

Executive Board

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

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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.

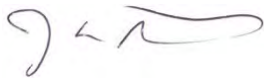
Continued Restrictions on Patient Care: While the revised policy improves emergency access to care, particularly regarding abortions, it still falls short in serving patients who require contraception, post-partum sterilization, or gender-affirming care typically restricted under ERDs. Some faculty will 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.

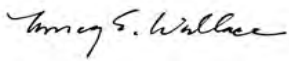
Our outstanding concerns with the policy include:

- 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.

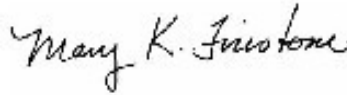
- There should be oversight mechanisms in place to monitor continued application and performance outcomes related to Appendix C summarizing the “University’s understanding of what items and services Personnel and Trainees may or may not be permitted to deliver at current University Affiliates located 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 black ink that reads "Gregory P. Downs". The script is cursive and fluid, with the first letters of the first and last names being capitalized and prominent.

Gregory Downs
Chair, Committee on Academic Freedom and Responsibility

October 11, 2023

Ahmet Palazoglu

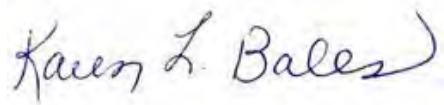
Chair, Davis Division of the Academic Senate

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

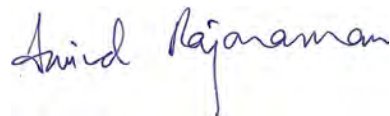
Dear Chair Steintrager,

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 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 Makhoulouf, 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 that reads "Lisa Naugle".

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.

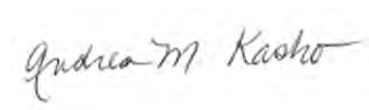
Members affirmed the UC academic mission of teaching, research, and service as a public university. They raised questions about the differences between providing services and performing procedures. Divisions had wanted to see these distinctions addressed as well as assurances that UCLA medical staff 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 written in a cursive, flowing style.

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

UNIVERSITY OF CALIFORNIA, MERCED
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

UNIVERSITY OF CALIFORNIA, MERCED

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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



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



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

SANG-HEE LEE
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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, appearing to read "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

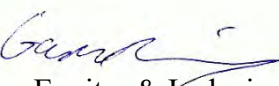


Academic Senate

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
FAX: (858) 534-4528

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

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

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)

- 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.

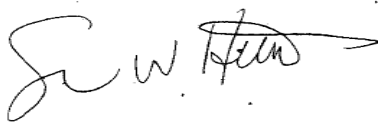
The remaining concerns committees expressed were issues with definitions and overall clarity of the policy.

- **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 stroke 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" written in a larger, more prominent script than the last name "Singh".

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 read '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



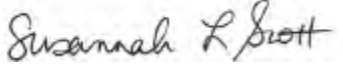
UC SANTA BARBARA

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
SANTA CRUZ, CALIFORNIA 95064

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
fackerman@ucsd.edu

ACADEMIC SENATE

University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

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.

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.

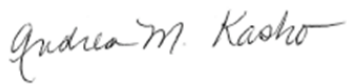
Members affirmed the UC academic mission of teaching, research, and service as a public university. They raised questions about the differences between providing services and performing procedures. Divisions had wanted to see these distinctions addressed as well as assurances that UCLA medical staff 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 cursive script that reads "Andrea M. 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

ACADEMIC HEALTH CENTERS

UC Davis Health
UC Riverside Health
UC San Diego Health
UCI Health
UCLA Health
UCSF Health

HEALTH PROFESSIONAL SCHOOLS

Schools of Dentistry
Schools of Medicine
Schools of Nursing
Schools of Optometry
Schools of Pharmacy
Schools of Public Health
School of Veterinary Medicine

INSTITUTES

Global Health Institute

September 13, 2023

CHANCELLORS
ACADEMIC COUNCIL CHAIR STEINTRAGER
LABORATORY DIRECTOR WITHERELL
ANR VICE PRESIDENT HUMISTON

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

Dear Colleagues:

Enclosed for systemwide review prior to finalization and issuance is the Presidential Policy on Affiliations with Certain Health Care Organizations.

Background:

September 2021: An interim Presidential policy was issued to implement Regents Policy 4405. To protect and advance the University's values, the policy establishes standards for affiliations with health care organizations that have instituted policy-based restrictions on care.

March 2022: A systemwide review of the policy was conducted and extensive engagement with the UC community followed.

Current State: The policy has been revised as result of ongoing efforts by the UC community, the Regents' Health Services Committee, the newly established Joint Clinical Advisory Committee on Covered Affiliations (JCAC), UC Legal and a working group including members from each UC academic health center. Their collective aim was to devise a policy promoting access to high-quality care and countering any form of discrimination.

Key Policy Revisions Include:

- Focus on UC values by enhancing the policy summary statement and addressing the importance of affiliations with government agencies.
- Clarifying roles of UC clinicians and providing definitions for "emergency services" and "emergency medical conditions" in line with EMTALA and the California Department of Managed Health Care.
- Specifying implementation of the voluntary requirement for UC health trainees to support continuity of University training programs.
- Simplified procedures for "limited affiliations", consistent with Regents Policy 4405.

Systemwide Review:

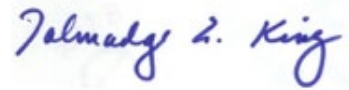
Systemwide review is a public review distributed to the Chancellors, the Chair of the Academic Council, the Director of the Lawrence Berkeley National Laboratory, and the Vice President of Agriculture and Natural Resources requesting that they inform the general University community, especially affected employees, about policy proposals. This is a second systemwide review of the Affiliations Policy and includes a 30-day Senate review.

Employees should be afforded the opportunity to review and comment on the draft policy. Attached is a Model Communication which may be used to inform non-exclusively represented employees about these proposals. The Labor Relations Office at the Office of the President is responsible for informing the bargaining units representing union membership about policy proposals.

Action Requested:

Please review and submit comments or questions by no later than **Friday, October 13, 2023**. Send feedback to: UCH-Affiliations@ucop.edu.

Sincerely,



Talmadge E. King, Jr., MD
Interim EVP, UC Health

Enclosures:

- 1) Draft Presidential Policy on Affiliations with Certain Health Care Organizations (clean copy)
- 2) Draft Presidential Policy on Affiliations with Certain Health Care Organizations (tracked-changes)
- 3) Model Communication

cc:

President Drake
Provost and Executive Vice President Newman
Executive Vice Chancellors/Provosts
Chief Executive Officers, UC Health
Executive Vice President and Chief Operating Officer Nava
Senior Vice President Bustamante
Vice Provost Haynes
Vice President and Vice Provost Gullatt
Vice President Lloyd
Vice President Maldonado
Vice Provosts/Vice Chancellors of Academic Affairs/Personnel
Associate Vice Provost Lee
Associate Vice President Matella
Deputy General Counsel Nosowsky
Deputy General Counsel Woodall
Assistant Vice Provosts/Vice Chancellors for Academic Personnel

Deputy Chief HR Officer and Chief of Staff Henderson
Executive Director Lin
Chief of Staff Beechem
Chief of Staff Kao
Chief of Staff Levintov
Chief Policy Advisor McAuliffe
Director Anders
Director Chin
Director Weston-Dawkes
Associate Director Dicaprio
Associate Director Garcia
Associate Director Teaford
Associate Director Woolston
Assistant Director LaBriola
Manager Crosson
Analyst Durrin
Administrative Officer Babbitt
Policy Advisory Committee



Interim Policy: ~~Healthcare~~ Health Care Affiliations with Certain Organizations

Responsible Officer:	EVP – University of California Health
Responsible Office:	UCH – University of California <u>California</u> Health
Issuance Date:	TBD <u>9/22/2021</u>
Effective Date:	<u>[TBD]</u>
Last Review Date:	New Policy <u>[TBD]</u>
Scope:	All University of California locations and programs that operate medical centers or that procure, provide, manage, administer, or otherwise arrange for the provision of healthcare <u>health care</u> services; or that educate health professions students, residents, fellows, or other trainees.

Contact:	Zoanne Nelson
Title:	Chief of Staff and Associate VP Operations <u>UC Health Finance and Administration</u>
Email:	Zoanne.Nelson@ucop.edu
Phone:	(510) 987-0578

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University of California—INTERIM Policy

Affiliations with Certain Healthcare Organizations

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I. POLICY SUMMARY

The University of California is a public trust established by the California Constitution whose mission is “to serve society as a center of higher learning, providing long-term societal benefits through transmitting advanced knowledge, discovering new knowledge, and functioning as an active working repository of organized knowledge. That obligation, more specifically, includes undergraduate education, graduate and professional education, research, and other kinds of public service, which are shaped and bounded by the central pervasive mission of discovering and advancing knowledge.”

~~The~~To advance this public mission, the University’s ~~medical~~health centers, clinics, and health professional schools regularly enter into Affiliations with ~~other~~public and private health care organizations to improve quality and access for members of the University community and 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.~~

The purpose of this policy is to establish standards for ~~affiliation~~engagement with such ~~organizations~~Affiliates that protect and advance the University’s public mission and values, ~~as well as~~including its commitment to inclusion, diversity, equity, and accountability, and to ensure such Affiliations do not compromise the University’s commitment to evidence-based care for all patients. The policy implements Regents Policy 4405. Consistent with Regents Bylaw 13, in the event of any inconsistency between Regents Policy 4405 and this policy, the requirements of Regents Policy 4405 prevail.

II. DEFINITIONS

Accreditation Standards: Standards adopted and enforced by an organization responsible for accrediting University of California-owned or -sponsored academic or clinical programs (**Accreditation Organization**). See **Appendix A** for a current list of Accreditation Organizations.

Affiliate: A health care provider, health plan, or other entity that owns or operates an organization that provides Health Care Services in the United States and with which the University has established an Affiliation.

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University of California — INTERIM Policy

Affiliations with Certain Healthcare Organizations

Affiliation: A contract or other arrangement between: (i) the University or any of its components (e.g., campus, ~~medical~~health center, clinic) and; (ii) ~~a Covered~~an Affiliate, through which the University, directly or through its Personnel or Trainees, provides ~~or purchases health care services. For purposes of this policy, health care services refer to any services provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code 1206; by a health care provider (HCP) licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow under a licensed HCP's supervision.~~Health Care Services, educates health professional trainees, or conducts research that involves the performance of Health Care Services. See Appendix B for additional explanation and examples.

Core Rotation: A learning experience mandated by an Accreditation Organization, a professional organization, or the University to meet a required competency or to receive credit for program completion or graduation.

Covered Person or Organization: A health care provider, health plan, or other person or organization owning or operating locations where Health Care Services are provided in the United States, that has adopted or operates pursuant to Policy-Based Restrictions on Health Care Services. A Covered Person or Organization with which the University has established an Affiliation is a **Covered Affiliate** and the arrangement is a Covered Affiliation. Public Affiliates are not Covered Organizations under this policy.

Emergency Services and Emergency Medical Conditions: 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. An Emergency Medical Condition is a condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part. The California Department of Managed Health Care states that it is an emergency if waiting to get care could be dangerous to a patient's life or a part of their body; and that a bad injury or sudden serious illness can be an emergency, as can severe pain or active labor. See Appendix C for additional explanation and examples.

Health Care Services: Items and services reimbursable by the Medi-Cal program or by any Federal Health Care Program (as defined in 42 U.S.C. § 1320a-7b(f))~~;~~ or services otherwise provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code § 1206; by a health care provider licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow functioning under a licensed health care provider's supervision.

Limited Affiliation: An arrangement with a Covered Affiliate that is limited to any combination of the following activities: (i) incoming affiliations, through which a Covered

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University of California—INTERIM Policy

~~Affiliations with Certain Healthcare Organizations~~

Affiliate's personnel or trainees perform services or receive training at UCH Clinical Locations, subject to University policies, or through which the University agrees to receive patient referrals from a Covered Affiliate site; (ii) observational clinical trials and other research that do not involve the performance of Health Care Services by UC Personnel or Trainees; (iii) space and equipment leases and licenses that do not impose Policy-Based Restrictions on Health Care Services; (iv) incoming transfer agreements with repatriation provisions; or (v) administrative agreements, so long as they do not involve the delivery of or payment for Health Care Services (e.g., an electronic health record service agreement through which the University hosts a Covered Affiliate's medical records system). A Limited Affiliation is not subject to the requirements of Sections III(C)(2-3) or III(D) below.

Personnel: University-employed faculty and staff (the term does not refer to voluntary faculty who support the University's academic mission but who are self-employed or employed by a third party).

Policy-Based Restrictions: Restrictions imposed by a Covered Affiliate, directly or through its governing body~~or sponsors (or, in the case of a government agency or subdivision, as a matter of law, regulation, or agency directive), on evidence-based, sponsors, or other non-governmental authority, on~~ Health Care Services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate: (i) is barred from performing as a matter of federal or state law, federal or state agency directive, or applicable Accreditation Standard; (ii) is unable to provide to ANY patient due to absence of necessary equipment, or qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources; or ~~that the Covered Affiliate~~ (iii) limits or restricts as a result of credentialing, privileging, and utilization review policies or processes consistent with California Law~~law~~ and Medicare Conditions of Participation.

Public Affiliation: An Affiliation with an Affiliate that is owned or operated by a Federal, State, or Local government agency or unit. For purposes of this policy, Federal Public Affiliates include the Veterans Administration, the Indian Health Service, and other Tribal Health Programs. State and Local Public Affiliates include members of the California Association of Public Hospitals (University of California and County public health systems across the State), as well as health care providers owned or operated pursuant to the Local Hospital District Law. In other States, Public Affiliates include academic medical centers owned and operated by State governments and land-grant universities. Public Affiliates are not Covered Organizations for the purposes of this policy.

Sponsoring Location: A University campus or academic health system that initiates, approves, or manages an Affiliation.

Trainees: ~~Medical, nursing, and other health~~ Health ~~professional students and, residents, and fellows enrolled in University-sponsored~~ UCH-operated or -sponsored educational programs (UCH Training Programs).

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University of California —INTERIM Policy
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UCH Clinical Location: A collection of University buildings and personnel that service a University academic health system, student health or counseling center, or other health delivery site including hospitals, ambulatory surgery centers, outpatient centers, clinics, or other locations where preventive, diagnostic, therapeutic, or other interventional physical or behavioral health care services are provided to UC patients, students, employees, or research participants.

UCH or University of California Health (UCH): The University's ~~medical~~health centers, clinics, faculty practice plans, and schools of dentistry, medicine, nursing, pharmacy, public health, and ~~dentistry~~optometry.

UCH Training Program: An undergraduate, graduate, post-doctoral, or professional educational program offered or sponsored by a UC human health professions school (dentistry, medicine, nursing, pharmacy, public health, optometry) or a UC hospital or health system.

III. POLICY TEXTPOLICY TEXT

A. Affiliation Priorities and Accountability

1. *Support for Public Affiliations.* Consistent with its public identity and in support of its public mission, the University acknowledges the critical role that Public Affiliates play in partnering with the University in teaching Trainees, performing research and clinical trials, and improving access to high-quality health care services to all of the people of the State of California.
2. *Approval Authorities.* The Regents have broadly delegated authority for University operations to the President of the University subject to certain retained authorities. The President, in turn, has broadly delegated authority to the Chancellors and the Executive Vice President-UC Health. The appropriate approval authority for an Affiliation in any circumstance depends on the nature and size of the affiliation.
3. *Primary Accountability.* Primary accountability for Affiliations rests with the Sponsoring Location(s), subject to approval and oversight authority reserved to The Regents or vested in applicable University assurance units (e.g., compliance, internal audit, risk services) and external oversight agencies. Sponsoring Locations are responsible for assuring such Affiliations meet the requirements of applicable laws, regulations, Accreditation Standards, and University policies.

Statement of Nondiscrimination. The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical

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University of California—INTERIM Policy

Affiliations with Certain Healthcare Organizations

program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law.

B. ~~B.~~ General Requirements for Affiliations with Covered Persons or Organizations

1. University Autonomy for University Facilities and Programs. Under no circumstances may a Covered Organization be granted responsibility or authority to operate or manage a ~~UC facility or program~~ UCH Clinical Location or a UCH Training Program on behalf of the University, or the right to interfere in any way with the University's plenary authority to operate and manage its facilities and programs.
2. Quality Monitoring. Each UCH location must monitor the quality of care provided at a licensed hospital owned or operated by a Covered ~~Affiliate's facility~~ Affiliate related to services provided by UC Personnel or Trainees, consistent with existing system-wide quality guidelines for UCH affiliations generally. ~~A sample of such guidelines is~~ Such quality monitoring is not required in connection with a Limited Affiliation. Current quality measures are attached as ~~Appendix A~~ Appendix D: Quality Guidelines ~~Measures~~.
3. Documentation. A guiding principle for all arrangements with Covered Affiliates is the University's commitment to its public service mission, including its commitment to improve health and health care for all people living in California. To that end:
 - a. Each location must document for consideration in the approval process the rationale for the Affiliation, including:
 - (1) any risks and anticipated benefits to the University's public education, research and service missions; (2) any risks and anticipated benefits to the broader patient community; and (3) the consequences of not proceeding with the Affiliation.
 - 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.
 - c. Each location must develop a process to facilitate timely access by University patients or patients receiving care from University Personnel or Trainees at Covered Affiliates to University facilities (or other non-Covered Organizations, as may be appropriate) ~~facilities~~ for services that are not provided at a Covered Affiliate's facility.

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C. ~~C.~~ Requirements for Affiliation Agreements with Covered Organizations.

Every Affiliation with a Covered Affiliate, other than a Limited Affiliation, must:

1. Include provisions: (i) reciting UC's non-discrimination policy, as described in Section III(~~AB~~) above; (ii) requiring that all parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status); and (iii) requiring that all parties offer any procedure or service that they choose to provide at their respective facilities or through their respective employees or contractors on a non-discriminatory basis. Model language to address these requirements is included in ~~Appendix B: Non-Discrimination~~ Appendix E: Non-Discrimination Addendum.
2. Document that the University's evidence-based standards of care govern the medical decisions made by its Personnel and Trainees.
3. Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate's site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) 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.
4. Recite that, under the California Constitution, UC must be "entirely independent of political or sectarian influence in the ... administration of its affairs."
5. Be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, ~~including, but not limited to, religious directives.~~
6. [For new or restated Covered Affiliate agreements executed on or after January 1, 2024.] Require the parties to the agreement to exercise reasonable efforts to exchange quality and performance data relevant to the services or programs that are subject to the agreement.

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7. ~~6.~~ Permit the University to terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or that the Covered Affiliate has breached the agreement's terms relating to ~~University providers~~UC Personnel and Trainees' freedom to make clinical decisions, counsel, prescribe for, and refer or transfer patients, or to provide any emergency item or service, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition, as described above.
8. ~~7.~~ Be approved by the applicable Chancellor(s). Chancellors may delegate this authority, but it may not be redelegated thereafter.

D. ~~D.~~ Protections for University Personnel, Trainees, and Patients

~~1. No UC Personnel or Trainees will be compelled to work or train at a facility that has adopted Policy-Based Restrictions on care. UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate's site: (i) of the site's Policy-Based Restrictions on care; (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care and the contractual agreements that nevertheless protect their rights to make clinical decisions, counsel, prescribe, and refer or transfer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; and (iii) that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, alternative sites will be identified.~~

1. Assignments to Covered Affiliates are voluntary.

- a. Personnel. UCH locations must inform any Personnel who are invited to staff a Covered Affiliate's site: (i) that the site has adopted Policy-Based Restrictions on care; (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; and (iii) that working at the Covered Affiliate site is entirely voluntary.
- b. Trainees. UC Training Programs shall inform applicants to programs with Core Rotations scheduled at a Covered Organization about this policy and the fact that such required rotations will occur at a Covered Organization. A Sponsoring Location's designated institutional official (DIO), program director (PD), or designee shall, upon receipt of a UC Trainee's objection to assignment at Covered

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Affiliate sites, attempt to identify alternative sites with the necessary faculty, resources, and clinical/educational experiences to comply with applicable Accreditation Standards, specialty board, and institutional requirements while maintaining a consistent training experience for all UC Trainees and consistent program funding. If an alternative site is found, the Trainee will be reassigned to the alternative site. 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.

2. Each UCH location must document and communicate to its Personnel and Trainees ~~voluntarily~~ performing services or training at such facilities the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services.

E. ~~E.~~ Process for Collecting and Responding to Concerns and Complaints

1. Each UCH location must identify for all of 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 ~~counsel patients, prescribe medication or services, refer or transfer them to UC or other alternative locations for care, or provide emergency items and services, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition~~exercise any of the rights described in Section III.D.3 above, is being impeded in any way at the Covered Affiliate's facility.
2. Each UCH location must establish a formal process for ~~UCH~~ patients of UCH Personnel receiving care at Covered Affiliate facilities to share concerns or complaints regarding access to ~~comprehensive health care services~~Health Care Services or discrimination in the provision of such services.
3. Each UCH ~~location~~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. Any concerns raised about perceived impediments to accessing comprehensive reproductive health care, ~~gender-affirming~~gender-affirming services, or end-of-life care must be reported promptly to the UCH location's Chief Executive Officer or designee.

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F. ~~F.~~ Transparency and Reporting

1. Each UCH ~~location~~Clinical Location must develop a mechanism to inform its patients of limitations on ~~services~~Health Care Services provided at a Covered Affiliate's facility that might otherwise be offered if the patient were at the ~~UC facility~~UCH Clinical Location. At a minimum, such limitations must be published on any UC websites that reference the Affiliation.
2. In the limited circumstances where ~~a UCH provider~~ refers a patient ~~to a facility with known restrictions, the provider~~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 (for example, by documenting the information in the patient's discharge instructions).
3. ~~Beginning in August 2022, each~~Each UCH location must provide a written report annually to the Regents Health Services Committee for the previous fiscal year:
 - (i) documenting performance by Covered Affiliates that are licensed hospitals on standardized quality indicators described in Appendix D;
 - (ii) listing all new ~~or~~ renewed, expanded, and terminated arrangements with ~~institutions that have adopted Policy-Based restrictions on care~~Covered Affiliates; (iii) summarizing complaints or grievances received from patients, Personnel, and Trainees receiving Health Care Services, working, or training at Covered Affiliates, as well as their resolution; and (iv) reporting on the outcome of any audits and any identified non-compliance with the above standards. ~~The first report on standardized quality indicators will be due in August 2023, covering the 2022-2023 fiscal year.~~

G. ~~G.~~ Compliance and Enforcement

1. Each UCH ~~location~~Clinical Location must adopt the attached Non-Discrimination Addendum and Affiliations Checklist and fully implement them in all ~~current Affiliations with~~applicable Covered OrganizationsAffiliation agreements no later than December 31, 2023. See Appendices **BE**: **Non-Discrimination Addendum** and **CF**: **Affiliations Checklist**.
2. ~~Agreements~~Covered Affiliate agreements that use the standard language of the Non-Discrimination Addendum and meet all elements of the ~~checklist~~Affiliations Checklist must be reviewed by the appropriate ~~local~~Sponsoring Location's contracting office or other office designated or approved by the Chancellor; any deviation from the standard language must be escalated to ~~local~~the Sponsoring Location's health system counsel and the Vice Chancellor for Health Sciences or designee for further review to confirm that the non-standard language substantively

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adheres to all requirements of ~~Regents Policy 4405~~[Regents Policy 4405](#) and this policy. On campuses without a Vice Chancellor for Health Sciences, the escalation shall be made to the Chancellor or Chancellor's designee.

3. Any new ~~or~~, renewed, [or expanded Covered](#) Affiliation must be submitted with accompanying documentation of the rationale and impact to the Chancellor or designee for review and approval prior to execution. [An expanded affiliation is one where new services are added \(for example, where UCH contracts with a Covered Affiliate to provide Family Medicine services, and then adds Internal Medicine or Pediatrics\).](#)
4. The Office of Ethics, Compliance, and Audit Services (ECAS) may audit implementation of and compliance with this policy at any time. At a minimum, however, following expiration of the December 2023 deadline, ECAS is requested to conduct an audit of an appropriate sample of then-current contracts with Covered Affiliates to ensure their adherence to the contracting guidelines. Thereafter, the frequency and scope of such audits will be determined by ECAS in consultation with the Chairs of the Regents Compliance & Audit Committee and Regents Health Services Committee.
5. ~~The University must not enter any new Affiliation that fails to meet these requirements after July 1, 2021.~~ 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.

H. ~~H.~~ Joint Clinical Advisory Committee

The Executive Vice President for UCH and the Chair of the Academic Senate will establish and co-chair a joint clinical advisory committee to review the above reports when issued, solicit feedback from stakeholders, and provide input on UCH's policies on Affiliations with institutions that have adopted Policy-Based Restrictions on care. The committee will be comprised of: (i) the Executive Vice President for UCH or designee, (ii) the Academic Senate Chair or designee, (iii) the Chief Medical Officer of each UC academic health system or designee, (iv) an Academic Senate appointee who is an active (at least 0.5 FTE) clinician from each campus with an academic health system; and (v) three additional members selected by the President not representing either UCH or the Academic Senate.

IV. COMPLIANCE / RESPONSIBILITIES

See [Section III\(A\)\(3\)](#) and [Appendix D](#)~~G~~: ~~Policy Compliance Checklist~~[POLICY COMPLIANCE CHECKLIST](#)

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V. PROCEDURES

- A. ~~A.~~ Each location may establish local procedures to facilitate implementation of this policy

VI. RELATED INFORMATION

1. [Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care](#)
2. [Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct](#)
3. ~~A. Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care~~ [Regents Bylaws and Appendix E, Charter of the Health Services Committee](#)
- ~~B. Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct~~
4. ~~C.~~ University of California – Policy on Discrimination, Harassment, and Affirmative ~~Action in the Workplace~~ [Action in the Workplace](#)
5. ~~D.~~ University of California – Whistleblower Policy and Whistleblower Protection Policy
6. [University of California – Delegations of Authority, including DA0916 \(delegation for execution of certain affiliation agreements to the Chancellors\), DA1013 \(delegation for execution of certain affiliation agreements to the EVP-UC Health\), DA1058 \(plenary delegation for execution of agreements to the Chancellors\) and DA2594 \(plenary delegation for execution of documents to the EVP-UC Health\)](#)

~~E. Delegations of Authority DA0916, DA1013, and DA2594.~~

VII. FREQUENTLY ASKED QUESTIONS

[RESERVED]

1. [Does this policy guarantee that patients giving birth at a Covered Affiliate who desire long-term contraception will receive it at the Covered Affiliate if prescribed by a physician there? No. The policy does not require any organization to place long-term contraception on its formulary or to carry long-term contraception in its pharmacy. However, the non-discrimination provisions of the policy and the University's agreements with Covered](#)

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Affiliates required by the policy would not permit distinguishing between patients already on birth control at the time of admission and those who are not.

2. *Is observational research performed at a Covered Affiliate site regulated by this policy?* No, this policy regulates clinical operations within the United States but not research and not international arrangements. However, a clinical trial that requires UC faculty, staff, or trainees to provide related health care services at the Covered Affiliate site would be regulated and any related subawards or other agreements would be required to comply with .

VIII. ~~REVISION HISTORY~~ REVISION HISTORY

[DATE]: Finalized policy issued, following the standard University notice and comment process, with the following changes:

- Enhanced the policy summary statement
- Added new definitions and revised existing ones to clarify the policy and facilitate substantive changes described below, including an updated definition of “emergency services” to include the DMHC definition
- Added language to explicitly address the importance of affiliations with government agencies including the Veterans Administration Health System, state and local public hospitals, and tribal organizations, and to clarify the role of University locations in assuring compliance with the policy
- Added and revised language throughout to reduce administrative burden while maintaining consistency with Regents Policy 4405; new language distinguishes “Covered Affiliations” from “Limited Affiliations,” which do not implicate the concerns underlying the Regents Policy, and from “Public Affiliations,” which the University affirmatively prioritizes consistent with its public mission.
- Clarified that the quality monitoring requirement applies to Covered Affiliations involving hospitals
- Differentiated between University-employed faculty and staff, on one hand, and trainees, on the other, in implementation of the voluntariness requirement to assure continuity and consistency of University training programs
- Expressly defines “expanded” affiliations as a separate category for reporting purposes
- Includes new attachments to: (1) identify UC accreditation bodies that regulate University facilities and health professions education programs; (2) provide

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examples of Covered Affiliations and Limited Affiliations to avoid confusion; and
(3) describe University of expectations regarding how the policy will be
interpreted in different emergency and non-emergency situations

- Updated attachments

August XXSeptember 22, 2021: New interim policy issuance date.

This Policy is formatted to meet Web Content Accessibility Guidelines (WCAG) 2.0.

IX. APPENDIXAPPENDICES

- A. Accreditation Organizations & Licensing Boards
- B. Covered Affiliations/Limited Affiliations
- C. Emergency Services and Emergency Medical Conditions
- D. ~~A. SAMPLE~~ Quality ~~Guidelines~~ **[RESERVED]** Measures
- E. ~~B.~~ Non-Discrimination Addendum
- F. ~~C.~~ Affiliations Checklist
- G. ~~D.~~ Policy Compliance Checklist

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Summary report: Litera Compare for Word 11.2.0.54 Document comparison done on 8/30/2023 2:04:08 PM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original filename: Interim Policy on Affiliations with Certain Healthcare Organizations.docx	
Modified filename: DRAFT Final Policy on Affiliations with Certain Healthcare Organizations.8.30.2023clean-no appendices.docx	
Changes:	
Add	263
Delete	154
Move From	0
Move To	0
Table Insert	0
Table Delete	0
Table moves to	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	1
Embedded Excel	0
Format changes	0
Total Changes:	418



Affiliations with Certain Health Care Organizations

Responsible Officer:	EVP – University of California Health
Responsible Office:	UCH – University of California Health
Issuance Date:	9/22/2021
Effective Date:	[TBD]
Last Review Date:	[TBD]
Scope:	All University of California locations and programs that operate medical centers or that procure, provide, manage, administer, or otherwise arrange for the provision of health care services; or that educate health professions students, residents, fellows, or other trainees.

Contact:	Zoanne Nelson
Title:	Associate VP UC Health Finance and Administration
Email:	Zoanne.Nelson@ucop.edu
Phone:	(510) 987-0578

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I. POLICY SUMMARY

The University of California is a public trust established by the California Constitution whose mission is “to serve society as a center of higher learning, providing long-term societal benefits through transmitting advanced knowledge, discovering new knowledge, and functioning as an active working repository of organized knowledge. That obligation, more specifically, includes undergraduate education, graduate and professional education, research, and other kinds of public service, which are shaped and bounded by the central pervasive mission of discovering and advancing knowledge.”

To advance this public mission, the University’s health centers, clinics, and health professional schools regularly enter into Affiliations with public and private health care organizations to improve quality and access for members of the University community and the people of the State of California, particularly those in medically underserved communities, and to support the University’s education and research mission.

The purpose of this policy is to establish standards for engagement with such Affiliates that protect and advance the University’s public mission and values, including its commitment to inclusion, diversity, equity, and accountability, and to ensure such Affiliations do not compromise the University’s commitment to evidence-based care for all patients. The policy implements [Regents Policy 4405](#). Consistent with [Regents Bylaw 13](#), in the event of any inconsistency between Regents Policy 4405 and this policy, the requirements of Regents Policy 4405 prevail.

II. DEFINITIONS

Accreditation Standards: Standards adopted and enforced by an organization responsible for accrediting University of California-owned or -sponsored academic or clinical programs (**Accreditation Organization**). See **Appendix A** for a current list of Accreditation Organizations.

Affiliate: A health care provider, health plan, or other entity that owns or operates an organization that provides Health Care Services in the United States and with which the University has established an Affiliation.

Affiliation: A contract or other arrangement between: (i) the University or any of its components (e.g., campus, health center, clinic) and; (ii) an Affiliate, through which the University, directly or through its Personnel or Trainees, provides Health Care Services, educates health professional trainees, or conducts research that involves the performance of Health Care Services. See **Appendix B** for additional explanation and examples.

Core Rotation: A learning experience mandated by an Accreditation Organization, a professional organization, or the University to meet a required competency or to receive credit for program completion or graduation.

Covered Person or Organization: A health care provider, health plan, or other person or organization owning or operating locations where Health Care Services are provided

in the United States, that has adopted or operates pursuant to Policy-Based Restrictions on Health Care Services. A Covered Person or Organization with which the University has established an Affiliation is a **Covered Affiliate** and the arrangement is a **Covered Affiliation**. Public Affiliates are not Covered Organizations under this policy.

Emergency Services and Emergency Medical Conditions: 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. An Emergency Medical Condition is a condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part. The California Department of Managed Health Care states that it is an emergency if waiting to get care could be dangerous to a patient's life or a part of their body; and that a bad injury or sudden serious illness can be an emergency, as can severe pain or active labor. See **Appendix C** for additional explanation and examples.

Health Care Services: Items and services reimbursable by the Medi-Cal program or by any Federal Health Care Program (as defined in 42 U.S.C. § 1320a-7b(f)); or services otherwise provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code § 1206; by a health care provider licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow functioning under a licensed health care provider's supervision.

Limited Affiliation: An arrangement with a Covered Affiliate that is limited to any combination of the following activities: (i) incoming affiliations, through which a Covered Affiliate's personnel or trainees perform services or receive training at UCH Clinical Locations, subject to University policies, or through which the University agrees to receive patient referrals from a Covered Affiliate site; (ii) observational clinical trials and other research that do not involve the performance of Health Care Services by UC Personnel or Trainees; (iii) space and equipment leases and licenses that do not impose Policy-Based Restrictions on Health Care Services; (iv) incoming transfer agreements with repatriation provisions; or (v) administrative agreements, so long as they do not involve the delivery of or payment for Health Care Services (e.g., an electronic health record service agreement through which the University hosts a Covered Affiliate's medical records system). A Limited Affiliation is not subject to the requirements of Sections III(C)(2-3) or III(D) below.

Personnel: University-employed faculty and staff (the term does not refer to voluntary faculty who support the University's academic mission but who are self-employed or employed by a third party).

Policy-Based Restrictions: Restrictions imposed by a Covered Affiliate, directly or through its governing body, sponsors, or other non-governmental authority, on Health Care Services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate: (i) is barred from performing as a matter of

federal or state law, federal or state agency directive, or applicable Accreditation Standard; (ii) is unable to provide to ANY patient due to absence of necessary equipment or qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources; or (iii) limits or restricts as a result of credentialing, privileging, and utilization review policies or processes consistent with California law and Medicare Conditions of Participation.

Public Affiliation: An Affiliation with an Affiliate that is owned or operated by a Federal, State, or Local government agency or unit. For purposes of this policy, Federal Public Affiliates include the Veterans Administration, the Indian Health Service, and other [Tribal Health Programs](#). State and Local Public Affiliates include members of the [California Association of Public Hospitals](#) (University of California and County public health systems across the State), as well as health care providers owned or operated pursuant to the [Local Hospital District Law](#). In other States, Public Affiliates include academic medical centers owned and operated by State governments and land-grant universities. Public Affiliates are not Covered Organizations for the purposes of this policy.

Sponsoring Location: A University campus or academic health system that initiates, approves, or manages an Affiliation.

Trainees: Health professional students, residents, and fellows enrolled in UCH-operated or -sponsored educational programs (UCH Training Programs).

UCH Clinical Location: A collection of University buildings and personnel that service a University academic health system, student health or counseling center, or other health delivery site including hospitals, ambulatory surgery centers, outpatient centers, clinics, or other locations where preventive, diagnostic, therapeutic, or other interventional physical or behavioral health care services are provided to UC patients, students, employees, or research participants.

UCH or University of California Health: The University's health centers, clinics, faculty practice plans, and schools of dentistry, medicine, nursing, pharmacy, public health, and optometry.

UCH Training Program: An undergraduate, graduate, post-doctoral, or professional educational program offered or sponsored by a UC human health professions school (dentistry, medicine, nursing, pharmacy, public health, optometry) or a UC hospital or health system.

III. POLICY TEXT

A. Affiliation Priorities and Accountability

1. *Support for Public Affiliations.* Consistent with its public identity and in support of its public mission, the University acknowledges the critical role that Public Affiliates play in partnering with the University in teaching Trainees, performing research and clinical trials, and improving access to high-quality health care services to all of the people of the State of California.

2. *Approval Authorities.* The Regents have broadly delegated authority for University operations to the President of the University subject to certain retained authorities. The President, in turn, has broadly delegated authority to the Chancellors and the Executive Vice President-UC Health. The appropriate approval authority for an Affiliation in any circumstance depends on the nature and size of the affiliation.
3. *Primary Accountability.* Primary accountability for Affiliations rests with the Sponsoring Location(s), subject to approval and oversight authority reserved to The Regents or vested in applicable University assurance units (e.g., compliance, internal audit, risk services) and external oversight agencies. Sponsoring Locations are responsible for assuring such Affiliations meet the requirements of applicable laws, regulations, Accreditation Standards, and University policies.

B. Statement of Nondiscrimination. The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law.

C. General Requirements for Affiliations with Covered Persons or Organizations

1. *University Autonomy for University Facilities and Programs.* Under no circumstances may a Covered Organization be granted responsibility or authority to operate or manage a UCH Clinical Location or a UCH Training Program on behalf of the University, or the right to interfere in any way with the University's plenary authority to operate and manage its facilities and programs.
2. *Quality Monitoring.* Each UCH location must monitor the quality of care provided at a licensed hospital owned or operated by a Covered Affiliate related to services provided by UC Personnel or Trainees, consistent with existing system-wide quality guidelines for UCH affiliations generally. Such quality monitoring is not required in connection with a Limited Affiliation. Current quality measures are attached as **Appendix D: Quality Measures**.
3. *Documentation.* A guiding principle for all arrangements with Covered Affiliates is the University's commitment to its public service mission, including its commitment to improve health and health care for all people living in California. To that end:

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- a. Each location must document for consideration in the approval process the rationale for the Affiliation, including: (1) any risks and anticipated benefits to the University's public education, research and service missions; (2) any risks and anticipated benefits to the broader patient community; and (3) the consequences of not proceeding with the Affiliation.
- 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.
- c. Each location must develop a process to facilitate timely access by University patients or patients receiving care from University Personnel or Trainees at Covered Affiliates to University facilities (or other non-Covered Organizations, as may be appropriate) for services that are not provided at a Covered Affiliate's facility.

D. Requirements for Affiliation Agreements with Covered Organizations.

Every Affiliation with a Covered Affiliate, other than a Limited Affiliation, must:

- 1. Include provisions: (i) reciting UC's non-discrimination policy, as described in Section III(B) above; (ii) requiring that all parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status); and (iii) requiring that all parties offer any procedure or service that they choose to provide at their respective facilities or through their respective employees or contractors on a non-discriminatory basis. Model language to address these requirements is included in **Appendix E: Non-Discrimination Addendum**.
- 2. Document that the University's evidence-based standards of care govern the medical decisions made by its Personnel and Trainees.
- 3. Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate's site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) 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.

4. Recite that, under the California Constitution, UC must be “entirely independent of political or sectarian influence in the ... administration of its affairs.”
5. Be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care.
6. [For new or restated Covered Affiliate agreements executed on or after January 1, 2024.] Require the parties to the agreement to exercise reasonable efforts to exchange quality and performance data relevant to the services or programs that are subject to the agreement.
7. Permit the University to terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or that the Covered Affiliate has breached the agreement's terms relating to UC Personnel and Trainees' freedom to make clinical decisions, counsel, prescribe for, and refer or transfer patients, or to provide any emergency item or service, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition, as described above.
8. Be approved by the applicable Chancellor(s). Chancellors may delegate this authority, but it may not be redelegated thereafter.

E. Protections for University Personnel, Trainees, and Patients

1. Assignments to Covered Affiliates are voluntary.
 - a. Personnel. UCH locations must inform any Personnel who are invited to staff a Covered Affiliate's site: (i) that the site has adopted Policy-Based Restrictions on care; (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; and (iii) that working at the Covered Affiliate site is entirely voluntary.
 - b. Trainees. UC Training Programs shall inform applicants to programs with Core Rotations scheduled at a Covered Organization about this policy and the fact that such required rotations will occur at a Covered Organization. A Sponsoring Location's designated institutional official (DIO), program director (PD), or designee shall, upon receipt of a UC Trainee's objection to assignment at Covered Affiliate sites, attempt to identify alternative sites with the necessary faculty, resources, and clinical/educational experiences to comply

with applicable Accreditation Standards, specialty board, and institutional requirements while maintaining a consistent training experience for all UC Trainees and consistent program funding. If an alternative site is found, the Trainee will be reassigned to the alternative site. 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.

2. Each UCH location must document and communicate to its Personnel and Trainees performing services or training at such facilities the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services.

F. Process for Collecting and Responding to Concerns and Complaints

1. Each UCH location must identify for all of 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 the rights described in Section III.D.3 above, is being impeded in any way at the Covered Affiliate's facility.
2. Each UCH location must establish a formal process for patients of UCH Personnel receiving care at Covered Affiliate facilities to share concerns or complaints regarding access to Health Care Services or discrimination in the provision of such services.
3. Each UCH 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. Any concerns raised about perceived impediments to accessing comprehensive reproductive health care, gender-affirming services, or end-of-life care must be reported promptly to the UCH location's Chief Executive Officer or designee.

G. Transparency and Reporting

1. Each UCH Clinical Location must develop a mechanism to inform its patients of limitations on Health Care Services provided at a Covered Affiliate's facility that might otherwise be offered if the patient were at the UCH Clinical Location. At a minimum, such limitations must be published on any UC websites that reference the Affiliation.
2. In the limited 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 (for example, by documenting the information in the patient's discharge instructions).

3. Each UCH location must provide a written report annually to the Regents Health Services Committee for the previous fiscal year:
 - (i) documenting performance by Covered Affiliates that are licensed hospitals on standardized quality indicators described in **Appendix D**;
 - (ii) listing all new, renewed, expanded, and terminated arrangements with Covered Affiliates; (iii) summarizing complaints or grievances received from patients, Personnel, and Trainees receiving Health Care Services, working, or training at Covered Affiliates, as well as their resolution; and
 - (iv) reporting on the outcome of any audits and any identified non-compliance with the above standards.

H. Compliance and Enforcement

1. Each UCH Clinical Location must adopt the attached Non-Discrimination Addendum and Affiliations Checklist and fully implement them in all applicable Covered Affiliation agreements no later than December 31, 2023. See Appendices **E: Non-Discrimination Addendum** and **F: Affiliations Checklist**.
2. Covered Affiliate agreements that use the standard language of the Non-Discrimination Addendum and meet all elements of the Affiliations Checklist must be reviewed by the appropriate Sponsoring Location's contracting office or other office designated or approved by the Chancellor; any deviation from the standard language must be escalated to the Sponsoring Location's health system counsel and the Vice Chancellor for Health Sciences or designee for further review to confirm that the non-standard language substantively adheres to all requirements of [Regents Policy 4405](#) and this policy. On campuses without a Vice Chancellor for Health Sciences, the escalation shall be made to the Chancellor or Chancellor's designee.
3. Any new, renewed, or expanded Covered Affiliation must be submitted with accompanying documentation of the rationale and impact to the Chancellor or designee for review and approval prior to execution. An expanded affiliation is one where new services are added (for example, where UCH contracts with a Covered Affiliate to provide Family Medicine services, and then adds Internal Medicine or Pediatrics).
4. The Office of Ethics, Compliance, and Audit Services (ECAS) may audit implementation of and compliance with this policy at any time. At a minimum, however, following expiration of the December 2023 deadline, ECAS is requested to conduct an audit of an appropriate sample of then-current contracts with Covered Affiliates to ensure their adherence to the contracting guidelines. Thereafter, the frequency and scope of such audits will be determined by ECAS in consultation with the Chairs of the Regents Compliance & Audit Committee and Regents Health Services Committee.
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.

I. Joint Clinical Advisory Committee

The Executive Vice President for UCH and the Chair of the Academic Senate will establish and co-chair a joint clinical advisory committee to review the above reports when issued, solicit feedback from stakeholders, and provide input on UCH's policies on Affiliations with institutions that have adopted Policy-Based Restrictions on care. The committee will be comprised of: (i) the Executive Vice President for UCH or designee, (ii) the Academic Senate Chair or designee, (iii) the Chief Medical Officer of each UC academic health system or designee, (iv) an Academic Senate appointee who is an active (at least 0.5 FTE) clinician from each campus with an academic health system; and (v) three additional members selected by the President not representing either UCH or the Academic Senate.

IV. COMPLIANCE / RESPONSIBILITIES

See Section III(A)(3) and **Appendix G: POLICY COMPLIANCE CHECKLIST**

V. PROCEDURES

- A.** Each location may establish local procedures to facilitate implementation of this policy

VI. RELATED INFORMATION

1. [Regents Policy 4405](#): Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care
2. [Regents Policy 1111](#): Policy on Statement of Ethical Values and Standards of Ethical Conduct
3. [Regents Bylaws](#) and [Appendix E, Charter of the Health Services Committee](#)
4. [University of California – Policy on Discrimination, Harassment, and Affirmative Action in the Workplace](#)
5. University of California – [Whistleblower Policy](#) and [Whistleblower Protection Policy](#)
6. University of California – [Delegations of Authority](#), including [DA0916](#) (delegation for execution of certain affiliation agreements to the Chancellors), [DA1013](#) (delegation for execution of certain affiliation agreements to the EVP-UC Health), [DA1058](#) (plenary delegation for execution of agreements to the Chancellors) and [DA2594](#) (plenary delegation for execution of documents to the EVP-UC Health)

VII. FREQUENTLY ASKED QUESTIONS

1. *Does this policy guarantee that patients giving birth at a Covered Affiliate who desire long-term contraception will receive it at the Covered Affiliate if prescribed by a physician there?* No. The policy does not require any organization to place long-term contraception on its formulary or to carry long-term contraception in its pharmacy. However, the non-discrimination provisions of the policy and the University's agreements with Covered Affiliates required by the policy would not permit distinguishing between patients already on birth control at the time of admission and those who are not.
2. *Is observational research performed at a Covered Affiliate site regulated by this policy?* No, this policy regulates clinical operations within the United States but not research and not international arrangements. However, a clinical trial that requires UC faculty, staff, or trainees to provide related health care services at the Covered Affiliate site would be regulated and any related subawards or other agreements would be required to comply with .

VIII. REVISION HISTORY

[DATE]: Finalized policy issued, following the standard University notice and comment process, with the following changes:

- Enhanced the policy summary statement
- Added new definitions and revised existing ones to clarify the policy and facilitate substantive changes described below, including an updated definition of “emergency services” to include the DMHC definition
- Added language to explicitly address the importance of affiliations with government agencies including the Veterans Administration Health System, state and local public hospitals, and tribal organizations, and to clarify the role of University locations in assuring compliance with the policy
- Added and revised language throughout to reduce administrative burden while maintaining consistency with [Regents Policy 4405](#); new language distinguishes “Covered Affiliations” from “Limited Affiliations,” which do not implicate the concerns underlying the Regents Policy, and from “Public Affiliations,” which the University affirmatively prioritizes consistent with its public mission.

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- Clarified that the quality monitoring requirement applies to Covered Affiliations involving hospitals
- Differentiated between University-employed faculty and staff, on one hand, and trainees, on the other, in implementation of the voluntariness requirement to assure continuity and consistency of University training programs
- Expressly defines “expanded” affiliations as a separate category for reporting purposes
- Includes new attachments to: (1) identify UC accreditation bodies that regulate University facilities and health professions education programs; (2) provide examples of Covered Affiliations and Limited Affiliations to avoid confusion; and (3) describe University of expectations regarding how the policy will be interpreted in different emergency and non-emergency situations
- Updated attachments

September 22, 2021: New interim policy issuance date.

This Policy is formatted to meet Web Content Accessibility Guidelines (WCAG) 2.0.

IX. APPENDICES

- A.** Accreditation Organizations & Licensing Boards
- B.** Covered Affiliations/Limited Affiliations
- C.** Emergency Services and Emergency Medical Conditions
- D.** Quality Measures
- E.** Non-Discrimination Addendum
- F.** Affiliations Checklist
- G.** Policy Compliance Checklist

Appendix A

ACCREDITATION ORGANIZATIONS

Independent Accreditation Organizations Include:

Accreditation Commission for Midwifery Education
Accreditation Council for Graduate Medical Education
Accreditation Council for Pharmacy Education
Accreditation Council on Optometric Education
American Association of Blood Banks
American Board of Medical Specialties
American Psychological Association
College of American Pathologists
Commission on Collegiate Nursing Education
Commission on Dental Education
Council on Education for Public Health
The Joint Commission
Liaison Committee on Medical Education

California Health Professional Licensing Boards Include:

Acupuncture Board
Board of Behavioral Sciences
Board of Chiropractic Examiners
Board of Optometry
Board of Pharmacy
Board of Psychology
Board of Registered Nursing
Board of Respiratory Care
Board of Vocational Nursing and Psychiatric Technicians
California Board of Occupational Therapy
Dental Board of California
Dental Hygiene Board of California
Medical Board of California
Osteopathic Medical Board of California
Physical Therapy Board of California
Physician Assistant Board
Speech-Language Pathology and Audiology Hearing Aid Dispensers Board

Appendix B

COVERED AFFILIATIONS AND LIMITED AFFILIATIONS

Arrangement Description	Classification
UC personnel perform Health Care Services at a Covered Affiliate site.	Covered Affiliation
Covered Affiliate personnel perform services at a UCH Clinical Location, subject to University policies.	Limited Affiliation
UC Trainees rotate at a Covered Affiliate site to gain clinical experiences not available at UC facilities.	Covered Affiliation
Covered Affiliate trainees rotate at UCH Clinical Location to gain clinical experiences not available at their own site.	Limited Affiliation
UC and Covered Affiliate enter into Transfer Agreement to facilitate transfer of Covered Affiliate patients to UC when UC care is needed; agreement provides for patients' return to the originating facility when UC care is no longer needed.	Limited Affiliation
UC provides IT or administrative services not involving the delivery of Health Care Services to a Covered Affiliate.	Limited Affiliation
UC provides medical director services to a Covered Affiliate and the medical director does not perform Health Care Services in connection with that arrangement.	Limited Affiliation
UC providers perform human subjects research involving the delivery of Health Care Services at a Covered Affiliate site.	Covered Affiliation
UC Trainees shadow Covered Affiliate providers at a Covered Affiliate site but do not perform any Health Care Services	Limited Affiliation
UC providers perform a clinical trial involving the delivery of investigational Health Care Services at Covered Affiliate site.	Covered Affiliation
UC issues a subaward to a Covered Affiliate site for performance of a clinical trial, where any Health Care Services are delivered by and at the Covered Affiliate and by non-UC personnel and trainees.	Limited Affiliation
UC providers perform observational clinical trial or data collection study at Covered Affiliate site but do not deliver Health Care Services to any patients at that site.	Limited Affiliation
UC licenses or otherwise allows the use of the UC name or marks in connection with a Covered Affiliation.	Covered Affiliation
UC leases clinical space from a Covered Affiliate. Lease terms include Policy-Based Restrictions on care.	Covered Affiliation
UC leases administration space from a Covered Affiliate. No Health Care Services to be provided.	Limited Affiliation
UC leases clinical space from a Covered Affiliate. Lease terms do not include any Policy-Based Restrictions.	Limited Affiliation
UC leases equipment to or from a Covered Affiliate in connection with any of the above arrangements.	Limited Affiliation*

* While the equipment lease itself does not create a Covered Affiliation, the underlying arrangement may. If it does, the agreement addressing the underlying arrangement must comply with this policy.

Appendix C

EMERGENCY SERVICES AND EMERGENCY MEDICAL CONDITIONS

UC Personnel and Trainees are expected, wherever they work or learn, to advise their patients of all of their health care options, prescribe any appropriate intervention, and refer their patients to a different clinic or facility for services not available in the clinic or facility where they are being seen.

In the event a patient presents at a Covered Affiliate with an Emergency Medical Condition, UC Personnel and Trainees are expected to 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. It is an emergency if a patient reasonably believes that it is an emergency or the doctor in their professional judgment believes that it is an emergency. It is an emergency if waiting to get care could be dangerous to the patient's life or a part of the patient's body. A bad injury or a sudden serious illness can be an emergency. Severe pain and active labor are also emergencies.

If a physician determines that an individual presenting at an emergency department is experiencing an emergency medical condition, and that the hospital has the expertise and equipment necessary to deliver the stabilizing treatment necessary to resolve that condition, then: (1) the physician *must* provide that treatment with the patient's consent; (2) the hospital may not transfer the patient out except at the patient's request and after the patient has been informed of the hospital's obligations under EMTALA and the risk of transfer; and (3) the hospital may not penalize or take adverse action against the physician because the physician refuses to authorize transfer of a patient who has not been stabilized. Thus, for example, if a physician believes that a pregnant patient presenting at an emergency department is experiencing an emergency medical condition, and that abortion is the stabilizing treatment necessary to resolve that condition, the physician *must* provide the treatment with the patient's consent. Additional guidance reflecting the federal government's expectations of physicians in the event of an emergency where induced abortion may be indicated is published online:

<https://www.hhs.gov/sites/default/files/emergency-medical-care-letter-to-health-care-providers.pdf>.

The table below summarizes the University's understanding of what items and services its Personnel and Trainees may or may not be permitted to deliver at current University Affiliates located in California.

Condition or Diagnosis	Emergency?	Expectation of UC Health Provider
Pregnant patient at 20 weeks presents with cramping, bleeding, and broken water; recommended treatment is abortion and delay risks serious health condition	Yes	Explain high risk of death to fetus and risks to the pregnant patient; offer to induce delivery or perform a surgical termination under anesthesia and perform the abortion immediately with the patient's consent
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	Yes	Counsel the patient on their diagnosis and recommend immediate abortion in ED or OR as appropriate; perform the recommended procedure with the patient's consent
Patient with history of placenta previa; future pregnancies are very high risk and recommended treatment is permanent sterilization at the time of delivery	No	Identify facility for planned delivery and sterilization (note that informed consent generally is required under California law 1-6 months prior to scheduled procedure, so the law already necessitates that there be time to recommend another facility to a patient)

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Condition or Diagnosis	Emergency?	Expectation of UC Health Provider
Immediate post-partum period while patient is at the hospital and long-term contraception is recommended or desired	No	For facilities with long-term contraception on formulary/available: prescribe and dispense contraception on the basis that the non-discrimination policy does not permit distinguishing between patients already on birth control and those who have yet to begin to take birth control For facilities without long-term contraception on formulary/available: inform patient at prenatal visit of post-partum contraception options and schedule delivery at the appropriate facility
Patient is diagnosed with symptomatic uterine fibroids, abnormal bleeding, endometriosis, prolapse, or ovarian cancer	No	Perform hysterectomy with patient's consent (note that informed consent generally is required under California law 1-6 months prior to scheduled procedure, so the law already necessitates that there be time to recommend another facility to a patient)
Patient is diagnosed with a condition, other than a symptomatic uterine pathology, for which hysterectomy is recommended	No	Schedule and perform hysterectomy with patient's consent at a facility that will schedule the procedure when there is no disease of the involved organs (note that informed consent generally is required under California law 1-6 months prior to scheduled procedure, so the law already necessitates that there be time to recommend another facility to a patient)
Patient is diagnosed with gender incongruence; chest feminization (breast augmentation or mammoplasty) or masculinization (subcutaneous mastectomy) is recommended.	No	Schedule and perform top surgery with patient's consent at a capable facility
Patient is diagnosed with a condition for which genital reconstructive bottom surgery is recommended	No	Refer/perform procedure at a high-volume specialty center

Appendix D

HOSPITAL QUALITY MEASURES

Following are the UC Health Covered Affiliations quality metrics scorecard definitions for FY 2023:

	30-day All-Cause Unplanned Readmissions (%)	HCAHPS Overall Rating	% Hospital Medi-Cal Patients	Centers for Medicare & Medicaid Services (CMS) Stars
Description	Rate of readmission after discharge from hospital. High-quality care can keep patients from returning to the hospital.	Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey measures patient experience of care.	Measures health equity by assessing % of patients using all types of California's public health insurance program Medi-Cal.	The overall star rating is based on how well a hospital performs across different areas of quality.
Data Period	FY23 – data available as of 6/30/23	FY23 – data available as of 6/30/23	FY23 – data available as of 6/30/23	FY23 – data available as of 6/30/23
Data Source	CMS Care Compare	CMS Care Compare	CA HCAI –Medi-Cal Discharges (all types)	CMS Care Compare
Website Location	https://www.medicare.gov/care-compare/	https://www.medicare.gov/care-compare/	https://data.chhs.ca.gov/dataset/hospital-quarterly-financial-utilization-report-complete-data-set	https://www.medicare.gov/care-compare/

Appendix E

UNIVERSITY OF CALIFORNIA HEALTH NON-DISCRIMINATION ADDENDUM¹

This addendum (“Addendum”), effective _____, supplements any and all agreements between _____ (“Affiliate”) and The Regents of the University of California, on behalf of University of California Health and its affiliated medical centers, clinics, health professional schools, and faculty practice plans (“University” or “UC Health”), including its faculty, staff, and trainees working or training in Affiliate’s facilities. Affiliate and UC Health are individually referred to as a “Party” and collectively as the “Parties” below.

WHEREAS, University of California is a nationally-recognized academic institution, which includes medical centers located throughout California that are leaders in providing medical and surgical care to patients through owned and operated hospitals, clinics, and physician practices; and is committed to the highest standards in patient care, research, and teaching. The University of California is a public trust established by the California Constitution, required to be entirely independent of political or sectarian influence and kept free therefrom in the administration of its affairs. The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law;

WHEREAS, Affiliate _____;

WHEREAS, the Parties have entered into agreements pursuant to which University of California-affiliated physicians, non-physician providers, residents, fellows, students, and other health care practitioners (“UC Personnel and Trainees”) provide services or participate in training at Affiliate-affiliated locations (“Service or Training Agreements”);

WHEREAS, the Parties desire to set forth a common set of principles that govern all Service or Training Agreements;

NOW, THEREFORE, in consideration of the foregoing, the covenants herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. **Mutual Representation.** By executing this Addendum, the Parties each certify their respective compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including (other than federal government agencies, tribal organizations, or state or local entities located in states other than California) Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability,

¹ For use only with Covered Affiliates.

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medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status). Specifically, Affiliate offers any procedure it chooses to provide at Affiliate's facilities or through its personnel or trainees on a non-discriminatory basis, and UC Health offers any procedure it chooses to provide at its facilities or through UC Personnel and Trainees on a non-discriminatory basis.

2. Expectations of UC Faculty, Staff, and Trainees. The Parties hereby express their mutual agreement and expectation that UC Personnel and Trainees working or training at Affiliate's facilities shall at all times have the right and ability to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) 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. Nothing herein shall be interpreted to permit or encourage any health care provider to deliver an item or service prohibited by law or without informed consent as required by law.

3. Amendment. The Parties hereby amend all Service and Training Agreements to:

a. Delete any requirement that the University of California comply with policy-based restrictions on care or that the University require UC Personnel and Trainees to comply with policy-based restrictions on care, whether stated expressly or through reference to other policies and procedures.

b. Include the following mutual obligations and termination right:

“Mutual Obligations and Termination Upon Jeopardy to Organizational Values. Each Party shall be solely and exclusively responsible for implementing and enforcing its policies, standards, and values. In the event either Party determines, in its sole discretion or judgment, that continued performance of this Agreement is incompatible with its policies, standards, or values, that Party shall immediately notify the other of the determination and, if the Parties are unable to resolve the problem, the Party that has made the determination may terminate this Agreement pursuant to the following paragraph. The Parties shall use their best efforts to assure continuity of patient care during the resulting transition.

“Each Party may terminate this Agreement upon any act or omission of the other Party that in its sole discretion or judgment materially jeopardizes the organizational values of the terminating Party, if such act or omission is not cured to the satisfaction of the terminating Party in its sole discretion or judgment within 10 days after written notice is given to the other Party. In the event of such termination, the Parties shall immediately work in good faith on a post-termination transition plan to assure patient safety and, as applicable, educational program continuity.”

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c. Require the Parties to exercise reasonable efforts to exchange quality and performance data relevant to the services or programs that are subject to the Agreement. [This provision must be added to new or restated agreements effective on or after January 1, 2024.]

4. Indemnification. For any Service or Training Agreement that includes an indemnification provision, the indemnification provision shall apply only to the extent permitted by law.

5. Dispute Resolution. For any Service or Training Agreement that includes a dispute resolution provision, the dispute resolution provision shall not apply to any matter committed to a Party's sole discretion pursuant to the Agreement or this Addendum.

6. Conforming Amendments. The Parties hereby conform all Service or Training Agreements to be consistent with the provisions of this Addendum. In the event of a conflict between any provision of a Service or Training Agreement and this Addendum, this Addendum shall control.

IN WITNESS WHEREOF, the Parties execute this Addendum as of the date set forth above.

The Regents of the University of California, on behalf of University of California Health

Name/Title of Authorized Signatory

Date

Affiliate:

Name/Title of Authorized Signatory

Date

Covered Organization Affiliation Agreement Checklist

Name of Organization (“CA”): _____

Name and Brief Description of Affiliation: _____

Responsible Executive: _____

- ☐ The above CA has no responsibility or authority to operate or manage a UC facility or program on behalf of the University.
- ☐ The rationale for the affiliation and its anticipated impact are as follows: _____. *At a minimum, describe [i] any risks and anticipated benefits to the University’s education, research and service missions; [ii] any risks or anticipated benefits to the broader patient community; and [iii] the consequences of not proceeding with the transaction – attach a separate sheet if necessary.*
- ☐ Access to restricted 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. Please describe specifics: _____
- ☐ Timely access to University (or other non-covered organization) facilities for services not provided at the CA’s facility will be assured as follows: _____
- ☐ The affiliation agreement includes the following provisions:
- Recitation of UC’s non-discrimination policy.
 - All parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51.
 - All parties certify that they offer any procedures or services they choose to provide at their respective facilities or through their respective employees on a non-discriminatory basis.
 - Confirmation that the University’s evidence-based standards of care govern the medical decisions made by University faculty, staff and trainees (as applicable).
 - Confirmation that UC faculty, staff and trainees (as applicable) will: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient’s interests; and (v) provide any items or services 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.
 - Recital that, under the California Constitution, the University must be “entirely independent of political or sectarian influence in the ... administration of its affairs.”
 - *[For new or restated agreements executed on or after January 1, 2024]:* The parties agree to exchange quality and performance information related to the affiliation services or programs.
- ☐ The agreement does not include any provision that purports (directly or indirectly by reference to external policies or standards) to require the University or its personnel or trainees to abide by policy-based restrictions on care.
- ☐ The agreement provides that the University ☐ may terminate for convenience or ☐ may terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University’s policies or values or that the affiliate has breached the agreement’s terms relating to University providers’ freedom to counsel, prescribe for, and refer patients, or to provide any necessary items and services to any patients for whom referral or transfer to another facility would risk material deterioration to the patient’s condition.

- ☐ Any UC personnel or trainees who may be assigned to the CA have been informed or promptly will be informed: (i) that their assignment to the CA is voluntary; (ii) of the CA's restrictions on care; (iii) the requirements some CAs have adopted that they certify adherence to policy-based restrictions on care; (iv) the contractual agreements that nevertheless protect their rights to counsel, prescribe, and refer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; (v) the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services; and (vi) the identity of the office or person to whom complaints or concerns regarding care delivered or received at the CA may be directed.
- ☐ The agreement contains (check the appropriate box): ☐ the UCH Non-Discrimination Addendum (Appendix B to the University Policy on Affiliations with Certain Health Care Organizations)
☐ alternative language confirmed by local health system counsel and the Vice Chancellor for Health Sciences or designee to substantively adhere to all of the requirements of Regents Policy 4405.

Verified by:

Location Contracting Office: _____

Signature: _____
Name: _____ Title: _____ Date: _____

Deviation Review (*if required*): ☐ VC Health Sciences ☐ VC Health Science's Designee

Signature: _____
Name: _____ Title: _____ Date: _____

Approved by: ☐ Chancellor ☐ Chancellor's Designee

Signature: _____
Name: _____ Title: _____ Date: _____

Appendix G

UC HEALTH AFFILIATIONS POLICY COMPLIANCE CHECKLIST

Status	Action	Responsible Party/Notes
Complete	Moratorium on New Non-Compliant Agreements with Covered Affiliates	UC Health, Locations, UC Legal
Complete	Regents Approval of Final Regents Policy	Board
Ongoing	Train Strategy, Network Development, and Other Responsible Contracting Staff on Policy and Local Implementing Procedures	UCH Locations
Complete	EVP UCH + Academic Senate Chair Establish Joint Clinical Advisory Committee; President Names 3 Representatives	UC Health, Academic Senate, PEO
Complete	Develop and Implement Mechanism to Inform Patients of Limitations on Services at Covered Affiliates	UCH with UCH Locations
12/31/2023	Develop and Issue Standardized Communication to UCH Faculty, Staff, and Trainees Working or Training at Covered Affiliates	UCH with UCH Locations
12/31/2023	Add Similar Communication to Training Program Application Materials and Interview Packets	UCH with UCH Locations
Complete	Document Process and Contact/Ombuds for Faculty/Staff/Trainee and Patient Complaints and Concerns – Assure Appropriate Escalation to CEOs/Designees	UCH Locations
12/31/2023	Amendment of Agreements	Adventist Health, Dignity Health, and Providence Masters or Templates are Complete
Annually per UCH Deadline	DRAFT Location Reports to UCH	UCH Locations
Annually, per Regents Schedule of Reports	MBM to HSC: (i) documenting performance on standardized quality indicators; (ii) listing all new or renewed arrangements with covered organizations; (iii) summarizing complaints or grievances and resolution; and (iv) reporting on any identified non-compliance	UCH Locations via UCH and SCOS
Per ECAS Audit Plans	Audit Policy Adherence	ECAS/Campus Internal Audit
12/31/2023	Amend all Agreements with Covered Affiliates in Compliance with the Regents and Presidential Policies, or Terminate any that are Non-Compliant	UCH Locations

MODEL COMMUNICATION

The University of California Office of the President invites comments on the draft Presidential Policy on Affiliations with Certain Health Care Organizations which supports the implementation of Regents Policy 4405. The Policy makes revisions to the existing interim Presidential Policy, which was first circulated for systemwide review in March 2022. The policy has been revised to:

- Focus on UC values by enhancing the policy summary statement and addressing the importance of affiliations with government agencies;
- Clarify expectations of UC providers and define “emergency services” and “emergency medical conditions” under EMTALA and the California Department of Managed Health Care;
- Specify implementation of the voluntary requirement for UC health trainees to support continuity of University training programs; and
- Reduce administrative burden for “limited affiliations” while maintaining consistency with Regents Policy 4405.

If you have any questions or if you wish to provide comment, please contact _____, no later than _____ **2023**.



Robert Horwitz
Telephone: (510) 987-0887
Email: robert.horwitz@ucop.edu

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

June 27, 2022

**SUSAN CARLSON, VICE PROVOST
ACADEMIC PERSONNEL**

Re: Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Susan:

As requested, I distributed for systemwide Senate review the draft Presidential Policy on Affiliations with Certain Healthcare Organizations. All ten Academic Senate divisions and two systemwide committee (UCFW and UCAADE) submitted comments. These comments were discussed at Academic Council's June 22 meeting and are attached for your reference.

We understand that the Policy is intended to implement Regents Policy 4405, *Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care*, approved by the Regents in July 2021. The Policy establishes formal guidelines for entering into and maintaining affiliations with such organizations, with the expressed goals of supporting and advancing the University's values, its commitment to healthcare access, and its commitment to inclusion, diversity, equity, and accountability.

As you know, the Academic Senate in 2021 expressed strong concerns¹ about the University's plan to expand affiliations with external providers that include discriminatory policy-based restrictions on health care. A particular concern related to Catholic health care organizations subject to ethical and religious directives that restrict health professionals from providing evidence-based diagnoses and treatments such as elective abortion or gender reassignment procedures. Many Regents shared these concerns. The Regents passed Policy 4405 to govern affiliation agreements with such institutions and to end affiliations with those that do not follow the Policy by 2023.

The Senate strongly supports the goals of the proposed Policy and generally considers it to be a sound framework for supporting UC values. The Policy is effective at bridging the philosophical and deeply held beliefs on both sides of the matter that divide between opponents of affiliations who hold views about UC adherence to the principle of non-discrimination, and proponents who cite utilitarian arguments about expanding quality care to the most people possible. The Policy

¹ <https://senate.universityofcalifornia.edu/files/reports/mg-md-uc-healthcare-affiliations.pdf>

also includes provisions to ensure the review of affiliation agreements and to facilitate feedback from UC personnel working at affiliate sites about how well affiliates are meeting the Policy. Thus, overall, the Senate supports the Policy, but there are also some significant concerns. I will summarize several of these concerns below, but ask you to consider all of the attached comments carefully as you further refine the policy.

First, significant ambiguities remain about the “emergency” provision requiring affiliates to allow UC clinical staff to “provide any item or service they deem in their professional judgment to be necessary and appropriate, without restriction, in the event of an emergency.” The Policy is a good start, but should more clearly describe what constitutes emergency care. Many practicing Ob Gyn clinicians remain unsure what constitutes an emergency, when they can perform specific procedures under specific conditions, when a patient has to be transferred to another facility, and what mechanisms exist for filing complaints. Moreover, as written, the Policy could be interpreted as restricting certain services *unless* there is an emergency. Likewise, it is unclear how it will be determined when there is a “risk to the material deterioration to the patient’s condition” and whether the patient’s mental health is part of this determination. Finally, there is concern among Senate faculty about the robustness of the complaint mechanisms, and whether UC clinical staff – and patients – will know how to post complaints.

Although the Policy requires affiliates to abide by UC principles of non-discrimination, some faculty are concerned that the Policy will continue to promote discrimination and ultimately deny effective care for patients by accepting business and training arrangements with hospitals that restrict evidence-based standards of care. The University should avoid as much as possible working with healthcare facilities that discriminate and favor principles of non-discrimination and inclusivity over other perceived benefits of affiliations.

Some faculty are concerned that the Policy could lead affiliate providers to terminate their relationship with UC, and impair UC employee access to healthcare, particularly employees who work in communities where Catholic health care providers are the only option. The Policy should detail how UC will phase out its relationship with an affiliate that does not meet the policy requirements, and how it will address a circumstance in which a large number of patients depend on an affiliate for health care in geographic areas that lack other options.

The Policy allows UC personnel and trainees to opt out of providing care and training at affiliate sites with policy-based restrictions. We note, however, that there is currently no system in place at affiliates – or, indeed, at UC’s own health facilities – for addressing personnel who wish to opt out of different kinds of care, which has sometimes created lapses in access to care. Both UC hospitals and affiliates should have clear policies and mechanisms in place to identify in advance staff who do not wish to provide specific kinds of care out of deeply held beliefs. The Policy should require staff to provide care unless they indicate otherwise.

We understand that UC affiliate hospitals have shown a commitment to serving poor and underserved communities, and we hope that agreements can be reached with these institutions. It is especially important that the Policy not affect the University’s existing and future affiliations with government agencies, such as the Veterans Affairs Health Care System. We understand that the Policy distinguishes between policy-based restrictions on care such as those in use at Dignity Health, and statute-based restrictions on care such as those in use at the VA. Consideration should also be made to evaluating programs at affiliate sites on an individual basis so that, for

example, an ophthalmology program and an Ob/Gyn program at an affiliate hospital are considered separately.

In addition, the Policy should clarify its applicability to Volunteer Clinical Faculty who are not employed by UC, provide more specific information about the data UC will collect about affiliate site activities and outcomes, and clarify that it will not interfere with the University's ability to develop research affiliations between UC campuses and the identified healthcare organizations. We also note that it will be important for UC need to train healthcare providers how to proactively and consistently make patients aware of healthcare restrictions at a given facility and alternative options at UC Health or other facilities.

Finally, the Senate is concerned about how the Supreme Court decision on abortion access will affect reproductive services at UC. The fall of *Roe* will only increase tensions around UC's contracts with religious affiliated hospitals, and we have heard reports of residents who are contemplating backing out of rotations at the VA due to its abortion policy. In addition, legal questions remain, including how UC will handle abortion services for UC employees who work remotely in states that prohibit abortion and the potential liability for UC physicians who assist women living in those states. The University must take a strong leadership role with regard to reproductive rights. In the meantime, the Academic Council recommends that the Policy clarify that "UC values" includes unequivocal support for access to abortion, other reproductive health procedures, and gender-affirming care.

We appreciate the opportunity to comment and look forward to reviewing a revised draft of the policy. Please do not hesitate to contact me if you have additional questions.

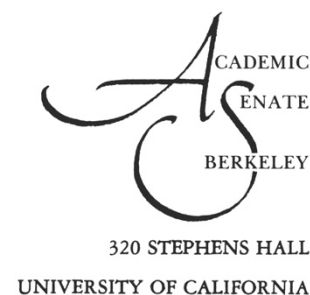
Sincerely,



Robert Horwitz, Chair
Academic Council

Cc: President Drake
Provost Brown
Executive Vice President Byington
Chief Policy Advisor McAuliffe
Chief of Staff Kao
Chief of Staff Peterson
Academic Council
Campus Senate Directors
Executive Director Baxter

Encl.



June 7, 2022

ROBERT HORWITZ
Chair, Academic Council

Subject: Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Horwitz:

I forward Berkeley's comments on the proposed *Presidential Policy on Affiliations with Certain Healthcare Organizations*. Our comments were developed by the Academic Senate Committees on Diversity, Equity, and Campus Climate (DECC); and Faculty Welfare (FWEL), which I endorse on behalf of the Council of the Berkeley Division (DIVCO).

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald C. Cohen'.

Ronald C. Cohen
Professor of Chemistry
Professor of Earth and Planetary Science
Chair, Berkeley Division of the Academic Senate

Enclosure

cc: Mary Ann Smart, Vice Chair, Berkeley Division of the Academic Senate
Lok Siu, Chair, Committee on Diversity, Equity, and Campus Climate
Thomas Leonard, Co-Chair, Committee on Faculty Welfare
Laura Nelson, Co-Chair, Committee on Faculty Welfare
Jocelyn Surla Banaria, Executive Director, Berkeley Division of the Academic Senate
Linda Corley, Senate Analyst, Committee on Diversity, Equity, and Campus Climate
Patrick Allen, Senate Analyst, Committee on Faculty Welfare



May 20, 2022

PROFESSOR RONALD COHEN
Chair, 2021-2022 Berkeley Division of the Academic Senate

*RE: DECC's Comments on the Proposed Final Presidential Policy of Affiliations with
Certain Healthcare Organizations*

The Committee on Diversity, Equity, and Campus Climate reviewed the proposed Final Presidential Policy on Affiliations with Certain Healthcare Organizations.

We strongly support the goal of the Presidential Policy to establish standards for affiliation with health care organizations that will protect and advance the University's values, as well as its commitment to inclusion, diversity, equity, and accountability. In our current historical moment when women's reproductive rights are in danger of being dismantled, It is critical that the University of California stands firm in upholding these values and its commitment to non-discrimination.

We appreciate the opportunity to review the proposed final policy and have no further comments at this point.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lok Siu'.

Lok Siu
Chair, Committee on Diversity, Equity, and Campus Climate

LS/lc



April 26, 2022

CHAIR RONALD COHEN
Academic Senate

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Cohen,

The Committee on Faculty Welfare (FWEL) reviewed and discussed the Presidential Policy on Affiliations with Certain Healthcare Organizations. Overall, the Committee has no objections to the policy.

On May 7, 2019, FWEL submitted its written support of the partnership outlined within the Proposed UCSF Affiliation with Dignity Health. The Committee does not wish to modify its endorsement of this policy, which in accordance with Regents Policy 4405 establishes standards for affiliation with organizations that will protect and advance the University of California's values, as well as its commitment to inclusion, diversity, equity, and accountability.

We copy Professor Emeritus Sheldon Zedeck because in addition to being a co-author of the FWEL letter in 2019, he remains our colleague on the committee.

We appreciate the opportunity to weigh in on these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas C. Leonard'.

Thomas Leonard, Co-Chair
Committee on Faculty Welfare

A handwritten signature in black ink, appearing to read 'Laura Nelson'.

Laura Nelson, Co-Chair
Committee on Faculty Welfare

TL/LN/pgs

cc: Sheldon Zedeck, Professor Emeritus, Committee on Faculty Welfare



DAVIS DIVISION OF THE ACADEMIC SENATE
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8502
(530) 752-2220
academicsenate.ucdavis.edu

June 10, 2022

Robert Horwitz
Chair, Academic Council

RE: Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Robert,

The review of the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations was forwarded to all standing committees of the Davis Division of the Academic Senate. Four committees responded: Academic Freedom and Responsibility (CAFR), Faculty Welfare (FWC), and the Faculty Executive Committees of the School of Medicine (SOM) and the School of Nursing (SON).

Committees support the proposed policy. FWC notes that “oversight of its implementation will be critical in assuring that patients receive the care that is medically necessary without an undue burden, and that trainees and personnel are able to practice in a manner that allows optimal care.” SOM asked one question that the policy may need to clarify: “Is this policy applicable only to UC faculty or does it extend to the Volunteer Clinical Faculty at these institutions who are not employed by UC?”

The Davis Division appreciates the opportunity to comment.

Sincerely,

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

Richard P. Tucker, Ph.D.
Chair, Davis Division of the Academic Senate
University of California, Davis

Enclosed: Davis Division Committee Responses

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

June 3, 2022

Richard Tucker

Chair, Davis Division of the Academic Senate

RE: Request for Consultation on Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Richard:

The Committee on Academic Freedom and Responsibility (CAFR) has reviewed the Request for Consultation (RFC) on Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations.

It was pointed out that UC faculty offer medical care to the community, often in underserved or rural areas. The statement in question seeks to ensure that contracts between the UC and various health care organizations uphold policies that accord with UC values, especially its commitment to inclusion, diversity, equity, and accountability. Some medical procedures, such as those involving reproductive rights and gender orientation surgery, have proved controversial in relation to Catholic health care organizations. Given that one in six Americans will be treated at a Catholic facility in a given year, clarifying the University's position on this matter is crucial.

One committee member referred to recent cases that underscore this controversy. In accordance with the United States Conference of Catholic Bishops' Ethical and Religious Directives, five Michigan women were denied therapeutic abortions at a Catholic hospital. As a result, they risked potentially fatal consequences, experiencing infection, prolonged miscarriages, and emotional stress. (It was pointed out that doctors in Catholic hospitals are under no obligation to inform patients of treatments such as therapeutic abortion; nor can Catholic health organizations provide referrals.) Another case to which the committee referred was that of a transgender man denied a hysterectomy by Dignity Health, the largest hospital provider in California.

It was also noted that many undocumented people in California receive health care from Catholic health organizations. To be sure, some of these organizations defy the U.S. Conference of Catholic Bishops in medical matters. But one might still worry that the health care of the undocumented suffer, especially in those parts of northern California where only Catholic hospitals are available.

The committee believes that the Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations, many years in the making, is generally sound. A concern articulated by one committee member, however, was that the policy articulates the university's values but not the opposing viewpoint. If that viewpoint were to be articulated, this committee member suggested, the conflict between social justice and the principle of honoring religious beliefs would appear in bold relief. Another committee member highlighted the underlying question in this debate: 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? If so—or if not—how is academic freedom affected?

The Davis Division Committee on Academic Freedom and Responsibility applauds the effort in crafting this statement.

Sincerely,

A handwritten signature in black ink that reads "Carol A. Hess". The signature is written in a cursive, flowing style.

Carol Hess
Chair, Committee on Academic Freedom and Responsibility

May 18, 2022

Richard Tucker

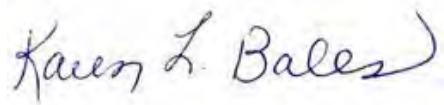
Chair, Davis Division of the Academic Senate

RE: Request for Consultation – Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Richard:

The Committee on Faculty Welfare has reviewed the RFC – Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations and are in agreement with the proposed policy. The committee also believes that the oversight of its implementation will be critical in assuring that patients receive the care that is medically necessary without an undue burden, and that trainees and personnel are able to practice in a manner that allows optimal care.

Sincerely,

A handwritten signature in blue ink that reads "Karen L. Bales". The signature is fluid and cursive, with a large loop at the end.

Karen L. Bales

Chair, Committee on Faculty Welfare

c: Edwin M. Arevalo, Executive Director, Davis Division of the Academic Senate

Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

FEC: School of Medicine Committee Response

May 20, 2022

The School of Medicine FEC has approved the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations.

The FEC has one question: Is this policy applicable only to UC faculty or does it extend to the Volunteer Clinical Faculty at these institutions who are not employed by UC?

Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

FEC: School of Nursing Committee Response

May 20, 2022

The SON strongly supports the Presidential policy as proposed in the supporting materials.

June 7, 2022

Robert Horwitz, Chair
Academic Council

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

Dear Chair Horwitz,

The Irvine Division discussed the proposed presidential policy on affiliations with certain healthcare organizations at its June 7, 2022 Cabinet meeting. The Council on Equity and Inclusion (CEI) and the Council on Faculty Welfare, Diversity, and Academic Freedom (CFW) also reviewed the policy; feedback from both councils is attached. The Graduate Council declined to opine on this issue.

The Irvine Division appreciates the opportunity to comment.

Sincerely,



Joanna Ho, Chair
Academic Senate, Irvine Division

Enclosures: CEI, CFW memos

Cc: Georg Striedter, Chair Elect-Secretary
Jisoo Kim, Executive Director
Gina Anzivino, Associate Director



May 18, 2022

**JOANNA HO, CHAIR
ACADEMIC SENATE, IRVINE DIVISION**

RE: Presidential Policy on Affiliations with Certain Healthcare Organizations

The Council on Equity and Inclusion discussed the proposed presidential policy on affiliations with certain healthcare organizations at its meeting on May 2, 2022.

The council recognizes the importance of UC's medical centers and health professional schools entering into affiliations with other healthcare organizations to improve quality and access to care for people throughout California, particularly those in underserved communities. Some of these organizations have instituted policy-based restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment including for healthcare such as abortion, contraception, assisted reproductive technologies, gender-affirming care, and end-of-life care. Members agreed the proposed policy is critical for establishing standards for affiliation with such organizations that protect the university's values and its commitment to access to and provision of evidence-based care and to diversity, equity, inclusion, and accountability.

At the same time, members expressed several concerns about certain provisions of the policy. For example, the policy states that in limited circumstances where a UC Health provider refers a patient to a facility with known restrictions, the provider must proactively inform the patient about the restrictions and alternative options at UC Health or other facilities. Members noted that patients might receive inconsistent information or referrals depending on the facility staff with whom they interact. What kind of training will UC offer to ensure that healthcare providers at these facilities consistently make patients aware of their options? While the policy does include accountability measures, these are not transparent to patients. There need to be regular checks and balances in place to protect patients' rights and access to medical care.

Members observed that the proposed minimum requirement to publish limitations on services at an affiliate facility on UC websites was insufficient. They recommended that UC be more proactive in making information available to healthcare consumers. For instance, they suggested that UC develop other mechanisms to inform patients of a facility's limitations, such as posters placed at facilities that identify full- or restricted-service locations, perhaps using symbols to denote the level of service to accommodate multiple languages. While these additional visual aids may be helpful, members remained concerned that patients experiencing an emergency do not have time to research their options; they also recognized that in some areas, patients have no other options for care.

According to the policy, beginning in August 2022, each UC Health location must provide a written report annually to the Regents Health Services Committee for the previous fiscal year documenting performance on "standardized quality indicators" among other information. Members were not familiar with the details of "standardized quality indicators" and therefore could not conclude that this was sufficient. It would be helpful to provide more specific information about what kind of data will be collected. Based on the limited information provided, members did not trust that these reports would represent a true sense of what is happening on the



ground in these facilities. Members also noted that the health locations are tasked with reporting and wanted to ensure that UC Health professionals' reports, complaints, and any concerns about compliance would be fully received and reflected in each health location's report, which may require additional reporting avenues and oversight.

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

Sincerely,

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

Jane Stoever, Chair
Council on Equity and Inclusion

Cc: Georg Striedter, Chair Elect-Secretary
Jisoo Kim, Executive Director
Gina Anzivino, Associate Director & CEI Analyst

May 11, 2022

**JOANNA HO, CHAIR
ACADEMIC SENATE – IRVINE DIVISION**

Re: Systemwide Presidential Policy on Affiliations with Certain Healthcare Organizations

Systemwide Senate Chair Robert Horwitz has distributed for review a Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations.

The Council on Faculty Welfare, Diversity, and Academic Freedom (CFW) discussed this issue at its meeting on April 12, 2022, and would like to submit the following comments:

1. Members agreed that this issue is very complex. Opinions varied, and members had questions regarding the levels and types of care provided by these organizations.
2. Concern was expressed regarding certain religious health organizations who may refuse to perform medically necessary procedures because the patient is transgender. There is no compelling evidence or arguments to continue partnerships with organizations that may discriminate against students (who are also their customers through insurance). It is important that all members of the UC community are able to access quality medical care. It is also important to protect vulnerable populations who need quality health care. Partnering with organizations that discriminate signals to those students that they are not valued or welcome.
3. A member stated that hospitals do not deny critical care, and patients are referred to other hospitals when they cannot provide a procedure. There are many hospitals that cannot perform certain procedures and many physicians who should not be made to go against their own beliefs by being mandated to do procedures with which they are uncomfortable.
4. This issue has been very politicized and inflated by the American Civil Liberties Union (ACLU), and the UC's should think more clearly about its values and needs instead of siding with politicking.
5. Concern was expressed regarding how many women and children would be left without care if this affiliation is severed.
6. It is clear that the debate about the UCSF affiliation with Dignity Health (DH) has continued for years. Proponents of affiliation have countered by citing DH's good works, and even more so its business advantages, which potentially mitigate some of UCSF's inefficiencies as an academic health system. But in its overall assessment, the Senate (in concurrence with a strong majority of UCSF faculty members), found that the disadvantages of affiliation outweighed the advantages.
7. The unforeseen consequences of what the ACLU is proposing: DH has the only pediatric trauma center in the San Fernando Valley, the only inpatient adolescent mental health program in San Francisco, access to cancer clinical trials for patients in Stockton, and telemedicine in rural areas for specialty services like stroke care. These are all possible because of the decades-long partnership between DH and UC.

8. Critics of the DH-UC partnership have argued that it conflicts with secular providers' values by not offering certain procedures and services that are contrary to the Catholic faith, arguing that this may restrict a physician's ability to practice evidence-based medicine, or that this discriminates against certain populations such as the LGBTQ community. At the present time: 1) Legislation has been introduced in Sacramento that would effectively force an end to the DH-UC Health partnership unless certain conditions are met, some of which would directly disregard core tenets of Catholic health care; 2) UC's governing Board of Regents is anticipated to debate and then vote on a motion that, if passed, could have the same outcome; 3) The hype on this issue appears over the top and does not match what we know about how hospitals run and this hospital chain's history and facilities; 4) This is not a new affiliation. DH is a Catholic faith-based entity with core values that UC has always known; 5) DH refers elective services that they do not provide to other facilities. Emergency care is always provided; 6) DH cares for more Medi-Cal patients than any other hospital system in California; 7) DH operates one of the only specialty transgender care centers in San Francisco -- the Gender Institute at Saint Francis Memorial Hospital -- and provides primary and specialty care for LGBTQ patients every day at its hospitals and clinics across the state.
9. 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.

Sincerely,



Terry Dalton, Chair
Council on Faculty Welfare, Diversity, and Academic Freedom

C:

Jisoo Kim, Executive Director
Academic Senate

Gina Anzivino, Associate Director
Academic Senate

June 9, 2022

Robert Horwitz
Chair, UC Academic Senate

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

Dear Chair Horwitz,

At its meeting on June 2, 2022, the Executive Board reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations and the range of divisional committee and council feedback. After discussion, members voted unanimously to endorse the proposed policy. Members emphasized that the policy addresses undue constraints on training imposed by policy based restrictions on health care, protects free speech, and enables more comprehensive patient care and referrals by medical professionals.

Sincerely,



Jessica Cattellino
Chair
UCLA Academic Senate

Encl.

Cc: April de Stefano, Executive Director, UCLA Academic Senate
Hilary Baxter, Executive Director, UC Academic Senate
Andrea Kasko, Vice Chair/Chair Elect, UCLA Academic Senate
Shane White, Immediate Past Chair, UCLA Academic Senate

3125 Murphy Hall
410 Charles E. Young Drive East
Los Angeles, California 90095

May 17, 2022

To: Jessica Cattelino, Chair, UCLA Academic Senate

From: Leah Lievrouw, Chair, Graduate Council

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At its meeting on May 6, 2022, the Graduate Council reviewed and discussed the Presidential Policy on Affiliations with Certain Healthcare Organizations and offers the following observations for the Executive Board's consideration:

Some members noted that there would be a substantial impact on students and postdoctoral scholars in medicine, nursing, and other health-care disciplines. One member reported that students in their home department have not been able to get clinical rotations because of this and instead have had to rely on simulations which is not ideal. The policy would further impact the program's ability to place students.

One member queried whether it would be possible to examine specific hospital services rather than across the board exclusions of certain health care organizations.

Some members were supportive of the current policy stating that all healthcare organizations make choices and decisions based on their general beliefs.

One member noted that the language in the policy text seems inconsistent. While some language implies flexibility, other sections are definitive and absolute.

We appreciate the opportunity to express our views on this matter. If you have any questions, please contact us via Graduate Council Analyst, Estrella Arciba, at earciba@senate.ucla.edu.

May 20, 2022

Jessica Cattelino, Chair
Academic Senate

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

Dear Chair Cattelino,

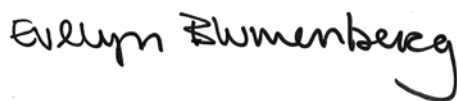
At its meeting on May 2, 2022, the Council on Planning and Budget (CPB) had an opportunity to review the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations. Members offered the following comments at the meeting and one member provided additional input by follow-up email.

Members recognized that these organizations are often important for training and teaching students and that cutting ties with Dignity Health would have significant implications. One member stated that the policy was misdirected by discriminating against hospitals that do not provide certain procedures. The member noted that the policy would be less ideological if it were more targeted. For example, the policy could recommend that residents not be sent to organizations that do not provide certain procedures necessary to their training.

However, most members were supportive of the University Committee on Faculty Welfare's comments and observations. They expressed concern about the specific services that the affiliated organizations would not offer and the effects of these discriminatory practices. In general, members agreed that UC principles of non-discrimination and inclusivity needed to take precedence over other perceived benefits associated with these affiliations.

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

Sincerely,



Evelyn Blumenberg, Chair
Council on Planning and Budget

cc: Shane White, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Assistant Director, Academic Senate
Members of the Council on Planning and Budget

May 18, 2022

Jessica Cattelino, Chair
Academic Senate

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

Dear Chair Cattelino,

At its meeting on May 4, 2022, the Council on Research (COR) had an opportunity to review the Presidential Policy on Affiliations with Certain Healthcare Organizations. Members discussed the policy from a research perspective and offered comments.

A few members commented on the proposed policy's lack of clarity. Mostly, members agreed that partner hospitals cannot discriminate and should offer services that are consistent with the University of California's practices. Limited services may restrict the ability to do research. Other members commented that the hospitals are serving underserved populations.

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

Sincerely,

Marco Iacoboni, Chair
Council on Research

cc: Shane White, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Assistant Director, Academic Senate
Members of the Council on Research



OFFICE OF THE ACADEMIC SENATE
LEROY WESTERLING, CHAIR, ACADEMIC SENATE
senatechair@ucmerced.edu

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

June 15, 2022

To: Robert Horwitz, Chair, Academic Council

From: LeRoy Westerling, Chair, UCM Divisional Council

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

The proposed Presidential Policy on Affiliations with Certain Healthcare Organizations was distributed for comment to the Merced Division Senate Committees and the School Executive Committees. The following committees offered several comments for consideration. Their comments are appended to this memo.

- Committee on Research (CoR)
- Committee on Equity, Diversity, and Inclusion (EDI)
- Committee on Faculty Welfare and Academic Freedom (FWAF)
- Graduate Council (GC)
- Undergraduate Council (UGC)
- School of Social Sciences, Humanities, and Arts Executive Committee (SSHA EC)

CoR found that the policy sets up a set of standards to make sure UC programs that UC affiliates of these healthcare institutions maintain research and healthcare services that are consistent with the UC's mission. With the obvious caveat that CoR lacks the appropriate legal expertise, the committee believes that the regulations outlined in the policy will produce that outcome. CoR also consulted with the director of the UC Merced Health Sciences Research Institute and her comments are appended to CoR's memo.

EDI asserted that by accepting business and training arrangements with religiously affiliated (and predominantly Catholic) hospitals that not only restricted evidenced-based care, particularly for women and LGBTQ populations, the UC was actively involved in furthering discrimination based on gender identity and sexuality and in conflict with both the diversity mission of the university as well as UC Health's commitment to providing the best quality evidenced-based care. EDI found that the new interim policy is a step forward to the extent that it provides some protections for UC employees and patients in cases where such affiliations are to continue or be made in the future. However, EDI identified some troubling ambiguities:

- Section III. B. 3.b. states 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." While this sounds positive, under the

Ethical and Religious Directives (ERDs) that govern Catholic hospitals, procedures such as abortion and many gender-affirming surgeries *are never and have never been permitted*.

- In Section III. B. 3.c. states that “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.” However, no definition is offered in this section or elsewhere that would define what “timely access” entails or who would oversee making and enforcing this definition.
- A second and related point relates to Section III. C. 3. which includes the stipulation that UC personnel and trainees must be able 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*.” Here, too, clear definitions are very important. Does “material deterioration” also include the psychological and emotional effects that deferring or delaying care for policy-based reasons might have on patients?

FWAF endorsed the policy but raised one concern, specifically Section E. of the policy: Process for Collecting and Responding to Concerns and Complaints. Specifically: "Each UCH 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 Affiliate." FWAF inquires how this person will be selected and trained and on what timeline will they be reappointed/replaced?

GC had three concerns:

- The policy is unclear on 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.
- Section III.B.3.b. states *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*. 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.
- Section III.B.3.c. states *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*.
 - 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;
 2. 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.

UGC had the following comments:

- While the policy’s work to regulate and enforce non-discrimination legislation is laudable, the presumably unintended impact on Merced would be devastating. The only hospital serving the

Merced area is affiliated with Catholic Charities, which violates the terms of this new policy by refusing access to certain treatments (e.g., abortion, some forms of birth control, gender reassignment, some cancer treatments). Employees and students relying on UC health insurance would lose access to their only local hospital.

- Members of UGC find it troubling that Catholic Charities deny students, faculty, and staff access to essential reproductive and sexual healthcare, as well as potentially lifesaving cancer treatments. However, members of UGC do not believe that cutting off over ten thousand people in one of California's poorest regions from their only hospital is a viable response. Therefore, UGC suggests an exception to this otherwise reasonable policy for Merced and any other UC campus whose only local hospitals engage in discriminatory practices.

SSHA EC noted several issues that should be clarified:

- Section III.B.3.b. Services “will be maintained or improved as a result of the Affiliation”: organizations that do not currently offer such services could maintain the level of no service; this needs to clarify that these services must be provided, and that maintaining no services is not an option
- Section III.B.3.c.: What constitutes timely access? This should provide clear parameters for what constitutes timely access.
- Section III.C.3.: Does “the risk material deterioration to the patient’s condition” include emotional and psychological risks?

Divisional Council reviewed the committees’ comments via email and supports their various points and suggestions.

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

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

UNIVERSITY OF CALIFORNIA, MERCED

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SANTA BARBARA • SANTA CRUZ

ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON RESEARCH (CoR)
JASON SEXTON, CHAIR

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

April 29, 2022

To: LeRoy Westerling, Senate Chair

From: Jason Sexton, Chair, Committee on Research (CoR) *J. P. ft*

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At their April 18, 2022 meeting, CoR discussed the Presidential Policy on Affiliations with Certain Healthcare Organizations.

CoR found that the policy essentially tries to address the fact that UC researchers sometimes need to affiliate with healthcare institutions that have policies which restrict evidence based medical care (like abortions or gender affirming care). It therefore sets up a set of standards to make sure UC programs that UC affiliates of these healthcare institutions maintain research and healthcare services that are consistent with the UC's mission. With the obvious caveat that CoR lacks the appropriate legal expertise, it seems like the regulations outlined in this document will produce that outcome.

CoR sought input from Professor Deborah Wiebe, faculty director of HSRI; and Trevor Hirst, executive director of HSRI. Their input is appended.

We appreciate the opportunity to review.

cc: Senate Office

Encl: 1



University of California, Merced
5200 N. Lake Road
Merced, CA 95343

4.27.2022

TO: Senate Committee on Research (CoR)
FROM: Deb Wiebe, Director, Health Sciences Research Institute (HSRI); Trevor Hirst, Executive Director, HSRI
RE: Presidential Policy on Affiliations with Certain Healthcare Organizations

Thank you for asking us to review the policy regarding the Presidential Policy on Affiliations with Certain Healthcare Organizations. The language of the policy is, unfortunately, obtuse and legal-sounding, making it unclear on whether the policy will affect the research enterprise at UC Merced. As you know, our only local hospital – Mercy Medical Center Merced (MMCM) - is one of the targeted healthcare organizations.

The implications for HSRI and research at UC Merced more broadly hinge on whether our research trainees fall under this definition. It is not entirely clear whether “trainee” would apply to UC Merced research graduate students. The definition reads “Medical, nursing, and other health professional students and residents enrolled in University-sponsored educational programs.” It seems doubtful to us that our graduate students involved in research with MMCM would fall under “other health professional students.” Our reading of the policy is that our graduate students would most likely not fall under this definition, and as such, this policy is unlikely to apply to affiliate relationships that HSRI (or health sciences researchers at UC Merced more broadly) might develop for the purposes of research. Our reading of the spirit of the policy is that it is aimed squarely at patient care, ensuring that medical decisions made by UC employee physicians, nurses and *medical* trainees will not be affected by religious based policies of affiliate hospitals.

It does not appear that research was considered in this policy – indeed the only time the word “research” is used is when they refer to the university’s mission of teaching, research and service. Research is not explicitly mentioned for any purpose related to affiliate institution policies. Nevertheless, if non-medical research-related affiliates were to be expressly covered by this policy, it would effectively be cutting out our only local hospital where a variety of research collaborations and health sciences research projects are based.

More than the research enterprise, as UC Merced develops a medical education program and have professional medical trainees, this policy is very likely to have an impact on who we can partner with for that educational training endeavor. However, it is unclear to us on whether Medical Education plans to partner with MMCM. Looking at this from a strictly health sciences research perspective, it seems unlikely to directly affect us.

To summarize, the language in this policy is unnecessarily obtuse. While our interpretation is that it is unlikely to affect the research enterprise, it would be helpful to clarify that this policy will not interfere with the ability to develop research affiliations between UC campuses and the identified healthcare organizations.





OFFICE OF THE ACADEMIC SENATE
JESUS SANDOVAL-HERNANDEZ, CHAIR, EDI COMMITTEE

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

April 29, 2022

To: LeRoy Westerling, Chair, Divisional Council

From: Committee on Equity, Diversity and Inclusion

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

EDI appreciates the opportunity to comment on the interim policy on “Affiliations with Certain Healthcare Organizations.” While the title of this document is anodyne, the underlying issues it addresses are fundamental to the core values of the University of California. As the ACLU has [documented](#), the UC for decades entered into business and training arrangements with religiously affiliated (and predominantly Catholic) hospitals that not only restricted evidenced-based care, particularly for women and LGBTQ populations, but also required that UC personnel actively enforce these restrictions. In accepting such arrangements, the UC was actively involved in furthering discrimination based on gender identity and sexuality and in conflict with both the diversity mission of the university as well as UC Health’s commitment to providing the best quality evidenced-based care.

This new interim policy is a step forward to the extent that it provides some protections for UC employees and patients in cases where such affiliations are to continue or be made in the future. However, given the stakes involved here there remain some troubling ambiguities. For example, Section III, B, 3b states 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.” While this sounds positive, under the [Ethical and Religious Directives](#) (ERDs) that govern Catholic hospitals, procedures such as abortion and many gender-affirming surgeries *are never and have never been permitted*. Under the terms of this draft interim policy, these facilities may correctly claim that the provision of such services has been “maintained” as a result of the affiliation (they cannot stop providing a service they refuse to provide in the first place!) but this essentially means that UC is ratifying a status quo in which care is offered on a discriminatory basis as a result of religious doctrine rather than evidence-based standards of care.

Two other points related to EDI issues are worth addressing in the context of this draft policy. In Section III, B, 3c it states that “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.” However, no definition is offered in this section or elsewhere that would define what “timely access” entails or who would oversee making and enforcing this definition. For patients in need, time can be of the essence. *If* the UC is to partner with organizations that fail to conform to basic

standards of evidence-based care on a discriminatory basis, there must be iron-clad and extremely clear policies to protect patients and employees and timely access to care must be well-defined.

A second and related point relates to Section III, C, 3 which includes the stipulation that UC personnel and trainees must be able 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.*” Here, too, clear definitions are very important. Does “material deterioration” also include the psychological and emotional effects that deferring or delaying care for policy-based reasons might have on patients? Deferring care to certain patients on a discriminatory basis may not result in a life-threatening emergency but can have demonstrated effects on the patient’s overall well-being that need to be considered as part of this policy.

Cc: EDI Members
ED Paul
Senate Office



ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON FACULTY WELFARE AND ACADEMIC FREEDOM
DAVID JENNINGS, CHAIR
djennings3@ucmerced.edu

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

April 29, 2022

To: LeRoy Westerling, Chair, Division Council

From: David Jennings, Chair, Committee on Faculty Welfare and Academic Freedom (FWAF)

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At our April 27, 2022 meeting, FWAF discussed the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations.

Overview:

UC Healthcare is currently conducting a systemwide review of the Presidential Policy on Affiliations with Certain Healthcare Organizations. An interim policy was issued September 2021; the Office of the President is now soliciting feedback to finalize this policy.

Summary:

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.

This policy aims to limit Policy-Based Restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment.

We wish to highlight the following points:

1. UC Health Care (UCH) locations must monitor the quality of care provided at a Covered Affiliate's facility related to services provided by UC Personnel or Trainees, consistent with existing system-wide quality guidelines for UCH affiliations generally.
2. They must document (1) any risks and anticipated benefits to the University's education, research and service missions; (2) any risks and anticipated benefits to the broader patient community; and (3) the consequences of not proceeding with the Affiliation.
3. 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.
4. Locations must document that the University's evidence-based standards of care govern the medical decisions made by its Personnel and Trainees.
5. Timely access must be given to patients to receive care beyond services offered the Covered Organization.
6. Locations must be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, including, but not limited to, religious directives.
7. No UC Personnel or Trainees will be compelled to work or train at a facility that has adopted Policy-Based Restrictions on care.
8. The policy allows the University to terminate the agreement with the local provider if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or those of the Covered Affiliate.

FWAF's only concern is regarding section E. of the policy: Process for Collecting and Responding to Concerns and Complaints. Specifically: "Each UCH 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 Affiliate." FWAF inquires how this person will be selected and trained and on what timeline will they be reappointed/replaced?

With that one concern, FWAF endorses the proposed Presidential Policy. We appreciate the opportunity to opine.

cc: 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



ACADEMIC SENATE, MERCED DIVISION
UNDERGRADUATE COUNCIL (UGC)

UNIVERSITY OF CALIFORNIA, MERCED

April 29, 2022

To: LeRoy Westerling, Chair, Academic Senate

From: Holley Moyes, Chair, Undergraduate Council (UGC)

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At their April 22, 2022 meeting, members of UGC reviewed the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) and offer the following comments:

The policy notes several requirements for Affiliation Agreements. Most notably, the Affiliation Agreements would:

- Require that all parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination and be subject to annual review.
- Align with the California Constitution stating the UC must be “entirely independent of political or sectarian influence in the ... administration of its affairs.”
- Be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, including, but not limited to, religious directives.
- Permit the University to terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University’s policies or values or that the Covered Affiliate has breached the agreement’s terms relating to University providers’ freedom to make clinical decisions, counsel, prescribe for, and refer or transfer patients, or to provide any emergency item or service, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient’s condition, as described above.

While the policy’s work to regulate and enforce non-discrimination legislation is laudable, the presumably unintended impact on Merced would be devastating. The only hospital serving the Merced area is affiliated with Catholic Charities, which violates the terms of this new policy by [refusing access to certain treatments](#) (e.g., abortion, some forms of birth control, gender reassignment, some cancer treatments). Employees and students relying on UC health insurance would lose access to their only local hospital.

Members of UGC find it troubling that Catholic Charities deny students, faculty, and staff access to essential reproductive and sexual healthcare, as well as potentially lifesaving cancer treatments. However, members of UGC do not believe that cutting off over ten thousand people

in one of California's poorest regions from their only hospital is a viable response. Therefore, UGC suggests an exception to this otherwise reasonable policy for Merced and any other UC campus whose only local hospitals engage in discriminatory practices.

UGC thanks you for the opportunity to opine.

Cc: UGC Members
Senate Office



SCHOOL OF SOCIAL SCIENCES, HUMANITIES AND ARTS

UNIVERSITY OF CALIFORNIA, MERCED
5200 N. LAKE ROAD BLDG A
MERCED, CA 95343
(209) 228-7742
FAX (209) 228-4007

April 25, 2022

To: Leroy Westerling

From: Susan Amussen, Chair, SSHA EC

A handwritten signature in dark ink, appearing to read "Susan", is placed to the right of the name "Susan Amussen".

Re: Interim Policy: Affiliation with Certain Health Care organizations

The SSHA EC has reviewed this policy and appreciates the values that guide it. We noted that this will have an impact on medical care in Merced one way or another. If the Dignity group (and therefore Mercy Medical Center) agrees to the policy, then we will finally be sure we have access to the full range of care we need; if it doesn't, we will lose the UCSF Fresno residents who provide crucial staffing in the hospital.

We did note several issues that should be clarified:

1. Section III B.3 (b) Services "will be maintained or improved as a result of the Affiliation": organizations that do not currently offer such services could maintain the level of no service; this needs to clarify that these services must be provided, and that maintaining no services is not an option
2. Section III B. 3 (c): What constitutes timely access? This should provide clear parameters for what constitutes timely access.
3. Section III C. 3: does "the risk material deterioration to the patient's condition" include emotional and psychological risks?

Thank you for the opportunity to opine.



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

JASON STAJICH
PROFESSOR OF BIOINFORMATICS
RIVERSIDE, CA 92521-0217
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EMAIL: JASON.STAJICH@UCR.EDU

May 10, 2022

Robert Horwitz, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

RE: Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Robert,

The Riverside Executive Council included the subject proposal during their May 9, 2022 meeting and had no additional comments beyond those in the attached memos from tasked local committees.

Sincerely yours,

/s/ Jason

Jason Stajich

Professor of Bioinformatics and Chair of the Riverside Division

CC: Hilary Baxter, Executive Director of the Academic Senate
Cherysa Cortez, Executive Director of UCR Academic Senate Office

COMMITTEE ON DIVERSITY, EQUITY, & INCLUSION

April 15, 2022

To: Jason Stajich
Riverside Division Academic Senate

From: Katherine Stavropoulos, Chair
Committee on Diversity, Equity, & Inclusion

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

The DEI committee reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations document and is supportive of the item with no further comments.



April 27, 2022

To: Jason Stajich, Ph.D., Chair, Academic Senate, UCR Division

From: Declan McCole, Ph.D., Chair, Faculty Executive Committee, UCR School of Medicine

Seema Tiwari-Woodruff, Ph.D., Vice-Chair, Faculty Executive Committee, UCR School of Medicine

Subject: Response to [Systemwide Review] Proposed Policy: *Presidential Policy on Affiliations with Certain Healthcare Organizations*

Dear Jason,

The SOM Faculty Executive Committee has reviewed the Proposed Policy: Presidential Policy on Affiliations with Certain Healthcare Organizations.

The Committee reviewed the proposal and offered feedback for consideration. The Committee discussed the implications of the fourth bullet in the document:

- *New affiliations with covered organizations cannot be entered into unless they comply with the new policy, and any existing affiliations with covered organizations that do not comply with the new policy must be phased out no later than December 31, 2023.*

The Committee raised concern that UCR does not have a primary academic healthcare center (hospital) to enforce the UC required rules, and thus it would be extremely difficult to comply with the new policy to be phased out no later than December 31, 2023. UCR cannot dictate to institutes like Riverside Community Hospital, Morena Hospital, VA, or Loma Linda to comply.

The Committee discussed the opt out option for students and residents. If we allow students and residents to opt out of these institutions, where would we send them? What is the alternative? These unresolved issues are of significant concern to SOM.

Yours sincerely,

A handwritten signature in cursive script that reads "Declan McCole".

Declan F. McCole, 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

May 25, 2022

Professor Robert Horwitz
Chair, Academic Senate
University of California
VIA EMAIL

Re: Divisional Review of Presidential Policy on Affiliations with Certain Healthcare Organizations,

Dear Professor Horwitz,

The Presidential Policy on Affiliations with Certain Healthcare Organizations was distributed to San Diego Divisional Senate standing committees and discussed at the May 17, 2022 Divisional Senate Council meeting. Senate Council endorsed the proposal, and provided the following comments for consideration.

Council members were pleased to see that the policy is comprehensive and inclusive, and that it addresses important equity issues related to healthcare quality and access. It was noted that although the policy objectively defines "Health Care Services" as those reimbursable by Medi-Cal or any Federal Health Care Program, when the document defines "Covered Organizations" as those with policy-based restrictions on Health Care Services, it is not based on a similar objective definition. Medicare and Federal Health Care Programs are also "policy based." Elsewhere, the document refers to the "values" of the university, which appear to correspond to majority opinion (moral and political) in California. For this reason, it was suggested that it may be clearer to instead define "Covered Organizations" as those with restrictions in conflict with services reimbursed by Medi-Cal and Federal Health Care Programs. It was also noted that Appendix A could be an important component for the final policy, but that it was not provided during this review.

The responses from the Divisional Committee on Diversity and Equity and the Committee on Faculty Welfare are attached.

Sincerely,

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

Tara Javidi
Chair
San Diego Divisional Academic Senate

Attachments

cc: Nancy Postero, Vice Chair, San Diego Divisional Academic Senate
Lori Hullings, Executive Director, San Diego Divisional Academic Senate
Hilary Baxter, Executive Director, UC Systemwide Academic Senate

April 9, 2022

TARA JAVIDI, CHAIR
Academic Senate, San Diego Division

SUBJECT: Policy on UC Affiliations with Healthcare Organizations

The Committee on Diversity and Equity (CDE) considered the Policy on UC Affiliations with Healthcare Organizations at the committee's regularly scheduled April meeting. The committee is enthusiastically supportive of this proposed policy and found no problems with it. Moreover, to several members of the committee who have served for multiple years and seen this issue work its way through the system, this stood out as a clear example of the UC review system working. The committee encourages the Senate Council to convey gratitude for this attention to important equity issues and clear articulation of sensible and inclusive policy in its response.

Sincerely,

Jennifer Burney, Chair
Committee on Diversity & Equity

cc: N. Postero

May 5, 2022

TARA JAVIDI, CHAIR

Academic Senate, San Diego Division

SUBJECT: Presidential Policy on UC Affiliations with Certain Healthcare Organizations

The Committee on Faculty Welfare (CFW) reviewed the Presidential Policy on UC Affiliations with Certain Healthcare Organizations at its April meeting. The primary purpose of the proposed policy is to ensure that UCSD-based affiliations with other health care organizations improve the quality and access for the people of the State of California, particularly those in medically underserved communities.

In particular, the policy is now updated to “*establish standards for affiliation with such organizations that will protect and advance the University’s values.*” This policy review is necessitated by the fact that (1) some of these organizations have instituted policy-based restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment (i.e., elective abortion; gender reassignment procedures). And (2) some of these organizations prohibit elective abortion or gender reassignment procedures.

Besides some semantic issues, explained below, and some lack of clarity as to which parts were revised and which parts not, the text of the policy was found to be quite succinct and comprehensive. The CFW was very appreciative of the following Policy Requirements articulated in the Review:

- (1) The general requirement includes **an imperative to include access to gender affirming care, abortion, contraception.**
- (2) The Agreement must prohibit discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status
- (3) Protections for University Personnel, Trainees, and Patients.
 - a. Each UCH location must identify for all of its Personnel and Trainees working Covered Affiliate **a contact at the UCH location** to whom they can reach out to for assistance.
 - b. Each UCH location must establish **a formal process for UCH patients** receiving care at Covered Affiliate facilities **to share concerns or complaints** regarding access to health care services or discrimination in the provision of such services.
 - c. Each UCH 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.
- (4) Compliance and enforcement
 - a. Beginning August 2022, a written report is required detailing what transpired in the last year, any associations that adopted policy restrictions, and any reports of discrimination. Due August 2023. Although the reporting requirements could become onerous, the checklist should make it more efficient.
- (5) And finally, the CFW liked the idea of a **Joint Clinical Advisory Committee** in which the Executive Vice President for UCH and the Chair of the Academic Senate **will establish and co-chair a joint clinical advisory committee to review the above reports when issued**, solicit feedback from stakeholders, and provide input on UCH’s policies on Affiliations with institutions that have adopted Policy-Based Restrictions on care.

A few points of concern were raised as well:

- (1) Semantics issue: The problem for the university, in politically charged issues, is to avoid compromising the public perception of it as an educational institution and not a political one. This document does so by objectively defining the relevant health care services as those reimbursable by Medi-Cal and Federal health care programs. However, when the document defines “covered institutions” as those with “policy based” restrictions on health care, it is not based on a similar objective definition. Medicare and Federal health care programs are also “policy based.” Elsewhere, the document refers to the “values” of the university which, indeed, appear to correspond to majority opinion (moral and political) in California. **For this reason, it would be clearer to define covered programs as those with restrictions in conflict with services reimbursed by Medi-Cal and Federal health care services.**
- (2) Appendix A could be important for the final document but was not available.

While the CFW enthusiastically endorses the policy, we recommend that the committee modify and clarify the term “access” to imply a guarantee of services to those impacted by *organizations that will not protect and advance the University’s values*. This should be modified and designated throughout the document.

Sincerely,

Shantanu Sinha, Chair
Committee on Faculty Welfare

cc: N. Postero

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Steven W. Cheung, MD, Chair
Steve Hetts, MD, Vice Chair
Pamela Ling, MD, Secretary
Kathy Yang, PharmD, Parliamentarian

June 15, 2022

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

Re: UCSF Comments on the Proposed Interim UC Policy on Affiliations with Certain Healthcare Organizations

Dear Robert:

The San Francisco Division of the Academic Senate recently reviewed the proposed interim UC Policy on Affiliations with Certain Healthcare Organizations. As we understand the proposed policy, it would establish formal policy for entering into and maintaining ongoing affiliations with healthcare organizations that have instituted Policy-Based Restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment. On the whole, UCSF agrees with the stated purpose of the policy to establish standards for affiliation with such organizations that protect and advance the University's values, as well as its commitment to inclusion, diversity, equity, and accountability, and ensure such affiliations do not compromise the University's commitment to evidence-based care for all patients. The San Francisco Division appreciates this opportunity to put forward concerns and recommendations.

The UCSF Senate conducted a review of the proposed interim policy, with the following standing committees and faculty councils providing comments: Clinical Affairs Committee (CAC), Committee on Rules and Jurisdiction (R&J), School of Nursing Faculty Council (SONFC), School of Medicine Faculty Council (SOMFC), Committee on Research (COR), the School of Dentistry Faculty Council (SODFC), Committee on Faculty Welfare (CFW), and the School of Pharmacy Faculty Council (SOPFC). My cover letter primarily addresses specific concerns and suggests modifications to the policy itself, especially General Requirements for Affiliations and Requirements for Affiliation Agreements. The UCSF Senate has considerable reservations concerning patient transfers and inflexible language on identification of alternative sites should trainees object to a Covered Affiliate site. Finally, I list a number of areas where UCSF's Senate committees have requested miscellaneous clarifications to the interim policy.

Expanding access to University of California Health (UCH) care delivery expertise is central to the mission of "improve[ing] the health of all people living in California now and in the future, promote health equity through the elimination of health disparities, and reduce barriers to access to clinical, educational, and research programs by creating more inclusive opportunities for employees, students, and trainees."¹ The proposed affiliation policy makes an earnest effort to address access in § III.B.3.b., which states: "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". SONFC notes that this language in this section is unclear and fails to provide a minimally acceptable standard for access to these services. CAC goes even farther, posing such questions as – whose access would be maintained or improved? Does it mean access is improved at the Affiliate site? At the UC site? For the patient population served by both

¹ See 2021 University of California Accountability Report
(<https://accountability.universityofcalifornia.edu/2021/chapters/chapter-11.html>).

institutions? How will UC measure and show that access to care is maintained or improved? CAC recommends that the Policy at least state what population should be considered when evaluating whether access to care is maintained or improved, and questions whether an Affiliation should go forward if it would only maintain access to services. CAC recommends that UC only have Affiliations that improve access to services. Towards the end of clarifying access to medical care covered under this policy, § III.B.b. needs to be written in a clearer manner and articulate what constitutes an acceptable standard to access services. Particularly, in § III.B.3.a, the guiding principle statement should also include a statement on improvement of health equity for Californians, in § III.B.3.b. “access to services...be maintained or improved” needs to be better defined, and in § III.B.3.c, the definition of “services”, and the Covered Organization Affiliation Agreement Checklist (box 4) need clarification.

An important example is the Veterans Affairs (VA) Health Care system, which has had a deep, productive, and long-standing affiliation with UCSF. The VA is a Covered Organization with Policy-Based Restrictions on care because the VA is funded by the federal government, and U.S. law² bars the use of federal funds to pay for abortions, with limited exceptions. Accordingly, the VA does not provide abortions or abortion counseling as a matter of policy, not because of limited resources or facilities. The proposed interim Policy puts the University in a difficult position, as many UC affiliates who have Policy-Based Restrictions on care serve patient populations that are geographically isolated, underserved, or high-risk. UC partnerships can improve both access and quality of care for these patients. Of note, the VA Health Care system is one of the largest healthcare providers for transgender people in the United States, and the care of these and other underserved patients would be negatively impacted by the lack of access to specialized UC care should the finalized Policy fail to recognize the needs of vulnerable patient populations.

The UCSF’s standing Senate committees are naturally concerned about the Policy’s Requirements for Affiliation Agreements (§ III.C.3), which states every Affiliation must:

“Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate’s site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient’s interests; and (v) 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.”

CAC, CFW, and COR expressed significant concerns about various aspects of this statement. First, this statement gives the impression that UC faculty and personnel would be able to practice evidence-based medicine at UC affiliates. However, the ability to “provide any item or service they deem in their professional judgment to be necessary and appropriate” would be preconditioned *on the event of an emergency*. Without the ability to perform these procedures, clinicians are unable to provide the evidence-based, quality care expected from a UC provider and will be forced to discriminate against patients. Only allowing such procedures in the case of emergencies portends that the critical equipment, medication, and credentialing will not be in place, thereby handicapping UC’s providers. Also, there are cases where immediate care and/or intervention is required to prevent an emergency. For example, a stable patient with an ectopic pregnancy needs an abortion as soon as practicable, but not as an emergency procedure. If she is at a hospital that has Policy-Based Restrictions on abortions, the hospital may not remove the embryo if there is an embryonic heartbeat. The pregnancy is not viable, the fallopian tube and the patient’s future fertility are at risk, and if the tube ruptures, the patient is at risk of hemorrhage and death. Transferring the patient to a hospital like UCSF takes time and jeopardizes the patient’s health. If a UC provider is onsite, the UC provider should be able to perform the procedure onsite before it becomes an emergency. Doing so obviously advances patient safety, and it protects faculty welfare. Forcing the UC provider to transfer their patient involves them in substandard care, increases the cost of care, and jeopardizes patient safety (CFW).

² The VA explains what women’s health services it provides on its website where it also explains its limitations: <https://www.va.gov/health-care/health-needs-conditions/womens-health-needs/>. The website states, “Under current regulation, VA doesn’t provide abortion or abortion counseling.” The Kaiser Family Foundation has a useful issue brief on the Hyde Amendment and Coverage for Abortion Services that is available here: <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/>. While other laws and regulations may apply to the VA, the Hyde Amendment is the legislation that initially restricted federal funding for abortion, and it is often shorthand for this restriction.

Beyond the impact on clinical activities, COR notes that this section of the policy, as currently written, could deleteriously impact clinical research. Subsequently, COR recommends that this section be amended so that that UC providers can “perform procedures” in the guidelines for affiliation agreements, except when explicitly prohibited by federal or state law or ordinance. ***The Senate therefore urges the University to remove the emergency limitation and enable its Personnel and Trainees to provide comprehensive care wherever they practice.*** If the ‘emergency’ clause is retained, CAC recommends that affiliate sites will need to have supplies and equipment to enable UC Personnel and Trainees to provide necessary and appropriate care; affiliates may not otherwise have these supplies and equipment because of Policy-Based Restrictions on care.

On the important topic of referrals and transfers, particularly in non-emergencies, § III.F.2 states, “In the limited circumstances where a UCH provider refers a patient to a facility with known restrictions, the provider must proactively inform the patient about the restrictions and alternative options at UCH or other facilities.” CAC recommends that the Policy clarify the “limited circumstances” that would support referring a patient to a facility with known restrictions. We also suggest that the University discourage referrals for care that have a meaningful chance of being impacted by Policy-Based Restrictions, but other referrals would be acceptable. For example, a referral for obstetrical care to a facility with known restrictions should only happen in limited circumstances, but a referral for ophthalmological care should be done more freely. CAC also invites the University to consider whether and how a provider must proactively inform a patient about policy-based restrictions on care and alternative options at UCH or other facilities, but support the idea behind requiring providers to proactively inform patients about restrictions and alternatives. That said, placing an unreasonable burden on clinicians who may not be well-versed in the restrictions at other facilities, especially when their practice areas are not subject to Policy-Based Restrictions, is another concern. ***Therefore, the UCSF Senate recommends that 1) either the Policy be revised so that the requirement applies to a more narrowly defined set of referrals; 2) or that UCH develop a technical solution that would generate a notice (e.g., ensure greater transparency) about restrictions and alternative options any time a UCH provider refers a patient to a designated list of providers.*** This notice could be provided to both the patient and the referring physician. It is unreasonable and impractical to expect all clinicians to be aware of every facility with Policy-Based Restrictions on care and to be able to counsel patients about those restrictions and alternatives effectively.

The deleterious impact of this proposed policy (see § III.D) on UCH’s training sites and training affiliation agreements (TAAs) may range from moderate to significant, and may be unanticipated. The SODFC, SOMFC, SOPFC, and the CAC comment on this extensively. While the UCSF Senate supports the idea that UC Personnel and Trainees should not be compelled to work or train at a facility that has Policy-Based Restrictions on care, we are concerned about the feasibility of providing alternative sites in the event personnel or trainees refuses to work at an affiliate site with policy-based restrictions on care. For instance, SODFC argues that considering affiliation placements are determined a year out, if the feasibility of providing alternative sites is questionable. SOMFC recommends that the text should instead read: ***“that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, the University will make a reasonable effort to identify alternate sites and will work to find long-term, readily available alternatives if experience with this Policy shows they are needed.”*** The SOPFC is also worried that in order to abide by UC standards of care, affiliate sites with Policy-Based Restrictions on care would be lost, (e.g., the VA), which would be a loss of strong training sites for trainees. Furthermore, some UCSF School of Medicine (SOM) programs are based almost entirely at the VA, and the SOM does not have readily accessible alternative sites where learners could readily be trained. If trainees in these programs objected to training at the VA, and no alternative training sites were available, it would jeopardize their ability to complete their ACGME (Accreditation Council for Graduate Medical Education) approved training program.

A number of our committees requested further clarification on the following sections of the policy, especially under the ‘Definitions’:

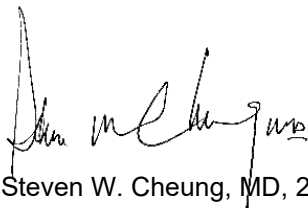
- ***Definition of UC Health:*** § II of the Policy includes a definition of UCH. The definition does not include UC Berkeley’s School of Optometry. CAC appreciates that optometry does not involve many issues related to Policy-Based Restrictions on care, but one might say the same thing about dentistry, and the schools of dentistry are included in the definition (CAC).
- ***Personnel Definition(s):*** It is unclear whether “faculty” entails only University-employed faculty or also faculty employed wholly or partly by affiliates. CAC offers that not all UC Health faculty are Personnel as defined by the Policy. Some faculty are not University-employed. Some faculty are employed by affiliates, such as the U.S. Department of Veterans Affairs (DVA) and the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) through contractual agreement with UCSF. CAC recommends that UC Legal review the Policy and the Non-Discrimination Addendum for references to “faculty” and evaluate whether the University intends

to refer to all faculty or only to University-employed faculty in each instance. If there are instances where the Policy is not intended to apply to all faculty, CAC recommends that the Policy state this and provide guidance to faculty who are not University-employed as to how this Policy relates to them.

- *Statement of Nondiscrimination:* R&J questions why the Statement of Nondiscrimination at the beginning of the policy text does not include patients. This Statement expressly protects employees, prospective employees, volunteers, contractors, and learners. Patients are conspicuously absent from the list, and R&J recommends that the University consider revising the Statement so that it expressly protects patients.
- *Evidence-Based Standards of Care:* R&J also recommends that the policy provide more details about how “evidence-based standards of care” will be defined. Evidence-based care and practices can change quickly. Will UC define those standards, or will UC rely on federal agencies, such as the U.S. Preventive Services Task Force (USPSTF), to define what constitutes an evidence-based standard of care?
- *Potentially Inconsistent Language between § III.C.5 & § III.D.1:* § III.C.5 of the Policy states that every Affiliation Agreement must “be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, including but not limited to, religious directives.” Later, in § III.D.1.ii, the Policy states that “UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate’s site: ... (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care[.]” This same language is in the Covered Organization Affiliation Agreement Checklist in boxes 6 and 8. CAC finds these two provisions to be potentially inconsistent. CAC recommends that Affiliation Agreements eliminate any site requirements that would require UC Personnel or Trainees to certify adherence to Policy-Based Restrictions on care. Then, UCH locations would not have to inform Personnel or Trainees of these certification requirements because they would not exist.
- *Requirements for Affiliation Agreements:* § III.C.3 was suggested to include “perform procedures” necessary for patient care unless otherwise prohibited by law on the federal or state level. Additionally, § III.F.2 should better define “limited circumstances” and § III.F.3 should define “standardized quality indicators.”
- *Non-Discrimination Addendum in § II:* A grammatical error has been identified in the Non-Discrimination Addendum in § II – a space should be added between “are” and “medically”.

CAC also made recommendations on how to expand the Policy. For example, affiliates should be required to pay for transportation and lodging for patients to ensure they have adequate access to care. A system should be established to ensure that alternative sites be readily made available to personnel and trainees who have an objection to working in an affiliate site. Furthermore, CAC recommends that the Joint Clinical Advisory Committee (JCAC) are suggested to abide by the following measures: members should be compensated for their time, members should include active clinicians, a member from the education of trainees should be present, and a member should be from an affiliate site.

Thank you for the opportunity to opine on this important interim Policy. Committee members are hopeful that by addressing the mentioned concerns, the policy would effectively ensure UC’s mission does not waiver when working with affiliation sites with Policy-Based Restrictions on care, and continues to serve vulnerable patient populations that are geographically isolated, underserved, or high-risk.



Steven W. Cheung, MD, 2021-23 Chair
UCSF Academic Senate

Enclosures (8)

Cc: Kathleen Liu, Chair, UCSF Clinical Affairs Committee
Lindsay Hampson, Chair, UCSF Committee on Faculty Welfare
Penny Brennan, Chair, UCSF Committee on Research
Mijung Park, Chair, UCSF Rules & Jurisdiction; Chair, UCSF School of Nursing Faculty Council
Gwen Essex, Chair, UCSF School of Dentistry Faculty Council
Marta Margeta, Chair, School of Medicine Faculty Council
Adam Abate, Chair, School of Pharmacy Faculty Council

Clinical Affairs Committee

Kathleen Liu, M.D., Ph.D., M.A.S., Chair

June 7, 2022

Steven Cheung, MD
Division Chair
UCSF Academic Senate

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

Dear Chair Cheung:

The Committee on Clinical Affairs (CAC) writes to comment on the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) (the Policy) that is out for systemwide review. CAC generally supports the Policy and offers the following comments and questions in hope of improving the Policy. CAC's comments follow the order of the sections in the Policy.

Personnel Definition (Section II and the Non-Discrimination Addendum)

Section II of the Policy defines "Personnel" as "University-employed faculty and staff." Later, in the *University of California Health Non-Discrimination Addendum*, the opening paragraph states that the *Addendum* applies to its "faculty."

CAC writes to emphasize that not all UC Health faculty are Personnel as defined by the Policy. Some faculty are not University-employed. Some faculty are employed by affiliates such as the U.S. Department of Veterans' Affairs (VA) and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). CAC recommends that UC Legal review the Policy and the *Non-Discrimination Addendum* for references to "faculty" and evaluate whether the University intends to refer to all faculty or only to University-employed faculty in each instance. If there are instances where the Policy is not intended to apply to all faculty, CAC recommends that the Policy state this and provide guidance to faculty who are not University-employed as to how this Policy relates to them.

CAC also notes there is a small typo in the *Non-Discrimination Addendum* in section 2, Expectations of UC Faculty, Staff, and Trainees. In the first sentence under item iii, there is a missing space between the words "are" and "medically".

UC Berkeley School of Optometry (Section II)

Section II of the Policy includes a definition of University of California Health (UCH). The definition does not include UC Berkeley's School of Optometry. CAC appreciates that optometry does not involve many issues related to policy-based restrictions on care, but one might say the same thing about dentistry, and the schools of dentistry are included in the definition. CAC invites the University to consider whether the School of Optometry should be included as well.

Maintaining or Improving Access to Care (Section III.B.3, Covered Organization Affiliation Agreement Checklist)

Section III.B.3.a of the Policy states, “A guiding principle for all arrangements with Covered Affiliates is the University’s commitment to its public service mission, including its commitment to improve health and health care for all people living in California.” CAC recommends that this guiding principle include a commitment to improve health equity for the people of California as well.

Section III.B.3.b of the Policy next states, “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.” CAC would like the Policy to clarify what it means for access to services to be maintained or improved. Specifically, CAC is interested in whose access would be maintained or improved. Does it mean access is improved at the Affiliate site? At the UC site? For the patient population served by both institutions? How will UC measure and show that access to care is maintained or improved? CAC recommends that the Policy at least state what population should be considered when evaluating whether access to care is maintained or improved. CAC also questions whether an Affiliation should go forward if it would only maintain access to services. CAC recommends that UC only have Affiliations that improve access to services.

Section III.B.3.c of the Policy states, “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.” CAC recommends that the Policy clarify whether the “services” referenced in this provision are any services or only services impacted by policy-based restrictions on care. CAC recommends that the Covered Organization Affiliation Agreement Checklist (box 4) also be clarified.

CAC wants patients to have meaningful access to UC care through affiliations. To make access meaningful, CAC believes that patients need to have transportation and lodging provided to access another health care facility if restricted services will not be provided by an affiliate. CAC recommends that affiliation agreements require affiliates to pay for transportation and lodging as needed for patients who might otherwise struggle to access care.

Ability of Personnel to Practice Without Restrictions (Section III.C.3, III.D.1, Non-Discrimination Addendum paragraph 2, and Covered Organization Affiliation Agreement Checklist)

Section III.C.3.v of the Policy states that UC Personnel and Trainees will 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.”

CAC believes that affiliate sites will need to have supplies and equipment to enable UC Personnel and Trainees to provide necessary and appropriate care, particularly in the event of an emergency. Affiliates may not otherwise have these supplies and equipment because of policy-based restrictions on care. For example, UC may want to require that any affiliated emergency department have the suction equipment necessary to perform dilation and curettage (D&C) to support emergency abortion and miscarriage care.

CAC recommends that the Policy state that UC may require affiliates to have certain supplies and equipment available to enable UC Personnel and Trainees to provide necessary and appropriate care

and subject to regular monitoring and inspections. The specific supplies, equipment, payment responsibilities, inventory, and compliance monitoring would depend on the affiliation, but CAC believes it is important that it be clear that UC Personnel and Trainees not only have the hypothetical ability to provide necessary and appropriate care at an affiliate, but they also have the equipment available to provide that care, especially in emergencies.

Potentially Inconsistent Language (Section III.C.5 and Section III.D.1.ii and the Covered Organization Affiliation Agreement Checklist)

Section III.C.5 of the Policy states that every Affiliation Agreement must “be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, including but not limited to, religious directives.” Later, in Section III.D.1.ii, the Policy states that “UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate’s site: ... (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care[.]” This same language is in the Covered Organization Affiliation Agreement Checklist in boxes 6 and 8.

CAC finds these two provisions to be potentially inconsistent. CAC recommends that Affiliation Agreements eliminate any site requirements that would require UC Personnel or Trainees to certify adherence to Policy-Based Restrictions on care. Then, UCH locations would not have to inform Personnel or Trainees of these certification requirements because they would not exist.

Education and Alternative Sites (Section III.D.1.iii)

Section III.D.1.iii of the Policy provides that “working and learning at [a] Covered Affiliate site is entirely voluntary and that if [Personnel or Trainees] have an objection, alternative sites will be identified.” CAC supports this provision and agrees that working at a Covered Affiliate site should be voluntary.

CAC writes to acknowledge and emphasize that this requires a significant commitment on the part of UC to provide alternative service and learning opportunities. There will be instances when it will be difficult to find alternative opportunities that provide sufficiently similar experiences, and CAC encourages the health sciences schools to begin working now to identify potential alternatives. CAC also recommends that UC develop standards or guidelines that would assist programs with identifying and developing acceptable alternatives.

Referrals and Informing Patients about Restrictions/Limitations (Section III.F.2)

Section III.F.2 of the Policy states, “In the limited circumstances where a UCH provider refers a patient to a facility with known restrictions, the provider must proactively inform the patient about the restrictions and alternative options at UCH or other facilities.”

CAC recommends that the Policy clarify the “limited circumstances” that would support referring a patient to a facility with known restrictions. CAC suggests that the University discourage referrals for care that have a meaningful chance of being impacted by policy-based restrictions, but other referrals would be acceptable. For example, a referral for obstetrical care to a facility with known restrictions should only happen in limited circumstances, but a referral for ophthalmological care should be done more freely. CAC recommends that the Policy provide more guidance on this point.

CAC also invites the University to consider whether and how a provider must proactively inform a patient about policy-based restrictions on care and alternative options at UCH or other facilities. CAC supports the idea behind requiring providers to proactively inform patients about restrictions and

alternatives, but CAC worries about placing an unreasonable burden on clinicians who may not be well-versed in the restrictions at other facilities, especially when their practice areas are not subject to policy-based restrictions. An orthopedist may not be knowledgeable about policy-based restrictions on care when referring a patient to rehabilitation services at a Catholic hospital closer to the patient's home. The chances of such an orthopedist forgetting to provide the information or providing inaccurate information are high.

CAC recommends either the Policy be revised so that the requirement applies to a more narrowly defined set of referrals or that UCH develop a technical solution that would generate a notice about restrictions and alternative options any time a UCH provider refers a patient to a designated list of providers. This notice could be provided to both the patient and the referring physician. It is unreasonable and impractical to expect all clinicians to be aware of every facility with policy-based restrictions on care and to be able to counsel patients about those restrictions and alternatives effectively.

Standardized Quality Indicators (Section III.F.3)

Section III.F.3 of the Policy references "standardized quality indicators". CAC recommends that the Policy include a definition for this term or a reference that would enable clinicians to know what UC is trying to measure. As written, the Policy did not provide CAC with clarity about what benchmarks would be used to evaluate the affiliation and whether they would measure access to care.

Joint Clinical Advisory Committee (Section III.H)

Section III.H describes the Joint Clinical Advisory Committee (JCAC) that will review affiliations. CAC recommends that the members of this committee be compensated for their time. For clinicians, this could take the form of credit for RVUs (Relative Value Units). It will be important to have active clinicians serving on the JCAC and providing RVU offsets or other forms of compensation would enable that participation. CAC also recommends that the JCAC include a member who can represent the education of trainees across the university. Last, CAC recommends that the JCAC include a member from an affiliate such as a clinician from the VA (Veterans Affairs), which is an important affiliate systemwide.

Thank you for the opportunity to comment on this important systemwide review. Please contact me or Senate analyst Kristie Tappan if you have questions about CAC's comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathleen", followed by a horizontal line.

Kathleen Liu, M.D., Ph.D., M.A.S.
Clinical Affairs Committee Chair

Committee on Faculty Welfare
Lindsay Hampson, MD, MAS, Chair

June 9, 2022

Steven Cheung, MD
Division Chair
UCSF Academic Senate

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

Dear Chair Cheung:

The Committee on Faculty Welfare (CFW) writes to comment on the systemwide review of the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) (the Policy) and to express concern about how the Policy could adversely impact faculty welfare.

The Policy purportedly allows UC faculty to provide healthcare at affiliate sites in line with their independent professional judgment, but CFW is concerned that Policy-Based Restrictions on care would still leave faculty in situations where they cannot effectively care for their patients.

Section III.C.3 of the Policy provides that every Affiliation must,

“Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate’s site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient’s interests; and (v) 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.”

This language gives the impression that UC faculty will be able to practice medicine and provide healthcare at Covered Affiliate sites without being meaningfully limited by Policy-Based Restrictions on care. Unfortunately, we believe this is not the case, especially for faculty who provide restricted services like abortion and contraception.

Under previous affiliation agreements, faculty arguably had their hands tied and mouths gagged by Policy-Based Restrictions on care. Under the proposed Policy, the gags would be removed, but hands would still be tied because restricted services could not be provided unless there was

an emergency. Even while the ropes could be technically cut in an emergency, if the necessary equipment, medication, and credentialing are not in place, then faculty will not actually be able to provide the required care that UC expects from its health providers. In cases that are not emergencies, the Policy does not allow UC providers to perform restricted procedures. There are cases that are time-sensitive but not emergencies, where UC providers and patients would be harmed by this Policy.

For example, a stable patient with an ectopic pregnancy needs an abortion as soon as practicable, but not as an emergency procedure. If she is at a hospital that has Policy-Based Restrictions on abortions, the hospital may not remove the embryo if there is an embryonic heartbeat. The pregnancy is not viable, the fallopian tube and the patient's future fertility are at risk, and if the tube ruptures, the patient is at risk of hemorrhaging and death. Transferring the patient to a hospital like UCSF takes time and jeopardizes the patient's health. If a UC provider is onsite, the UC provider should be able to perform the procedure onsite before it becomes an emergency. Doing so obviously advances patient safety, and it protects faculty welfare. Forcing the UC provider to transfer their patient involves them in substandard care, increases the cost of care, and jeopardizes patient safety. It harms patients and faculty.

If UC is serious about enabling its faculty to meet the standard of care and exercise their professional judgment at affiliate sites, the ropes should come off entirely. UC Personnel and Trainees should be able 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."

By only allowing faculty to provide necessary and appropriate care in emergencies, the Policy needlessly harms patients and providers. CFW urges the University to remove the emergency limitation and enable its Personnel and Trainees to provide comprehensive care wherever they practice.

In addition, UC must be careful about only entering into affiliations with organizations that can not only agree to these terms, but also ensure that the proper credentialing, equipment, medication, and services can be provided in a timely, uncomplicated manner. In talking with faculty who would be impacted by this policy, we believe that the solution of transferring a patient to another facility for care is not reasonable, given that there are long wait times and barriers to transfer, which will restrict care and could result in patient harm.

In an environment where access to contraceptive and abortion services as well as care for transgender individuals is being limited across the country, UC's commitment to these services is even more critical. Our affiliations policy must hold firm to our principles and ensure that we allow providers the autonomy they require to provide the care they feel is necessary for the benefit of their patients. If this means that UC must not enter into affiliations that restrict providing this type of care, we must hold true to our values and principles and not enter into those affiliations. We should seek alternative partnerships that further our goal of equitable, quality care for all.

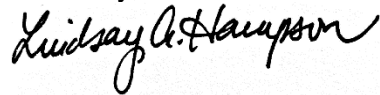
CFW appreciates that its proposed revision to the Policy may jeopardize existing and potential affiliations, and these affiliations will need to be carefully examined. If affiliations meaningfully implicate abortion, contraception, assisted reproductive technologies, gender-affirming care, and end-of-life care, CFW believes that our affiliations with these sites should be re-evaluated.

This includes any affiliations for emergency care. For affiliations in service areas that have loose ties to these types of care, CFW is more tolerant of the Policy as written.

CFW is mindful that affiliations vary, but a Policy that restricts providers and makes them unable to provide care by design, significantly harms faculty welfare and risks losing faculty who have been champions of providing this type of care and advancing research, which is something that has helped to make UC the world-renowned institution that it is. CFW recommends that the Policy be revised.

Thank you for the opportunity to comment on this review. Please contact me or our Senate analyst Kristie Tappan if you have questions about CFW's comments.

Sincerely,

A handwritten signature in black ink, reading "Lindsay A. Hampson". The signature is fluid and cursive, with the first name "Lindsay" being the most prominent part.

Lindsay Hampson, MD, MAS
Committee on Faculty Welfare Chair

Communication from the Academic Senate Committee on Research

Penny Brennan, PhD, Chair

June 1, 2022

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

FROM: Penny Brennan, Chair, UCSF Committee on Research

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

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

Dear Chair Cheung:

The Committee on Research (COR) writes to comment on the Systemwide Review of the Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations. COR is opposed to the proposed policy as it is currently written. Although the policy largely addresses clinical practices, COR is writing in support of the clinicians and clinical researchers at UCSF and throughout the UC system who will be adversely impacted by this policy.

In reviewing the policy, COR noted that Section III.C.3 of the proposed policy states that UC providers in non-UC facilities can 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*. These allowable tasks are insufficient to appropriately care for patients. UC providers must also be allowed to perform procedures that are central to patients' health, safety, and well-being. Without the ability to perform these procedures, clinicians are unable to provide the evidence-based, quality care expected from a UC provider and will be forced to discriminate against patients.

COR believes that being able to provide without restrictions the types of care that may be precluded by these affiliations is increasingly important. The recent Supreme Court leakage portends ever greater restrictions on reproductive healthcare and gender affirming care in many states, and California is preparing to serve as a sanctuary state that can accommodate an anticipated upsurge in numbers of patients in need of these types of care. Data from the Guttmacher Institute suggest that if *Roe v. Wade* is overturned, the number of out-of-state patients seeking abortions in California could increase by up to 3,000%.¹ Indeed, Governor Newsom has proposed a \$125 million Reproductive Health Package to address the expected surge.² Allowing UC-affiliated providers to make exceptions to evidence-based care is entirely misaligned with this value system.

Furthermore, as these issues continue to be debated in the political, legal, and health care policy arenas, research on these types of care will become increasingly essential to inform the debate and strengthen arguments in favor of evidence-based healthcare. COR is concerned that this policy could impede the progress of clinical research in these areas by restricting opportunities for patients to participate in clinical research studies aimed at improving health care, health outcomes, and health care policy across the entire spectrum of patient health services needs.

¹ <https://www.scientificamerican.com/article/california-plans-for-a-post-roe-world-as-abortion-access-shrinks-elsewhere/>

² <https://www.gov.ca.gov/2022/05/11/governor-newsom-proposes-reproductive-health-package-to-strengthen-protections-expand-access-and-welcome-businesses-from-anti-abortion-states/>

In short, COR believes that Section III.C.3 must be amended to indicate that UC providers can “perform procedures” in the guidelines for affiliation agreements, except when explicitly prohibited by federal or state law or ordinance. Without this change, clinical care and research will be compromised across California to all the patients that UC providers serve.

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
Mijung Park, PhD, MPH, RN, Chair

May 24, 2022

Steven Cheung, MD
Division Chair
UCSF Academic Senate

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Chair Cheung:

The Committee on Rules and Jurisdiction (R&J) writes to comment on the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) that is out for systemwide review. R&J has two comments.

Statement of Nondiscrimination

First, R&J questions why the *Statement of Nondiscrimination* at the beginning of the policy text does not include patients. The *Statement of Nondiscrimination* expressly protects employees, prospective employees, volunteers, contractors, and learners. Patients are conspicuously absent from the list, and R&J recommends that the University consider revising the *Statement* so that it expressly protects patients.

Evidence-Based Care

Second, R&J recommends that the policy provide more details about how “evidence-based standards of care” will be defined. Evidence-based care and practices can change quickly. Will UC define those standards, or will UC rely on federal agencies, such as the U.S. Preventive Services Task Force (USPSTF), to define what constitutes an evidence-based standard of care? R&J recommends that the policy provide more information about how these standards will be defined.

Thank you for the opportunity to comment on this important systemwide review. Please reach out to me or Senate analyst Kristie Tappan if you have any questions about R&J’s comments.

Sincerely,

Mijung Park

Mijung Park, PhD, MPH, RN
Committee on Rules and Jurisdiction, Chair

School of Dentistry Faculty Council
J. Gwen Essex, RDH, MS, EdD, Chair

May 24, 2022

To: Steven Cheung, MD, Chair, UCSF Academic Senate

Re: SOD Faculty Council Response to *Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations* (attachment 1)

Dear Chair Cheung:

The School of Dentistry Faculty Council discussed this proposed systemwide Presidential Policy at their May 2022 meeting. The Council appreciates the opportunity to review and opine on this policy.

Overall the Council and its members found the policy clear to outline the pathway and process the UC system can take when affiliating with healthcare organizations whose policies and practices run counter to UC values, policies, and clinical training of residents and trainees.

Council members did have questions on implementation of some of the proposed policies and practices. In particular if trainees have a personal objection about rotating through such a healthcare organization – which is an option outlined in the proposal – as said trainees won't receive teaching on particular procedures, health practices, or conversations with patients, they have an option to decline that rotation. However for the School of Dentistry, those affiliation placements are determined a year out, which makes the choice to opt out logistically and educationally extremely complex.

It is recognized that perhaps implementation will come down to each specific campus and school within each campus that is affiliating with certain healthcare organizations. So the local practice must be developed promptly if proposed policy is anticipated to go into effect for the upcoming academic year. SOD Faculty Council members support the proposed policy, with the qualification that there remain some issues with implementation as described above.

Thank you.

School of Dentistry Faculty Council

J. Gwen Essex, RDH, MS, EdD, Chair, Health Sciences Clinical Professor, Preventive & Restorative Dental Sciences (PRDS)
Cristin Kearns, DDS, MBA, Vice Chair, Assistant In Residence Professor, PRDS
Benjamin Chaffee, DDS, MPH, PhD, Associate Professor, PRDS
Sarah Knox, PhD, Associate Professor, Cell and Tissue Biology
Snehlata Oberoi, BDS, DDS, MDS, Clinical Professor of Orofacial Sciences, Orofacial Sciences (OFS)
Jennifer Perkins, DDS, MD, Health Sciences Associate Clinical Professor, Oral & Maxillofacial Surgery (OMFS)
Mark Roper, DDS, MS, Health Sciences Clinical Professor, PRDS
Alessandro Villa, DDS, MPH, PhD, Associate Professor of Clinical Orofacial Sciences, OFS
Vinh Hoang, Student Representative (DDS Program)
R. Jay Gupta, DDS, MD, Ex Officio, Health Sciences Associate Clinical Professor, OMFS
Sampeter Odera, DMD, MD, Ex Officio, Health Sciences Associate Clinical Professor, OMFS

School of Medicine Faculty Council
Marta Margeta, MD, PhD Chair

June 10, 2022

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

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

Dear Chair Cheung:

The School of Medicine Faculty Council (SOMFC) writes to comment on the systemwide review of the [Presidential Policy on Affiliations with Certain Healthcare Organizations](#) (the Policy). Specifically, the SOMFC writes to comment on Section III.D.1.iii, which allows for UC Personnel and Trainees to object to working or training at affiliate sites with Policy Based Restrictions on care.

Section III.D, entitled *Protections for University Personnel, Trainees, and Patients*, provides in full,

1. No UC Personnel or Trainees will be compelled to work or train at a facility that has adopted Policy-Based Restrictions on care. UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate's site: (i) of the site's Policy-Based Restrictions on care; (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care and the contractual agreements that nevertheless protect their rights to make clinical decisions, counsel, prescribe, and refer or transfer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; and **(iii) that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, alternative sites will be identified.**
2. Each UCH location must document and communicate to its Personnel and Trainees voluntarily performing services or training at such facilities the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services.

(Emphasis added.)

The SOMFC supports the idea that UC Personnel and Trainees should not be compelled to work or train at a facility that has Policy-Based Restrictions on care, but the SOMFC is concerned about whether this promise can be kept. For example, the SOMFC is concerned about whether UCSF could find alternative sites for learners for a major affected affiliate site like the San Francisco Veterans Affairs Medical Center (the VA).

UCSF has a long-standing and deep affiliation with the VA. The VA is a Covered Organization with Policy-Based Restrictions on care because the VA is funded by the federal government, and U.S. law¹ bars the use of federal funds to pay for abortions, with limited exceptions. Accordingly, the VA does not provide abortions or abortion counseling as a matter of policy, not because of limited resources or facilities.

If the Trainees in the UCSF School of Medicine (SOM) organized and protested the VA's Policy-Based Restrictions by objecting to training at the VA, could UCSF realistically identify alternative sites for them? The SOMFC does not believe that UCSF could promptly replace the VA training opportunities. UCSF's affiliation with the VA is so deep and long-standing that it would be difficult to replace the partnership, and it is unlikely that a single alternative health care provider could take its place. Some SOM programs are based almost entirely at the VA, and the SOM does not have alternate sites where learners could readily be trained. If Trainees in these programs objected to training at the VA, it would jeopardize their ability to complete their ACGME (Accreditation Council for Graduate Medical Education) GME (Graduate Medical Education) program.

This puts the University in a difficult position. The University wants to allow Personnel and Trainees to opt out of providing care and training at affiliate sites with restrictions on care. However, if all of the Personnel and Trainees who oppose the Policy-Based Restrictions on care objected to working at major affected affiliate sites, it would be difficult if not impossible for the University to identify alternate sites.

Additionally, and more importantly, abruptly removing Personnel and Trainees from affiliate sites would harm patients who seek care at UC affiliates, sometimes without other options, and who benefit from access to high quality UC care. Many UC affiliates who have Policy-Based Restrictions on care serve patient populations that are geographically isolated, underserved, or high-risk. UC partnerships can improve both access and quality of care for these patients. For example, the VA healthcare system is one of the largest healthcare providers for transgender people in the United States, and the care of these and other underserved patients would be negatively affected by the lack of access to specialized UC care.

Section III.D.1.iii relies on the assumption that only a few Personnel and Trainees will object to working at affiliate sites. That assumption might be correct, but it might not, and it could change quickly as Supreme Court decisions are made and legislation is approved.

¹ The VA explains what women's health services it provides on its website where it also explains its limitations: <https://www.va.gov/health-care/health-needs-conditions/womens-health-needs/>. The website states, "Under current regulation, VA doesn't provide abortion or abortion counseling." The Kaiser Family Foundation has a useful issue brief on the *Hyde Amendment and Coverage for Abortion Services* that is available here: <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/>. While other laws and regulations may apply to the VA, the Hyde Amendment is the legislation that initially restricted federal funding for abortion, and it is often shorthand for this restriction.

The SOMFC recommends that the Policy acknowledge this reality. The Policy should not over-promise. As written, the SOMFC believes the University is setting itself up for failure. If the University cannot find alternate sites for its Personnel and Trainees who work and learn at Covered Affiliates, the University should not say that it will. Misleading Personnel and Trainees about what the University can accommodate does more harm than revising the Policy to be more equivocal but accurate.

The SOMFC recommends that Section III.D.1.iii be revised to state, “that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, the University will make a reasonable effort to identify alternate sites and will work to find long-term, readily available alternatives if experience with this Policy shows they are needed.”

The SOMFC recommends that the University and UC Health give campuses guidance about what to do if there is a large-scale objection to a major training partner like the VA. This guidance may not be suitable for the text of the Policy, but the SOMFC suggests it as something that the Joint Clinical Advisory Committee described in Section III.H may wish to discuss and develop.

Last, the SOMFC considered whether its concerns about objections overwhelming the University’s ability to identify alternative sites might be addressed by requiring Personnel or Trainees to verify that they had a genuinely held objection to the Policy-Based Restrictions on care at issue. The SOMFC decided against making this recommendation and expressly discourages the University from adding such a requirement.

The University is committed to providing high-quality comprehensive health care to the people of California. That includes high-quality end-of-life care, gender-affirming care, and reproductive care, including abortion. Whether the University should affiliate with health care providers who do not fully share that commitment is a difficult question, and the Policy requires a fact-sensitive, values-driven, ongoing review to answer that question for each existing and proposed affiliation.

The question of whether an individual should work or train at an affiliate with Policy-Based Restrictions also should be a fact-sensitive, values-driven, ongoing review that each person does for themselves. People will have to decide whether working or training at an affiliate with Policy-Based Restrictions is a compromise that advances or undermines their values. There will be no easy answers. The University should create thoughtful procedures for enabling people to make informed decisions and for processing objections, but the University should not create a substantive test for what constitutes an acceptable objection.

Thank you for the opportunity to comment on this important systemwide review. If you have questions about the SOMFC’s comments, please contact me or Senate Analyst Kristie Tappan.

Sincerely,

Marta Margeta, MD, PhD
Chair of the School of Medicine Faculty Council

cc: Todd Giedt, UCSF Academic Senate Executive Director
Sophia Bahar Root, UCSF Academic Senate Analyst
Talmadge King, Jr., UCSF School of Medicine Dean
Catherine Lucey, UCSF School of Medicine Vice Dean for Education
Olivia Herbert, UCSF School of Medicine Associate Dean and Dean’s Office Chief of Staff

**School of Nursing Faculty Council
Mijung Park, PhD, MPH, RN**

June 1, 2022

Steven Cheung, Chair
Executive Council
UCSF Academic Senate

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

Dear Chair Cheung,

The UCSF School of Nursing Faculty Council (NFC) has reviewed the Systemwide Review of the Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations. On behalf of the SON faculty, the NFC would like to provide feedback on this matter and share the following comment.

School of Nursing (SON) faculty expressed specific concern regarding § III.B.b, which states: *"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 language is unclear and fails to provide a minimally acceptable standard for access to these services. Moreover, this provision suggests that sites which currently have zero access to such services could be reasonable maintained under this policy.

SON faculty believe this section should be amended to ensure that a minimum standard of access is established. We appreciate the opportunity to provide feedback on this important issue, and we thank you for your consideration.

Sincerely,

Mijung Park, PhD, MPH, RN

Mijung Park, Chair
Nursing Faculty Council 2021-2022

School of Pharmacy Faculty Council
Adam Abate, PhD, Chair

June 3, 2022

To: Steven Cheung, MD, Chair, UCSF Academic Senate

Re: SOP Faculty Council Response to *Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations* (attachment 1)

Dear Chair Cheung:

The School of Pharmacy (SOP) Faculty Council discussed this proposed systemwide Presidential Policy during its spring 2022 meetings; Council Vice Chair Tram Cat and Associate Dean Robin Corelli were designated primary reviewers by Council members. Robin Corelli was previously a member of the Council, and Vice Chair from Sept 2021 – December 2021. She became Associate Dean, Academic Affairs, when SOP Dean Guglielmo retired December 2021.

After reviewing the policy, the Council has some major concerns, particularly related to the “tone” of the language with respect to the affiliate sites which appear in the policy and training affiliation agreement (TAA) addendum to be demanding, uncompromising, and arrogant.

From the SOP perspective, specifically in experiential education, Council members believe the language in the policy and TAA addendum does not take into consideration that the University of California is the ultimate beneficiary of these TAAs (i.e., the University derives far more from these partnerships than do the affiliate sites).

While the Council agrees with the non-discriminatory components, the stance on women’s reproductive rights and gender affirming therapies, it is worrisome that SOP will now lose some strong training sites (e.g., Catholic hospitals) that have, and continue to provide care to vulnerable and underserved patients, key populations that UCSF, as a public institution, values. The SOP has already lost a strong experiential training site (Mission Hospital in Orange County) due to this policy, which has provided quality core rotations for decades. Based on this policy, we may also not be able to execute new TAAs with sites where these stipulations do not even apply, especially with respect to pharmacy experiential education. We need diverse training sites and our TAAs are already far more burdensome in comparison to our competitors in the private sector. Consequently, our trainees will ultimately be impacted by such a policy that may limit their exposure to rich and diverse learning experiences.

Therefore, we would like to recommend that modifications be made to the tone of the document. Thank you for giving us the opportunity to provide comments and feedback on this policy.

Thank you.

School of Pharmacy Faculty Council

Adam Adate, PhD, Chair, Professor, Bioengineering & Therapeutic Sciences
Tram Cat, PharmD, Vice Chair, Assistant Professor, Clinical Pharmacy
William Degrado, PhD, Professor, Pharmaceutical Chemistry
Cathi Dennehy, PharmD, Professor, Clinical Pharmacy

Zev Gartner, PhD, Professor, Pharmaceutical Chemistry
Jason Gestwicki, PhD, Professor, Pharmaceutical Chemistry
Stephanie Hsia, PharmD, Assistant Professor, Clinical Pharmacy
C. Anthony Hunt, PhD, Professor, Bioengineering & Therapeutic Sciences
Lance Calaguas, PharmD Candidate, Student Representative (2022-2023)



June 9, 2022

To: Robert Horwitz, Chair
Academic Senate

From: Susannah Scott, Chair
Santa Barbara Division 

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

The Santa Barbara Division distributed the proposed revisions to the Council on Faculty Welfare, Academic Freedom, and Awards (CFW) and the Committee on Diversity and Equity (CDE). Each group's individual response is attached for your review.

CFW expresses support for "the University's efforts to preserve access to different kinds of care to its constituents and to enforce adherence with UC values of inclusion and diversity, with regard to what is offered at its affiliate hospitals and medical centers." CDE asserts that UC should not be working with healthcare facilities with discriminatory practices, and should align with organizations that do not have restrictions.

Both groups raise questions about the implementation of the policy, including oversight, enforcement, and reporting. CFW specifically wonders how an affiliate site that doesn't meet the requirements would be phased out, particularly in the event that a large number of patients depend on it for care in geographic areas that lack other options. Further, CFW raises the question as to whether implementation of the policy would cause current affiliates to terminate their agreements with the UC, and what the UC would do to preserve access when alternatives might not be available for patients. CDE raises a similar question about what the impacts of discontinuing current affiliations might be.

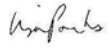
CDE recommends that the terms "refer" and "access" be defined. They also ask whether restrictive locations can refer patients out to non-restrictive ones.

We thank you for the opportunity to comment.

Academic Senate
Santa Barbara Division

June 6, 2022

To: Susannah Scott, Divisional Chair
Academic Senate

From: Lisa Parks, Chair 
Council on Faculty Welfare, Academic Freedom, and Awards

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

The Council on Faculty Welfare, Academic Freedom, and Awards reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations at its meeting on June 1, 2022.

Members are supportive of the University's efforts to preserve access to different kinds of care to its constituents and to enforce adherence with UC values of inclusion and diversity, with regard to what is offered at its affiliate hospitals and medical centers.

There were questions related to who would review processes as they are put in place at various sites; members would be interested to understand more about the oversight and reporting processes and exactly how an affiliate site that doesn't meet the requirements would be phased out, particularly if/when a large contingent of patients depend on it as their sole care option geographically. A related query is whether the introduction of this policy will cause affiliate providers to terminate their affiliations with the UC and what the UC will do to preserve access when alternatives might not be available.

CC: Shasta Delp, Executive Director, Academic Senate

**Academic Senate
Santa Barbara Division**

June 3, 2022

To: Susannah Scott, Divisional Chair
Academic Senate

From: Jean Beaman, Chair
Committee on Diversity and Equity



Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At its meeting of April 25, 2022, the Committee on Diversity and Equity (CDE) reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations. CDE reviewed a previous version of this policy in 2020, and the Committee wants to affirm that UC should not be working with healthcare facilities with discriminatory practices, and should align with organizations that do not have restrictions.

The Committee questioned what the impacts of discontinuing current affiliations would be; this should be explained. It was also unclear how this policy would be enforced. The terms of “refer” and “access” need to be defined. Can restrictive locations refer patients out to non-restrictive ones?

CC: Shasta Delp, Executive Director, Academic Senate



1156 HIGH STREET
SANTA CRUZ, CALIFORNIA 95064

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

June 16, 2022

Robert Horwitz, Chair
Academic Council

Re: Proposed Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Robert,

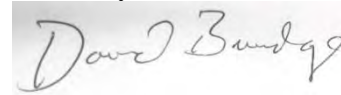
The Santa Cruz Academic Senate has reviewed your request for review of the Presidential Policy on Affiliations with Certain Healthcare Organizations. The Committees on Affirmative Action and Diversity (CAAD), Faculty Welfare (CFW), and Rules, Jurisdiction and Elections (RJ&E) have responded. Although our Division wholly supports the intention of the policy to protect and advance the University's values and its commitment to inclusion, diversity, equity, and accountability, with Dominican Hospital being the only hospital in Santa Cruz, responding committees raised genuine concerns about the potential for the policy to affect UCSC employee access to healthcare, either immediately, or in the future.

Healthcare access for UCSC employees is precarious due to limited provider access and cost, and systemwide level decisions do not always consider the unique needs of our campus. The Santa Cruz Division acknowledges that UC medical center and health professional school affiliations with healthcare organizations, and UC employee healthcare and associated plans, are two separate issues. However, they are not entirely unrelated. For instance, the definition of "affiliation" in the interim policy could be interpreted as including employee healthcare plans and administration, if not now, then sometime in the future. As such, the only way to ensure that employee healthcare will not be negatively affected by this proposed policy is to add explicit language that differentiates and guarantees that employee healthcare does not apply. The Santa Cruz Division strongly recommends the addition of text that provides this guarantee, and would support the policy with this addition.

In order to ensure that all services and procedures are fully supported, an additional recommendation was made to more clearly articulate what is meant by "services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care" on the Covered Organization Affiliation Agreement Checklist.

Thank you for the opportunity to opine.

Sincerely,

A handwritten signature in dark ink, appearing to read "David Brundage", is shown within a light gray rectangular box.

David Brundage, Chair
Academic Senate, Santa Cruz Division

cc: Kirsten Silva Gruesz, Chair, Committee on Affirmative Action and Diversity
Nico Orlandi, Chair, Committee on Faculty Welfare
Kenneth Pedrotti, Chair, Rules, Jurisdiction and Elections
Matthew Mednick, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON AFFIRMATIVE ACTION, DIVERSITY,
AND EQUITY (UCAADE)
Daniel Widener, Chair
dwidener@ucsd.edu

ACADEMIC SENATE
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

May 10, 2022

ROBERT HORWITZ
CHAIR, ACADEMIC COUNCIL

RE: UCAADE Comments on the Presidential Policy on Affiliations with Certain Healthcare Organizations

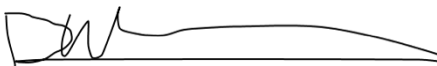
Dear Robert,

UCAADE appreciates the opportunity to comment on the above policy proposal. Along with the entire Academic Senate, UCAADE has been concerned about the effect of UC affiliations with healthcare providers using policy based restrictions on available medical care. The committee was pleased to discuss the proposed changes to the policy, and agreed to review the policy via email.

In addition to supporting UC physicians and trainees as they provide evidence-based medical care, the policy provides a framework to address any instances of pushback on the part of a healthcare institution. The path towards resolution of any infringement on the providers' medical decisions is clear.

UCAADE believes this is a thorough and comprehensible revision of policy. We support the revisions.

Sincerely,



Daniel Widener
Chair, UCAADE

cc: UCAADE



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)
Jill Hollenbach, Chair
Jill.Hollenbach@ucsf.edu

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

June 17, 2022

**ROBERT HORWITZ, CHAIR
ACADEMIC COUNCIL**

RE: Presidential Policy on Affiliations with Certain Healthcare Organizations

Dear Robert,

The University Committee on Faculty Welfare (UCFW) has reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations, and we have several comments.

First, we note inconsistencies between the Presidential policy and the Regents policy. It is unclear if a statute is a policy. Statute-based restrictions could limit care options with federal partners. Language involving government agencies should be more closely reviewed.

Second, while the policy allows for discussion of care options, it then calls for transfer of patients. This disruption could have negative consequences both for the delivery and quality of care, as well as for patient health outcomes, including physical, mental, and emotional health outcomes. Provision of care on-site by UC physicians and trainees would be superior.

Third, the quality indicators that affiliated organizations are asked to submit are standard metrics but they are unlikely to inform decisions about procedures prohibited by the affiliates, such as abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care. More specific measures are needed to understand quality of care within the reproductive, gender-affirming, and end-of-life domains.

Finally, while some of the contracts with affiliated organizations are in place, no communications have gone to physicians or trainees assigned to them explaining their rights, duties, and options. It will be simpler to communicate and easier to monitor if there is a centralized process. A centralized process will not preclude involvement of campus leadership. We also note that the dedicated whistleblower hotline is still pending.

Thank you for advancing our shared concerns on this important issue.

Sincerely,

Jill Hollenbach, UCFW Chair

Copy: UCFW
Monica Lin, Executive Director, Academic Senate
Susan Cochran, Academic Council Vice Chair

3125 Murphy Hall
410 Charles E. Young Drive East
Los Angeles, California 90095

May 17, 2022

To: Jessica Cattelino, Chair, UCLA Academic Senate

From: Leah Lievrouw, Chair, Graduate Council

Re: Presidential Policy on Affiliations with Certain Healthcare Organizations

At its meeting on May 6, 2022, the Graduate Council reviewed and discussed the Presidential Policy on Affiliations with Certain Healthcare Organizations and offers the following observations for the Executive Board's consideration:

Some members noted that there would be a substantial impact on students and postdoctoral scholars in medicine, nursing, and other health-care disciplines. One member reported that students in their home department have not been able to get clinical rotations because of this and instead have had to rely on simulations which is not ideal. The policy would further impact the program's ability to place students.

One member queried whether it would be possible to examine specific hospital services rather than across the board exclusions of certain health care organizations.

Some members were supportive of the current policy stating that all healthcare organizations make choices and decisions based on their general beliefs.

One member noted that the language in the policy text seems inconsistent. While some language implies flexibility, other sections are definitive and absolute.

We appreciate the opportunity to express our views on this matter. If you have any questions, please contact us via Graduate Council Analyst, Estrella Arciba, at earciba@senate.ucla.edu.

3125 Murphy Hall
410 Charles E. Young Drive East
Los Angeles, California 90095

May 19, 2022

To: Jessica Cattelino, Chair, UCLA Academic Senate

From: Kathleen Bawn, Chair, Undergraduate Council

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

At its meeting on May 13, 2022, the Undergraduate Council reviewed the Presidential Policy on Affiliations with Certain Healthcare Organizations. Members offered no comments for the Executive Board's consideration.

Thank you for the opportunity to opine. If you have any questions, please contact us via the Undergraduate Council's analyst, Julia Nelsen, at jnelsen@senate.ucla.edu.

cc: Julia Nelsen, Committee Analyst, Undergraduate Council
Peter Petersen, Vice Chair, Undergraduate Council

May 18, 2022

Jessica Cattelino, Chair
Academic Senate

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

Dear Chair Cattelino,

At its meeting on May 4, 2022, the Council on Research (COR) had an opportunity to review the Presidential Policy on Affiliations with Certain Healthcare Organizations. Members discussed the policy from a research perspective and offered comments.

A few members commented on the proposed policy's lack of clarity. Mostly, members agreed that partner hospitals cannot discriminate and should offer services that are consistent with the University of California's practices. Limited services may restrict the ability to do research. Other members commented that the hospitals are serving underserved populations.

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

Sincerely,

Marco Iacoboni, Chair
Council on Research

cc: Shane White, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Assistant Director, Academic Senate
Members of the Council on Research

May 18, 2022

To: Jessica Cattelino, Chair
Academic Senate

From: Carson T. Schutze, Chair
Faculty Welfare Committee

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

Dear Chair Cattelino,

At its meeting on May 3, 2022, the Faculty Welfare Committee (FWC) reviewed and discussed the Presidential Policy on Affiliations with Certain Healthcare Organizations. After discussion, members agreed that there was nothing additional to add and decided not to opine.

Thank you for the opportunity to review.

cc: Shane White, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Assistant Director, Academic Senate
Renee Rouzan-Kay, Senior Policy Analyst, Faculty Welfare Committee
Members of the Faculty Welfare Committee

University of California Health
1111 Franklin Street
Oakland, CA 94607

health.universityofcalifornia.edu

ACADEMIC HEALTH CENTERS

UC Davis Health
UC Riverside Health
UC San Diego Health
UCI Health
UCLA Health
UCSF Health

HEALTH PROFESSIONAL SCHOOLS

Schools of Dentistry
Schools of Medicine
Schools of Nursing
Schools of Optometry
Schools of Pharmacy
Schools of Public Health
School of Veterinary Medicine

INSTITUTES

Global Health Institute

March 23, 2022

CHANCELLORS
ACADEMIC COUNCIL CHAIR HORWITZ
LABORATORY DIRECTOR WITHERELL
ANR VICE PRESIDENT HUMISTON

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

Dear Colleagues:

Enclosed for systemwide review is the Presidential Policy on Affiliations with Certain Healthcare Organizations. An Interim Presidential policy was issued in September 2021 to implement Regents Policy 4405. The Office of the President is now soliciting feedback to finalize the Presidential Policy.

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.

Systemwide Review

Systemwide review is a public review distributed to the Chancellors, the Chair of the Academic Council, the Director of the Lawrence Berkeley National Laboratory, and the Vice President of Agriculture and Natural Resources requesting that they inform the general University community, especially affected employees, about policy proposals. Systemwide review also includes a mandatory, 90-day full Senate review.

Employees should be afforded the opportunity to review and comment on the draft policy. Attached is a Model Communication which may be used to inform non-exclusively represented employees about these proposals. The Labor

Relations Office at the Office of the President is responsible for informing the bargaining units representing union membership about policy proposals.

We would appreciate receiving your comments no later than **Tuesday, June 21, 2022**. Please submit your comments via [this website](#). If you have questions, please contact UCH-Affiliations@ucop.edu.

Sincerely,



Carrie Byington, MD
Executive Vice President UC Health

Enclosures:

- 1) Draft Presidential Policy: [Affiliations with Certain Healthcare Organizations](#)
- 2) Model Communication

cc: President Drake
Provost and Executive Vice President Brown
Executive Vice Chancellors/Provosts
Executive Vice President and Chief Operating Officer Nava
Senior Vice President Bustamante
Vice Provost Carlson
Vice President and Vice Provost Gullatt
Vice President Lloyd
Vice President Maldonado
Vice Provosts/Vice Chancellors of Academic Affairs/Personnel
UC Health Vice Chancellors
UC Health Chief Executive Officers
General Counsel Robinson
Deputy General Counsel Nosowsky
Deputy General Counsel Woodall
Associate Vice Provost Lee
Assistant Vice Provosts/Vice Chancellors for Academic Personnel
Executive Director Baxter
Executive Director and Chief of Staff Henderson
Executive Director Silas
Chief of Staff Kao
Chief of Staff Levintov
Chief of Staff Peterson
Chief Policy Advisor Marisa McAuliffe
Director Grant
Director Roller

Director Sykes
Associate Director Dicaprio
Associate Director Woolston
Assistant Director LaBriola
Manager Crosson
Analyst Durrin
Administrative Officer Babbitt
Policy Advisory Committee



Interim Policy: Affiliations with Certain Healthcare Organizations

Responsible Officer:	EVP – University of California Health
Responsible Office:	UCH – University of California Health
Issuance Date:	9/22/2021
Effective Date:	9/22/2021
Last Review Date:	New Policy
Scope:	All University of California locations and programs that operate medical centers or that procure, provide, manage, administer, or otherwise arrange for the provision of healthcare services; or that educate health professions students, residents, fellows, or other trainees.

Contact:	Zoanne Nelson
Title:	Chief of Staff and Associate VP Operations
Email:	Zoanne.Nelson@ucop.edu
Phone:	(510) 987-0578

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I. POLICY SUMMARY

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. The purpose of this policy is to establish standards for affiliation with such organizations that protect and advance the University's values, as well as its commitment to inclusion, diversity, equity, and accountability, and ensure such Affiliations do not compromise the University's commitment to evidence-based care for all patients.

II. DEFINITIONS

Affiliation: A contract or other arrangement between: (i) the University or any of its components (e.g., campus, medical center, clinic) and; (ii) a Covered Affiliate, through which the University, directly or through its Personnel or Trainees, provides or purchases health care services. For purposes of this policy, health care services refer to any services provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code 1206; by a health care provider (HCP) licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow under a licensed HCP's supervision.

Covered Organization: A health care provider, health plan, or other organization owning or operating locations where Health Care Services are provided in the United States, that has adopted or operates pursuant to Policy-Based Restrictions on Health Care Services. A Covered Organization with which the University has established an Affiliation is a **Covered Affiliate**.

Health Care Services: Items and services reimbursable by the Medi-Cal program or by any Federal Health Care Program (as defined in 42 U.S.C. § 1320a-7b(f)).

Personnel: University-employed faculty and staff.

Policy-Based Restrictions: Restrictions imposed by a Covered Affiliate, directly or through its governing body or sponsors (or, in the case of a government agency or subdivision, as a matter of law, regulation, or agency directive), on evidence-based Health Care Services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate is unable to provide to ANY patient due to absence of necessary equipment, or qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources; or that the Covered Affiliate limits or restricts as a result of credentialing, privileging, and utilization review policies or processes consistent with California Law and Medicare Conditions of Participation.

Trainees: Medical, nursing, and other health professional students and residents enrolled in University-sponsored educational programs.

University of California Health (UCH): The University's medical centers, clinics, faculty practice plans, and schools of medicine, nursing, pharmacy, and dentistry.

III. POLICY TEXT

A. Statement of Nondiscrimination. The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law.

B. General Requirements for Affiliations

1. Under no circumstances may a Covered Organization be granted responsibility or authority to operate or manage a UC facility or program on behalf of the University, or the right to interfere in any way with the University's plenary authority to operate and manage its facilities and programs.
2. Each UCH location must monitor the quality of care provided at a Covered Affiliate's facility related to services provided by UC Personnel or Trainees, consistent with existing system-wide quality guidelines for UCH affiliations generally. A sample of such guidelines is attached as Appendix A: Quality Guidelines.
3. A guiding principle for all arrangements with Covered Affiliates is the University's commitment to its public service mission, including its commitment to improve health and health care for all people living in California. To that end:
 - a. Each location must document for consideration in the approval process the rationale for the Affiliation, including:
 - (1) any risks and anticipated benefits to the University's education, research and service missions; (2) any risks and anticipated benefits to the broader patient community; and (3) the consequences of not proceeding with the Affiliation.
 - 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.
 - c. 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.

C. Requirements for Affiliation Agreements. Every Affiliation must:

1. Include provisions: (i) reciting UC's non-discrimination policy, as described in Section III(A) above; (ii) requiring that all parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including

University of California – INTERIM Policy
Affiliations with Certain Healthcare Organizations

- pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status); and (iii) requiring that all parties offer any procedure or service that they choose to provide at their respective facilities or through their respective employees or contractors on a non-discriminatory basis. Model language to address these requirements is included in Appendix B: Non-Discrimination Addendum.
2. Document that the University's evidence-based standards of care govern the medical decisions made by its Personnel and Trainees.
 3. Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate's site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) 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.
 4. Recite that, under the California Constitution UC must be "entirely independent of political or sectarian influence in the ... administration of its affairs."
 5. Be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, including, but not limited to, religious directives.
 6. Permit the University to terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or that the Covered Affiliate has breached the agreement's terms relating to University providers' freedom to make clinical decisions, counsel, prescribe for, and refer or transfer patients, or to provide any emergency item or service, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition, as described above.
 7. Be approved by the applicable Chancellor(s). Chancellors may delegate this authority, but it may not be redelegated thereafter.

D. Protections for University Personnel, Trainees, and Patients

1. No UC Personnel or Trainees will be compelled to work or train at a facility that has adopted Policy-Based Restrictions on care. UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate's site: (i) of the site's Policy-Based Restrictions on care; (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care and the contractual agreements that nevertheless protect their rights to make clinical decisions, counsel, prescribe, and refer or transfer, as well as to

- provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; and (iii) that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, alternative sites will be identified.
2. Each UCH location must document and communicate to its Personnel and Trainees voluntarily performing services or training at such facilities the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services.

E. Process for Collecting and Responding to Concerns and Complaints

1. Each UCH location must identify for all of 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 counsel patients, prescribe medication or services, refer or transfer them to UC or other alternative locations for care, or provide emergency items and services, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition, is being impeded in any way at the Covered Affiliate's facility.
2. Each UCH location must establish a formal process for UCH patients receiving care at Covered Affiliate facilities to share concerns or complaints regarding access to comprehensive health care services or discrimination in the provision of such services.
3. Each UCH 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. Any concerns raised about perceived impediments to accessing comprehensive reproductive health care, gender affirming services, or end-of-life care must be reported promptly to the UCH location's Chief Executive Officer or designee.

F. Transparency and Reporting

1. Each UCH location must develop a mechanism to inform its patients of limitations on services provided at a Covered Affiliate's facility that might otherwise be offered if the patient were at the UC facility. At a minimum, such limitations must be published on any UC websites that reference the Affiliation.
2. In the limited circumstances where a UCH provider refers a patient to a facility with known restrictions, the provider must proactively inform the patient about the restrictions and alternative options at UCH or other facilities.
3. Beginning in August 2022, each UCH location must provide a written report annually to the Regents Health Services Committee for the previous fiscal year: (i) documenting performance on standardized quality indicators; (ii) listing all new or renewed arrangements with institutions that have adopted Policy-Based restrictions on care; (iii) summarizing complaints or grievances received from patients, Personnel, and Trainees, as well as their resolution; and (iv) reporting on any identified non-compliance with the above standards. The first report on

standardized quality indicators will be due in August 2023, covering the 2022-2023 fiscal year.

G. Compliance and Enforcement

1. Each UCH location must adopt the attached Non-Discrimination Addendum and Affiliations Checklist and fully implement them in all current Affiliations with Covered Organizations no later than December 31, 2023. See Appendices B: Non-Discrimination Addendum and C: Affiliations Checklist.
2. Agreements that use the standard language and meet all elements of the checklist must be reviewed by the appropriate local contracting office; any deviation from the standard language must be escalated to local health system counsel and the Vice Chancellor for Health Sciences or designee for further review to confirm that the non-standard language substantively adheres to all requirements of Regents Policy 4405 and this policy. On campuses without a Vice Chancellor for Health Sciences, the escalation shall be made to the Chancellor or Chancellor's designee.
3. Any new or renewed Affiliation must be submitted with accompanying documentation of the rationale and impact to the Chancellor or designee for review and approval prior to execution.
4. The Office of Ethics, Compliance, and Audit Services (ECAS) may audit implementation of and compliance with this policy at any time. At a minimum, however, following expiration of the December 2023 deadline, ECAS is requested to conduct an audit of an appropriate sample of then-current contracts with Covered Affiliates to ensure their adherence to the contracting guidelines. Thereafter, the frequency and scope of such audits will be determined by ECAS in consultation with the Chairs of the Regents Compliance & Audit Committee and Regents Health Services Committee.
5. The University must not enter any new Affiliation that fails to meet these requirements after July 1, 2021. Any existing 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.

H. Joint Clinical Advisory Committee

The Executive Vice President for UCH and the Chair of the Academic Senate will establish and co-chair a joint clinical advisory committee to review the above reports when issued, solicit feedback from stakeholders, and provide input on UCH's policies on Affiliations with institutions that have adopted Policy-Based Restrictions on care. The committee will be comprised of: (i) the Executive Vice President for UCH or designee, (ii) the Academic Senate Chair or designee, (iii) the Chief Medical Officer of each UC academic health system or designee, (iv) an Academic Senate appointee who is an active (at least 0.5 FTE) clinician from each campus with an academic health system; and (v) three additional members selected by the President not representing either UCH or the Academic Senate.

IV. COMPLIANCE / RESPONSIBILITIES

See Appendix D: Policy Compliance Checklist

V. PROCEDURES

- A. Each location may establish local procedures to facilitate implementation of this policy

VI. RELATED INFORMATION

- A. [Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care](#)
- B. [Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct](#)
- C. [University of California – Policy on Discrimination, Harassment, and Affirmative Action in the Workplace](#)
- D. University of California – [Whistleblower Policy](#) and [Whistleblower Protection Policy](#)
- E. Delegations of Authority [DA0916](#), [DA1013](#), and [DA2594](#)

VII. FREQUENTLY ASKED QUESTIONS

[RESERVED]

VIII. REVISION HISTORY

September 22, 2021: New interim policy issuance date.

This Policy is formatted to meet Web Content Accessibility Guidelines (WCAG) 2.0.

IX. APPENDIX

- A. SAMPLE Quality Guidelines **[RESERVED]**
- B. Non-Discrimination Addendum
- C. Affiliations Checklist
- D. Policy Compliance Checklist

UNIVERSITY OF CALIFORNIA HEALTH NON-DISCRIMINATION ADDENDUM

This addendum (“Addendum”), effective _____, supplements any and all agreements between _____ (“Affiliate”) and The Regents of the University of California, on behalf of University of California Health and its affiliated medical centers, clinics, health professional schools, and faculty practice plans (“University” or “UC Health”), including its faculty, staff, and trainees working or training in Affiliate’s facilities. Affiliate and UC Health are individually referred to as a “Party” and collectively as the “Parties” below.

WHEREAS, University of California is a nationally-recognized academic institution, which includes medical centers located throughout California that are leaders in providing medical and surgical care to patients through owned and operated hospitals, clinics, and physician practices; and is committed to the highest standards in patient care, research, and teaching. The University of California is a public trust established by the California Constitution, required to be entirely independent of political or sectarian influence and kept free therefrom in the administration of its affairs. The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law;

WHEREAS, Affiliate _____ ;

WHEREAS, the Parties have entered into agreements pursuant to which University of California-affiliated physicians, non-physician providers, residents, fellows, students, and other healthcare practitioners (“UC Personnel and Trainees”) provide services or participate in training at Affiliate-affiliated locations (“Service or Training Agreements”);

WHEREAS, the Parties desire to set forth a common set of principles that govern all Service or Training Agreements;

NOW, THEREFORE, in consideration of the foregoing, the covenants herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. Mutual Representation. By executing this Addendum, the Parties each certify their respective compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information,

marital status, sexual orientation, citizenship, primary language, or immigration status). Specifically, Affiliate offers any procedure it chooses to provide at Affiliate's facilities or through its personnel or trainees on a non-discriminatory basis, and UC Health offers any procedure it chooses to provide at its facilities or through UC Personnel and Trainees on a non-discriminatory basis.

2. Expectations of UC Faculty, Staff, and Trainees. The Parties hereby express their mutual agreement and expectation that UC Personnel and Trainees working or training at Affiliate's facilities shall at all times have the right and ability to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) 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. Nothing herein shall be interpreted to permit or encourage any healthcare provider to deliver an item or service prohibited by law or without informed consent as required by law.

3. Amendment. The Parties hereby amend all Service and Training Agreements to:

a. Delete any requirement that the University of California comply with policy-based restrictions on care or that the University require UC Personnel and Trainees to comply with policy-based restrictions on care, whether stated expressly or through reference to other policies and procedures.

b. Include the following mutual obligations and termination right:

“Mutual Obligations and Termination Upon Jeopardy to Organizational Values. Each Party shall be solely and exclusively responsible for implementing and enforcing its policies, standards, and values. In the event either Party determines, in its sole discretion or judgment, that continued performance of this Agreement is incompatible with its policies, standards, or values, that Party shall immediately notify the other of the determination and, if the Parties are unable to resolve the problem, the Party that has made the determination may terminate this Agreement pursuant to the following paragraph. The Parties shall use their best efforts to assure continuity of patient care during the resulting transition.

“Each Party may terminate this Agreement upon any act or omission of the other Party that in its sole discretion or judgment materially jeopardizes the organizational values of the terminating Party, if such act or omission is not cured to the satisfaction of the terminating Party in its sole discretion or judgment within 10 days after written notice is given to the other Party. In the event of such termination, the Parties shall immediately work in good faith on a post-

termination transition plan to assure patient safety and, as applicable, educational program continuity.”

4. Indemnification. For any Service or Training Agreement that includes an indemnification provision, the indemnification provision shall apply only to the extent permitted by law.

5. Dispute Resolution. For any Service or Training Agreement that includes a dispute resolution provision, the dispute resolution provision shall not apply to any matter committed to a Party’s sole discretion pursuant to the Agreement or this Addendum.

6. Conforming Amendments. The Parties hereby conform all Service or Training Agreements to be consistent with the provisions of this Addendum. In the event of a conflict between any provision of a Service or Training Agreement and this Addendum, this Addendum shall control.

IN WITNESS WHEREOF, the Parties execute this Addendum as of the date set forth above.

The Regents of the University of California, on behalf of University of California Health

Carrie L. Byington, MD, Executive Vice President for University of California Health

Date

Affiliate:

Date

Covered Organization Affiliation Agreement Checklist

Name of Organization ("CA"): _____

Name and Brief Description of Affiliation: _____

Quality Oversight Framework: _____ Responsible Executive: _____

☐ The above CA has no responsibility or authority to operate or manage a UC facility or program on behalf of the University.

☐ The rationale for the affiliation and its anticipated impact are as follows: _____

At a minimum, describe [i] any risks and anticipated benefits to the University's education, research and service missions; [ii] any risks or anticipated benefits to the broader patient community; and [iii] the consequences of not proceeding with the transaction – attach a separate sheet if necessary.

☐ Access to restricted 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. Please describe specifics: _____

☐ Timely access to University (or other non-covered organization) facilities for services not provided at the CA's facility will be assured as follows: _____

☐ The affiliation agreement includes the following provisions:

- Recitation of UC's non-discrimination policy.
- All parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51.
- All parties certify that they offer any procedures or services they choose to provide at their respective facilities or through their respective employees on a non-discriminatory basis.
- Confirmation that the University's evidence-based standards of care govern the medical decisions made by University faculty, staff and trainees (as applicable).
- Confirmation that UC faculty, staff and trainees (as applicable) will: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and (v) provide any items or services 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.
- Recital that, under the California Constitution, the University must be "entirely independent of political or sectarian influence in the ... administration of its affairs."

☐ The agreement does not include any provision that purports to require the University or its personnel or trainees to abide by any other policy-based restrictions on care, including religious directives.

☐ The agreement provides that the University ☐ may terminate for convenience and/or ☐ may terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or that the affiliate has breached the agreement's terms relating to University providers' freedom to counsel, prescribe for, and refer patients, or to provide any necessary items and services to any patients for whom referral or transfer to another facility would risk material deterioration to the patient's condition.

☐ Any UC personnel or trainees who may be assigned to the CA have been informed or promptly will be informed: (i) that their assignment to the CA is voluntary; (ii) of the CA's restrictions on care; (iii) any requirements the CA has adopted that they certify adherence to policy-based restrictions on care; (iv) the contractual agreements that nevertheless protect their rights to counsel, prescribe, and refer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; (v) the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services; and (vi) the identity of the office or person to whom complaints or concerns regarding care delivered or received at the CA may be directed.

☐ The agreement contains (check the appropriate box): ☐ the UCH Non-Discrimination Addendum (Appendix B to the University Policy on Affiliations with Certain Healthcare Organizations) ☐ alternative language confirmed by local health system counsel and the Vice Chancellor for Health Sciences or designee to substantively adhere to all of the requirements of Regents Policy 4405.

Verified by: ☐ Location Contracting Office: _____

Signature: _____

Name:

Title:

Date:

Deviation Review (if required): ☐ VC Health Sciences ☐ VC Health Science's Designee

Signature: _____

Name:

Title:

Date:

Approved by: ☐ Chancellor ☐ Chancellor's Designee

Signature: _____

Name:

Title:

Date:

UC HEALTH AFFILIATIONS POLICY COMPLIANCE CHECKLIST

Deadline	Action	Responsible Party/Notes
7/01/2021	Moratorium on New Non-Compliant Agreements with Covered Affiliates ¹	UC Health, Locations, UC Legal
7/22/2021	Regents Approval of Final Regents Policy	Board
TBD*	Issue Interim Presidential Policy and Initiate Notice and Comment Period for Final Presidential Policy	UC Health
TBD*	Train Strategy, Network Development, and Other Responsible Contracting Staff on Policy and Local Implementing Procedures	UCH Locations
TBD*	EVP UCH + Academic Senate Chair Establish Joint Clinical Advisory Committee; President Names 3 Representatives	UC Health, Academic Senate, PEO
TBD*	Develop Mechanism to Inform Patients of Limitations on Services at Covered Affiliates	UCH with UCH Locations
TBD*	Develop Standardized Communication to UCH Faculty, Staff, and Trainees Working or Training at Covered Affiliates	UCH with UCH Locations
TBD*	Develop Process and Contact/Ombuds for Faculty/Staff/Trainee and Patient Complaints and Concerns – Assure Appropriate Escalation to CEOs/Designees	UCH Locations
12/31/2021	Target for Amendment of Master Agreements or Amendments with Major Affected Affiliate Systems – <i>if/as possible</i>	Adventist Health, Dignity Health, Indian Health Service, Providence, Veterans Administration, Loma Linda
TBD*	DRAFT Location Reports to UCH	UCH Locations
6/2022 and Annually Thereafter	MBM to HSC: (i) documenting performance on standardized quality indicators; (ii) listing all new or renewed arrangements with covered organizations; (iii) summarizing complaints or grievances and resolution; and (iv) reporting on any identified non-compliance	UCH Locations via UCH and SCOS
TBD*	First Audit to Begin	ECAS/Campus Internal Audit
12/31/2023	Amend all Agreements with Covered Affiliates in Compliance with the Regents and Presidential Policies, or Terminate any that are Non-Compliant	UCH Locations

* Dates will depend on adoption of interim presidential policy and of final presidential policy.

¹ Per Board directive issued during 6/23/2021 meeting. DMS 198

MODEL COMMUNICATION

The University of California Office of the President invites comments on the Presidential Policy on the Implementation of Regents Policy 4405 Affiliations with Certain Healthcare Organizations. The policy was initially issued as an interim policy and addresses the following key issues:

- The policy supports the application of Regents Policy 4405 approved by the Board of Regents on July 22, 2021 to govern affiliation agreements between UC and healthcare organizations that have policy-based restrictions on care (each, a “covered organization”).
- This Policy unequivocally states UC’s expectations regarding care provided by its personnel and trainees in any setting and specifically requires that UC providers be permitted to counsel patients concerning all healthcare options, prescribe any medically necessary medications, refer patients to any appropriate facility for care that they cannot receive where they are being seen, and perform emergency services as they deem necessary.
- Agreements with a covered organization require certification of compliance with federal and state non-discrimination laws.
- New affiliations with covered organizations cannot be entered into unless they comply with the new policy, and any existing affiliations with covered organizations that do not comply with the new policy must be phased out no later than December 31, 2023.

If you have any questions or if you wish to comment, please contact _____ at _____, no later than _____, 2022.