Chair

Cc: Todd Giedt, UCSF Academic Senate Executive Director
Sophia Bahar Root, UCSF Academic Senate Analyst

School of Medicine Faculty Council**Sara Whetstone, MD, MHS, Chair**

October 13, 2023

Steven Hetts, M.D.
Division Chair
UCSF Academic Senate

Re: Systemwide Revision of the Proposed Revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Chair Hetts:

The School of Medicine Faculty Council (SOMFC) writes to comment on the [proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations](#) that is out for systemwide review. The SOMFC believes the proposed revisions significantly improve the policy. Although the SOMFC still has concerns and additional recommendations for improvements, the SOMFC supports the revisions.

First, the SOMFC would like to acknowledge that many of the suggestions and issues raised by the SOMFC and by UCSF's Academic Senate committees in 2022 are addressed or were clearly considered by the revisions. The SOMFC appreciates the commitment to shared governance and partnership that this reflects.

Alternative Sites: In the SOMFC's 2002 comments, the SOMFC expressed concern about language that stated that if UC personnel or trainees had objections to working or learning at a Covered Affiliate, "alternative sites [would] be identified." The SOMFC was not confident that UC would always be able to identify alternative sites and had concerns about the policy misleading staff or trainees. The SOMFC supports the proposed revisions to Section III.D. describing *Protections for University Personnel, Trainees, and Patients* that describe a more detailed process for raising objections to working or learning at a Covered Affiliate and a more candid description of whether and how the University will find an alternative site. The SOMFC still strongly supports enabling personnel and trainees to object to working at Covered Affiliates and expects the University to find alternative sites for them, but the policy should not promise alternative sites that it may not be able to provide. The revisions more accurately reflect the University's ability to find alternative sites.

Public Affiliations: The SOMFC also supports the revisions that define affiliates like the [Department of Veterans Affairs](#) (the VA) and the [Indian Health Service](#) (IHS) as "Public Affiliations" and exempts them from the policy. The SOMFC acknowledges that public affiliations can and do have policy-based restrictions on care that UC does not support, but the SOMFC also believes it is appropriate to treat affiliations with entities owned or operated by the government differently. Government entities are subject to the political process, and UC's relationships and affiliations with government entities, including government health care

organizations, are so varied, deep, and longstanding, they warrant separate consideration outside of this policy.

Emergency Services and Emergency Medical Conditions: Next, the SOMFC would like to raise concerns about the use of emergency language as the threshold for providing medically indicated care. Pursuant to Section III.C.3.v, the policy requires that affiliation agreements with covered organizations must explicitly confirm that UC personnel and trainees have the ability and right to “provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient’s condition.”

The revisions to the policy provide more robust definitions for “Emergency Services and “Emergency Medical Conditions” and examples of emergencies in Appendix C. The SOMFC supports the additional clarity that the revisions provide. However, the SOMFC is concerned about use of an emergency standard.

School of Medicine faculty have heard from colleagues across the country and particularly from colleagues in states where there are significant abortion restrictions following the United States Supreme Court decision in [Dobbs v. Jackson Women’s Health Organization](#). These colleagues have seen and experienced incredible paralysis around whether and how to provide care when patients have a complication that could cause an emergency but has not yet caused an emergency. There have been delays in care until people are in extremis, which harms patients.

The proposed revisions provide greater clarity about what is and is not an emergency, but the SOMFC believes that these are improvements to a standard that should not be used. The SOMFC supports its faculty, personnel, and trainees being able to provide medically indicated care when it is indicated, not only when there is an emergency, regardless of how emergency is defined.

Equitable Access to Care: Last, a Council member noted that there does not appear to be a UC policy on managing equitable access to care for all Californians and recommends that there be longer-term goals for our health system like we have for education. There is a comprehensive system to create educational opportunities and to reduce disparities, but we do not have that for healthcare.

Thank you for the opportunity to comment on this review. Please contact me or Senate Analyst Kristie Tappan (kristie.tappan@ucsf.edu) if you have questions about the SOMFC’s comments.

Sincerely,

Sara Whetstone, MD, MHS
Chair of the School of Medicine Faculty Council

cc: Sophia Bahar Root, UCSF Academic Senate Analyst
Todd Giedt, UCSF Academic Senate Executive Director
David Hwang, School of Medicine Faculty Council Vice Chair



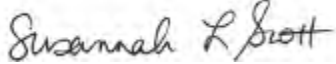
UC SANTA BARBARA

Academic Senate
Susannah Scott, Chair
Shasta Delp, Executive Director

1233 Girvetz Hall
Santa Barbara, CA 93106-3050
<http://www.senate.ucsb.edu>

October 18, 2023

To: Jim Steintrager, Chair
Academic Senate

From: Susannah Scott, Chair
Santa Barbara Division 

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

The Santa Barbara Division distributed the Presidential Policy on Affiliations with Certain Healthcare Organizations to the Council on Faculty Welfare, Academic Freedom, and Awards (CFW) and the Committee on Diversity and Equity (CDE). CFW opted not to opine.

CDE reiterated its stance that UC should not form affiliations with healthcare facilities that engage in discriminatory practices. Their full memo is attached.

We thank you for the opportunity to comment.

**Academic Senate
Santa Barbara Division**

October 6, 2023

To: Susannah Scott, Divisional Chair
Academic Senate

From: Jean Beaman, Chair
Committee on Diversity & Equity



Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At its meeting of October 2, 2023, CDE reviewed the final version of the Presidential Policy on Affiliations with Certain Healthcare Organizations. The Committee reviewed a previous version of this policy in June 2022. At that time, the Committee commented that UC should not be working with healthcare facilities with discriminatory practices. The Committee would like to affirm that stance here once again.

CC: Shasta Delp, Executive Director, Academic Senate



1156 HIGH STREET
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Office of the Academic Senate
SANTA CRUZ DIVISION
125 CLARK KERR HALL
(831) 459 - 2086

October 18, 2023

JAMES STEINTRAGER
Chair, Academic Council

Re: Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear James,

The Santa Cruz Academic Senate has reviewed your request for review of the Presidential Policy on Affiliations with Certain Healthcare Organizations. The Committee on Faculty Welfare (CFW) has responded. In this second review, our Division continues to be concerned about the impact the proposed policy might have on UC employee access to healthcare, especially UCSC employee access to Dignity Health, a healthcare provider that runs the only hospital in Santa Cruz and has policy-based restrictions. Any reduction in access to Dignity Health would be catastrophic to UCSC enrollees in UC health care plans, as such, it is imperative that the language in this policy explicitly state that it does not apply to UC employee healthcare.

In principle, the Santa Cruz Division continues to support the intention of the policy to protect and advance the University's values and its commitment to inclusion, diversity, equity, and accountability. Our Division also understands that the policy is aimed to address situations where UC medical providers or trainees practice in affiliated hospitals. UCSC does not have a medical school. However, the policy is still pertinent to our campus as the definition of "Affiliate" and "Affiliation" in the draft policy is broad enough that it can, and at some point may, be interpreted as being applicable to an external healthcare plan, administrator, or provider with policy-based restrictions (e.g., Dignity Health), even if no UC medical providers practice within the affiliate's facilities. UCSC and the greater Santa Cruz community are already experiencing a severe crisis with regard to access to health services. Losing one of the two major providers in the area will leave a large fraction of our community without viable medical care. Our campus cannot endure any loss, partial restriction, or interruption of services provided by Dignity Health, or any other healthcare organization, to UCSC employees.

Our Division recognizes that there is little to no representation of the four campuses without medical centers (UCSC, UCM, UCSB, UCB) at the systemwide level where and when large-scale healthcare and insurance decisions are being made. Further, there is no guarantee that there will be representation or first-hand knowledge of UCSC's unique struggles with limited healthcare providers and services

in our area. If a UCSC representative is not at the table, this unique situation and associated needs will likely not be taken into consideration when important healthcare decisions are being made. As such, it is absolutely essential that policies such as these explicitly protect UCSC employee access to healthcare.

It is hard to tell what the long-term impact of this new policy would be for all UC campuses. Our Division questions what impact such a policy might have in situations where the closest or only available hospital changes its political view or is bought out by an organization that has policy-based restrictions that would prevent affiliation, creating a similar situation as currently exists in Santa Cruz. The total effect of this policy on individual campus and systemwide healthcare accessibility is unknown and extremely worrisome.

During the initial review of this proposed policy, the Santa Cruz Division “strongly” recommended that explicit language be added to differentiate and guarantee that employee healthcare does not apply. Such text has not been included in the proposed draft of this second review. As such, and based on the above concerns, the Santa Cruz Division opposes the proposed policy without an explicit statement that protects UC employee access to healthcare facilities and services, including those provided by organizations that may have policy-based restrictions on care like Dominican Hospital and Dignity Health services.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Gallagher", with a long horizontal flourish extending to the right.

Patty Gallagher, Chair
Academic Senate, Santa Cruz Division

cc: Alexander Sher, Chair, Committee on Faculty Welfare
Raphael Kudela, Chair, Committee on Planning and Budget
Matthew Mednick, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)
John Heraty, Chair
heraty@ucr.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

October 18, 2023

**JAMES STEINTRAGER, CHAIR
ACADEMIC COUNCIL**

RE: Proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Jim,

The University Committee on Faculty Welfare (UCFW) has discussed the proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations, and we have several comments.

Overall, members found the revisions to lack clarity and scope. Representatives from several campuses were panicked that they would lose access to their providers should the policy be adopted. Even though the policy is focused on UC's training and clinical care delivery location relationships, not UC's insurance partners, some felt strongly that the policy should make such distinctions clear, in bold and underlined. In particular, the policy should explicitly state that an Affiliate with policy-based restrictions **can be subject to this policy** with regards to health care delivery **by** UC personnel or trainees, but **will not be subject to this policy** when providing medical care **to** UC employees. Indeed, earlier during the day, we heard from one UCOP systemwide vice president that insurer negotiation tactics could negatively rebound to such companies' overall access to UC facilities, because "we are one UC". Others noted that "affiliations" and "health care organizations" are not limited to physical facilities, as well as the increasing likelihood of decreasing care opportunities in a post-Roe reality.

A lack of explanation for the expedited review also raised red flags in the minds of many members.

Additionally, we note the following areas for further improvement:

- Language around the recourse opportunities for trainees seems to have been loosened, perhaps in response to the establishment of a Kaiser medical school and the loss of training opportunities for UC students in Kaiser hospitals. Nonetheless, trainees' rights and duties must remain clear and easily invocable, especially when reputational matters are on the line.
- Similarly, provisions for UC clinicians to opt-out of placement in certain health care facilities, or to seek redress once in them, must also be clear and easily invocable. Current reporting processes vary by location, and often within locations, as well.
- Patients' rights must also be equally clear and invocable and timely.
- The definition of "emergency" remains vague. Natural disasters are emergencies, too, and transfer may not be an option. We note this provision is in the appendices, which can be more easily amended.
- More specificity regarding gender-affirming care and end-of-life care is also still needed.

Nevertheless, we do appreciate that Public Institutions are not covered by this policy.

In light of these reasons, UCFW could offer conditional support of the policy, pending certain clarifications. Otherwise, we suggest extension of the interim policy until more thoughtful review can occur.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John Heraty". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Heraty".

John Heraty, UCFW Chair

Copy: UCFW
 Monica Lin, Executive Director, Academic Senate
 Steven W. Cheung, Academic Council Vice Chair



UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL (UCAP)
Stefano Profumo, Chair
profumo@ucsc.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200
Phone: (510) 987-9466

October 18, 2023

JAMES STEINTRAGER, CHAIR
ACADEMIC COUNCIL

RE: Proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations

Dear Jim,

The University Committee on Academic Personnel (UCAP) has discussed the proposed revisions to the Presidential Policy on Affiliations with Certain Health Care Organizations. The Committee has several concerns, most of which center on the need for clear communications.

First, several members reported concerns that this policy would negatively impact their ability to continue care with their local providers, particularly in medically underserved regions of the state such as Santa Cruz and Merced. While this policy does not impact the networks our health insurers contract with for our employees, the confusion is understandable. Clear statements of the limits of this policy, the distinction between insurance coverage and the revised policy should be communicated to all UC stakeholders.

Second, precise communications to trainees and clinicians regarding their rights and duties are needed as well. How to refuse an appointment, the possible career impact of doing so, and how to report violations should all be transparent and easily accessible (for patients and their advocates, too). Traditional means of seeking grievance or redress may not be appropriate or available on a *de facto* basis to some victims, especially if action is time-sensitive. Patients at UC-affiliated hospitals that practice policy-based restrictions on care also need to be informed well in advance if certain services (including but not limited to contraception, post-partum sterilization, and gender-affirming care) are not available at these facilities.

Third, page 11 indicates that some UC appointees may, in fact, be required to sign policy statements equivalent to ethical and religious doctrines (ERDs). This requirement is unacceptable, *prima facie*. Not only will it likely lead to irreconcilable conflicts in the delivery of care, but also the act of signing could lead to reputational damage. If UC policies supersede the ERDs for UC employees, they should not be required to sign a document stating they will abide by the ERDs.

Fourth, the definition of “emergency” remains ambiguous, as does how to deliver care in situations when only the UC clinician or trainee may be willing to perform the care required, as full-time affiliate staff may have moral or religious objectives and refuse to participate, per ERD policy.

We appreciate the acknowledgment on page 3 that Public Agencies are not considered Policy Covered by this Presidential Policy as well as the clarified and expanded definition of the circumstances under which emergency abortion care may be provided.

UCAP appreciates the opportunity to opine on this important matter.

Sincerely,

Stefano Profumo, Chair
UCAP

cc: UCAP Members
Steven W. Cheung, Academic Council Vice Chair
Monica Lin, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON ACADEMIC FREEDOM (UCAF)

Farrell Ackerman, Chair
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ACADEMIC SENATE

University of California
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October 23, 2023

JAMES STEINTRAGER, ACADEMIC SENATE CHAIR

Dear Chair Steintrager,

UCAF has had the opportunity to discuss and evaluate the recent revisions to the Systemwide Review of Presidential Policy on Affiliations with Certain Health Care Organizations, Implementing Regents Policy 4405. Those familiar with previous iterations of this complex policy proposal were reassured to see explicit efforts to assure UC faculty, researchers, students, and staff the same healthcare performance and treatment prerogatives they are guaranteed at UC Hospitals and medical facilities: this is crucially consistent with the goal of “ensuring such affiliations do not compromise the University’s commitment to evidence-based care for all patients”, as stated in the proposal. This recognizes that a proposal of this sort would be unacceptable if such affiliations abridged and/or constrained the behaviors of UC personnel as presently permitted at UC Hospitals and medical facilities. These core issues are of central concern to Academic Freedom.

UCAF has only a few comments on this revised submission: they identify the need for even greater clarification of particular aspects of the proposal. There is still concern that the Policy’s protection of core rights of UC researchers is sometimes so complex that it is difficult to assess whether the desired goals are actually accomplishable, or whether there are contradictions or incompatibilities among the provisions. A recurring concern relates to the relationship between Policy-based Restrictions at Covered Affiliates and the protection of the rights of UC personnel and whether protections or resolution of conflicts are clearly and consistently formulated in the proposal. UCAF believes that a proposal addressing central issues of practice, research and teaching needs to be formulated as unambiguously and straightforwardly as possible, so that all affected parties are absolutely clear what their rights are and what they can do when these rights are frustrated or abrogated. There was some uncertainty whether this has actually been achieved. I provide two examples that motivate this uncertainty.

As mentioned above there are places where clarification of terms is import, particularly as these may lead to unclarities or ambiguities in policy. For example, on page 3/7 there is the following passage:

Emergency Services include medical screening, examination, and evaluation by a health care provider to determine if an Emergency Medical Condition or active labor exists and, if it does, the items and services necessary to relieve or eliminate the emergency medical condition, within the **logistical capability** of the facility.

There is a concern here about the condition referring to **logistical capability**. While all hospitals are subject to logistical constraints on treatments, logistical capabilities may also be directly determined by policy-based restrictions of a covered affiliate.¹ This raises the question of whether a conflict can arise when UC personnel are prohibited from engaging in UC guaranteed behavior because of a covered affiliate's policy-based restrictions. That is, affiliate policies that limit logistical capabilities may be a de facto limitation on the rights of UC personnel. How much can such restrictions constrain the logistical capabilities of a particular location and, hence, the treatment by UC personnel?

In section D.1 Assignments to Covered Affiliates are Voluntary, there is the following formulation in a(ii):

(ii) that some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above.

We find that it is not obvious how one reconciles the certification of adherence to Policy-based restrictions at a particular location and how, if some of these restrictions are incompatible with UC protections, the UC rights are still protected. Given that this appears in a paragraph about voluntary participation, is the intention to indicate that volunteers to certain locations may certify adherence to Policy-based restrictions in the knowledge that they are incompatible with the protection of UC rights? More generally, this reflects the class of concerns relating to the motivation for this proposal, namely, how operative limitations constrained by Policy-based restrictions at Covered Affiliates are guaranteed to be consistent with UC personnel performing their obligations unimpeded by Covered Affiliate policies.

Once again, there was general recognition that this is a much-improved proposal, while there is still concern about how effectively its implementation will protect the rights of UC personnel.

Sincerely,



Farrell Ackerman
Chair, UCAF



Sean Gailmard
Vice Chair, UCAF

c: Steven Cheung, Academic Senate Vice Chair
Monica Lin, Academic Senate Executive Director
Michael LaBriola, Academic Senate Assistant Director
UCAF Members

¹ "Policy-Based Restrictions: Restrictions imposed by a Covered Affiliate, directly through its governing body, sponsors, or other non-governmental authority, on Health Care Services within the scope of a health care provider's license." On page 4/7.