

Steven W. Cheung Chair, Assembly of the Academic Senate

Faculty Representative, UC Board of Regents

Academic Senate

Office of the President 1111 Franklin Street Oakland, CA 94607

senate.universityofcalifornia.edu

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October 30, 2024

David Rubin

Executive Vice President, UC Health

Re: Systemwide Senate Review of Proposed Revisions to Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Executive Vice President Rubin,

As requested, I distributed for systemwide Academic Senate review the proposed revisions to the UC Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings. Eight Academic Senate divisions and two systemwide committees (UCAADE and the UCFW Health Care Task Force) submitted comments. These were discussed at the Academic Council's October 23 meeting, and the compiled feedback is attached for your reference.

The policy revisions aim to improve compliance with federal medication tracking requirements and reduce reliance on "white bagging" (medications procured from external pharmacies contracted by insurers) and "brown bagging" (patients bringing externally procured medications to UC Health for administration). The policy promotes procurement methods that minimize these practices, ensuring timely, cost-effective patient care, while expanding exceptions for patient education and patient assistance programs.

While there is general support for the policy and its revisions, reviewers identified several areas needing clarification. Below is a summary of key concerns. We encourage you to review the enclosed comments in full.

- 1. Clarify whether the policy applies only to injectable and infused medications or to all medications.
- Consider adding a "catastrophic circumstances" clause to provide flexibility during drug shortages, supply chain disruptions, or other unforeseen events.
- 3. Explore additional exceptions that allow for evidence-based interventions in circumstances that impact patient safety and/or can

reduce potential delays in medication access.

- 4. Clarify the policy's applicability to UC Health affiliate sites and non-clinic settings, such as veterinary medicine.
- 5. Ensure that the patient assistance exception includes provisions for Medi-Cal patients.
- 6. Consider amending "patient education" in section III.2 to "patient medication teaching" for consistency, given that the definition of "Patient Medication Teaching" has no direct correspondence in the policy text.

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

Sincerely,

Steven W. Cheung

Chair, Academic Council

cc: Academic Council

**Director Burton** 

Senate Division Executive Directors

Senate Executive Director Lin



October 15, 2024

STEVEN CHEUNG

Chair, Academic Senate

Subject: Proposed Revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient & Clinic Settings

Dear Chair Cheung,

On October 7, 2024, the Council of the Berkeley Division (DIVCO) discussed the proposed revisions to the *Presidential Policy on Externally Supplied Medications in UC Outpatient & Clinic Settings*. The Committee on Faculty Welfare (FWEL) was asked to review and comment, and FWEL had no concerns with the proposed revisions, and did not submit any comments. DIVCO also has no concerns with the proposed revisions.

Please don't hesitate to contact me if you have any questions.

Sincerely,

Amani Nuru-Jeter

Chair, Berkeley Division of the Academic Senate

Professor of Community Health Sciences and Epidemiology, School of Public Health

cc: Mark Stacey, Vice Chair, Berkeley Division of the Academic Senate Jocelyn Surla Banaria, Executive Director, Berkeley Division of the Academic Senate Nancy Wallace, Co-Chair, Committee on Faculty Welfare

J. Keith Gilless, Co-Chair, Committee on Faculty Welfare

Patrick Allen, Academic Senate Analyst, Committee on Faculty Welfare



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

October 15, 2024

### **Steven Cheung**

Chair, Academic Council

**RE:** Proposed Revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

The proposed revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings were forwarded to all standing committees of the Davis Division of the Academic Senate. One committee responded: the Faculty Executive Committee of the School of Medicine (SOM).

SOM has no objections to the policy revisions.

The Davis Division appreciates the opportunity to comment.

Sincerely,

Katheryn Niles Russ, Ph.D.

Chair, Davis Division of the Academic Senate

**Professor of Economics** 

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

# Proposed Revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

FEC: School of Medicine Committee Response

October 9, 2024

The School of Medicine FEC reviewed the Proposed Revisions to the Presidential Policy: Externally Supplied Medications to UC Outpatient and Clinic Settings and had no objections to the policy update.





October 3, 2024

Steven Cheung, Chair Academic Council

Re: Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

The Irvine Division Cabinet discussed proposed revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings at its meeting on October 1, 2024. Due to the timeline for systemwide review and committee meeting schedules, I sent the proposal to Cabinet members only and did not request written responses from committees.

Members did not raise any significant concerns about the revisions but noted that it would be helpful to ensure the language is clear and consistent throughout. It was not clear whether the policy applies only to injectables or all medications. The policy summary refers to "injectable medications," but the policy goes on to refer to "medication(s)," which is more general, as well as "injected and infused medications."

The Irvine Division appreciates the opportunity to comment.

Sincerely,

Valerie Jenness, Chair

Academic Senate, Irvine Division

Cc: Jane Stoever, Chair Elect-Secretary

Jisoo Kim, Executive Director Gina Anzivino, Associate Director





October 14, 2024

Steven Cheung Chair, UC Academic Senate

Re: (Systemwide Senate Review) Revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Cheung,

The divisional Executive Board (EB) reviewed the proposed revisions to the Presidential Policy on externally supplied medications in UC outpatient and clinic settings and divisional council feedback at its meeting on October 10, 2024. Members voted in favor of a motion to endorse the proposed revisions. (One student representative voted in favor.)

Thank you for the opportunity to advise on this matter.

Sincerely,

Kathleen Bawn

Chair

**UCLA Academic Senate** 

Encl.

Cc: April de Stefano, Executive Director, UCLA Academic Senate

Andrea Kasko, Immediate Past Chair, UCLA Academic Senate Megan McEvoy, Vice Chair/Chair Elect, UCLA Academic Senate Adriana Rosalez, Administrative Analyst, UCLA Academic Senate



October 8, 2024

Kathleen Bawn, Chair Academic Senate

Re: Systemwide Senate Review: Revisions to Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings — 07/01/2024

Dear Chair Bawn,

At its meeting on October 7, 2024, the Council on Planning and Budget (CPB) reviewed and discussed the revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings. Members offered the following comments.

A strong majority of members agreed with the proposed revisions to the policy and supported UC Health's strengthened ability to determine appropriate medication streams. The revisions are intended to leverage UC's bargaining power to negotiate instead of undermining by dealing with separate 'one-off' negotiations. Maintaining the chain of custody also is of importance in maintaining pharmaceutical integrity for optimal patient care.

One member expressed concern that there may be a conflict of interest in the UC Outpatient and Clinical Settings to essentially form a monopoly of provisioning through these revisions, and that any changes to the policy may disadvantage some insurance recipients whose plans include specific non-UC third-party pharmaceutical providers. For that reason, the member requested additional information to assess whether the changes to the policy are the right way to obtain access to prescribed medication. CPB has an interest in evaluating the triangulation of quality, access, and affordability, and may not have sufficient information to fully endorse the revised policy at this time.

If you have any questions for us, please do not hesitate to contact me at <a href="mailto:smith@anthro.ucla.edu">smith@anthro.ucla.edu</a> or via the Council's analyst, Elizabeth Feller, at <a href="mailto:efeller@senate.ucla.edu">efeller@senate.ucla.edu</a>.

Sincerely

Monica L. Smith, Chair

Council on Planning and Budget

cc: Megan McEvoy, Vice Chair/Chair-Elect, Academic Senate
Andrea Kasko, 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

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CHAIR, ACADEMIC SENATE RIVERSIDE DIVISION UNIVERSITY OFFICE BUILDING, RM 225 Kenneth Barish PROFESSOR OF PHYSICS AND ASTRONOMY RIVERSIDE, CA 92521-0217 TEL: (951) 827-5023 EMAIL: kenneth.barish@ucr.edu

October 14, 2024

Steven Cheung, Chair, Academic Council 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200

### **RE:** Proposed Revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Steven,

The Riverside Executive Council discussed the subject revised policy during their October 14, 2024 meeting along with supportive comments from the UCR School of Medicine faculty executive committee. The Council had no objection to the proposal nor any comments.

Sincerely yours,

Kenneth Barish

Professor of Physics and Astronomy and Chair of the Riverside Division

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



October 4, 2024

TO: Ken Barish, PhD, Chair, Academic Senate, UCR Division

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

SUBJECT: [Systemwide Review] Proposed Revised Policy: Revisions to Presidential Policy: Externally

Supplied Medications in UC Outpatient and Clinic Settings

Dear Ken,

The SOM Faculty Executive Committee has reviewed the Revisions to Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings.

The Committee did not have any objections or comments regarding the policy. The Committee approved the policy revisions.

Yours sincerely,

Marcus Kaul, Ph.D.

Chair, Faculty Executive Committee School of Medicine

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October 2, 2024

Professor Steven Cheung Chair, Academic Senate University of California VIA EMAIL

Re: Divisional Review of Revisions to the Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Cheung,

The proposed revisions to the Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings were distributed to San Diego Divisional Senate standing committees and discussed at the September 24, 2024 Divisional Senate Council meeting. No committee comments were received. Senate Council endorsed the proposal and offered the following comments for consideration.

Council members generally agreed with the goals of the policy, and noted that it was not clear how the policy's requirements affect uninsured patients or those unable to afford their medication. It was noted that the policy helps address safety issues but not financial issues for those patients who may be bringing in outside medications because they are unable to afford them through the official channels. A few Council members also noted the importance of UC Health creating and maintaining accessibility as the system continues to expand throughout the state. It was also suggested that the policy be amended to include a catastrophic circumstances clause, which would provide flexibility in the event of a drug shortage, supply chain disruption, or other unforeseen circumstances that impede patients' access to prescribed medications through established channels.

Sincerely,

Olivia A. Graeve

Olivia Grune

Chair

San Diego Divisional Academic Senate

cc: Rebecca Jo Plant, 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 15, 2024

Steven W. Cheung, M.D. 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 Proposed Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Cheung:

The San Francisco Division of the Academic Senate is pleased to comment on the Systemwide Review of Proposed Presidential Policy: Externally Supplied Medications in UC Outpatient and Clinic Settings. Four Senate standing committees commented on this review: the Clinical Affairs Committee (CAC), the Committee on Faculty Welfare (CFW), the Committee on Rules & Jurisdiction (R&J), and the School of Medicine Faculty Council (SOMFC).

The proposed policy would ensure that UC complies with federal regulations concerning the tracking and tracing of medications. More specifically, this policy would prohibit both "brown bagging," which refers to the practice of a patient bringing their own medication to a health care setting, and "white bagging," when medication comes from an outside pharmacy, in clinics and outpatient settings with limited exceptions. The proposed revisions would require all medication come from UC with exceptions for patient education and patient assistance, which the UCSF Senate supports. That said, the UCSF Senate believes that some additional revisions would further improve the policy:

Exceptions: Above all else, the UCSF Senate wishes to ensure that the policy allows for evidence-based interventions that improve patient health and outcomes, even if it means using medications from non-UC sources under certain circumstances by utilizing exceptions (SOMFC). To that point, several committees (R&J, SOMFC, and CFW) proposed additional exceptions for cases where it is impractical to quickly obtain the required medication. For instance, uncertainty arises when an outpatient is admitted as an inpatient and the necessary medication is not available at the UC pharmacy. Adherence to this policy could cause a delay in the patient's care and potentially put the patient at risk. In other instances, such as the administration of HIV medications alongside methadone treatment that may have been provided by various external pharmacies, white or brown bagging may be necessary to ensure quality patient care. Thus, committees encouraged flexibility to practice evidence-based interventions that would otherwise be prohibited by this policy.

Insurance Approval Issues: CFW, R&J, and SOMFC found that there is ambiguity about the protocol if an insurer rejects UC's request to handle medication that then requires white bagging. In particular, UCSF's SOMFC wants to know what will happen if a patient's insurer does not approve of having UC procure, compound, or dispense the medication. If UC fails to get insurance approval, is that an exception to the policy that would allow white bagging, or does the prohibition against white bagging still apply? It's unclear whether an exception would be made, or if white bagging would remain prohibited.

<u>Affiliates</u>: SOMFC also found that it is unclear whether this policy applies to UC Health affiliate sites, such as Zuckerberg San Francisco General Hospital (ZSFG), which should be explicitly noted in the policy.

### **Definitions & Typographical Errors:**

- SOMFC recommends that "administer" become a defined term. The policy states, "UC Health will not administer any drug to a patient that UC Health does not purchase directly from either the manufacturer or an accredited wholesaler." Members of the SOMFC, who are all physicians, were unclear about what "administer" means in the context of this policy.
- SOMFC also recommends that a small typographical error be corrected in this paragraph. There appears to be an extra preposition in the following emphasized language, "...UC will try to obtain insurance approval to for the UC pharmacy..."

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

Sincerely,

Steven Hetts, MD, 2023-25 Chair

**UCSF** Academic Senate

Enclosures (4)

Cc: Lindsay Hampson, Chair, Clinical Affairs Committee (CAC)
Caterina Mosti, Chair, Committee on Faculty Welfare (CFW)
Irfan Kathiriya, Chair, Committee on Rules & Jurisdiction (R&J)
David Hwang, Chair, School of Medicine Faculty Council (SOM FC)



### Clinical Affairs Committee Lindsay Hampson, MD, MAS, Chair

October 7, 2024

Steven Hetts, MD Division Chair UCSF Academic Senate

Re: Comments on the Systemwide Review of the Proposed Revisions to Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Hetts:

The Clinical Affairs Committee (CAC) writes to comment on the <u>Proposed Revisions to Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings</u> that is out for systemwide review.

CAC supports the proposed changes to the policy. CAC broadly agrees with the importance of limiting the administration of medication at UC Health outpatient or clinic settings from external sources. To comply with federal law and to protect patient safety, UC Health should have strong controls ensuring that medication can be safely and reliably tracked from manufacturer to patient. That means medication should almost always come from UC pharmacies when administered at a UC Health facility.

CAC also appreciates that there need to be exceptions to the general rule, and CAC believes the two exceptions for patient education/teaching and for patient need are appropriate.

If you have questions about CAC's comments, please contact me or the committee's analyst Kristie. Tappan@ucsf.edu. Thank you for the opportunity to comment.

Sincerely,

Kristina Rosbe, MD

Clinical Affairs Committee Vice Chair





### Committee on Faculty Welfare Caterina Mosti, PhD, Chair

October 11, 2024

Steven Hetts, MD Division Chair UCSF Academic Senate

Re: Systemwide Review of Proposed Revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Hetts:

The Committee on Faculty Welfare (CFW) writes to comment on the <u>Proposed Revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings</u> that is out for systemwide review.

CFW recommends that the policy be clarified to explain what happens if an insurer that requires white bagging will not agree to have UC provide the medication at issue. If an insurer does not agree, is white bagging allowed or not?

CFW is also concerned that the policy does not provide for an exception in other unusual circumstances that might be in the best interest of the patient. One CFW member works in HIV care. Colleagues in his field partner with community pharmacies and specialty pharmacies to get long-acting antiretroviral therapy drugs that are relatively new and not available everywhere. Would white bagging be allowed in instances when drugs are not available through UC or where it would be impractical to have UC procure an unusual medication that is readily available from a specialized pharmacy? Rather than having an exception for this specific example, CFW suggests adding language that would create a procedure for providers to seek additional exceptions on a case-by-case basis for unusual situations that would benefit patients, improve safety, or advance research.

Thank you for the opportunity to comment on the proposed policy changes. If you have questions, please contact me or our Senate analyst Kristie. Tappan@ucsf.edu.

Sincerely.

Caterina Mosti, PhD

Committee on Faculty Welfare Chair

cc: Todd Giedt, Senate Executive Director

Sophia Bahar Root, Senate Analyst

John Sauceda, Committee on Faculty Welfare Vice Chair





## Committee on Rules and Jurisdiction Irfan Kathiriya, MD, PhD, Chair

October 9, 2024

Steven Hetts, MD Division Chair UCSF Academic Senate

Re: <u>Systemwide Review of Proposed Revisions to Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings</u>

#### Dear Chair Hetts:

The Committee on Rules and Jurisdiction (R&J) writes to comment on the <u>Proposed Revisions</u> to <u>Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings</u> that is out for systemwide review.

The proposed revisions would prohibit "brown bagging" and "white bagging" in clinics and outpatient settings with limited exceptions. Brown bagging is the practice of a patient bringing their own medication to a health care setting, and white bagging is when medication comes from an outside pharmacy. The proposed revisions would require all medication to come from UC with exceptions for patient education and patient assistance.

R&J members have the following questions and concerns:

- 1. How does this policy work for patients who come to UC Health as outpatients who are then admitted as inpatients? In particular, what happens when the outpatient becomes an inpatient, and the UC pharmacy does not have the patient's medication readily available?
- 2. Should there be a third exception for cases when medication is impractical to acquire in a timely manner without brown or white bagging. Sometimes, the need for medication is unexpected, and providers may be unable to orchestrate having UC promptly provide the medication. In these unusual circumstances, R&J believes an exception that would allow brown or white bagging may be in a patient's best interest.
- 3. Last, the proposed policy states that UC will try to obtain insurance approval for the UC pharmacy to procure, compound, or dispense medication when an insurer requires white bagging. It was unclear what would happen if the insurer did not approve having UC procure, compound, or dispense medication. Would an exception then apply? Would white bagging still be prohibited?

R&J recommends that the policy address these three questions and concerns. Please contact me or our committee's analyst Sophia Root (<a href="mailto:sophia.root@ucsf.edu">sophia.root@ucsf.edu</a>) if there are questions about R&J's comments.

Sincerely,

Irfan Kathiriya, MD, PhD

Committee on Rules and Jurisdiction Chair

cc Todd Giedt, UCSF Academic Senate Executive Director Kristie Tappan, UCSF Academic Senate Senior Public Policy Analyst Sophia Bahar Root, UCSF Academic Senate Analyst

https://senate.ucsf.edu



### **School of Medicine Faculty Council** David Hwang, MD, Chair

October 8, 2024

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

Re: Systemwide Review of Proposed Revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Chair Hetts:

The School of Medicine Faculty Council (SOMFC) writes to comment on the <u>Proposed</u> Revisions to the <u>Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings</u> that is out for systemwide review. The SOMFC is generally supportive of the proposed changes, but the SOMFC believes some additional revisions would further improve the policy.

**Definitions:** First, the SOMFC recommends that "administer" become a defined term. The policy states, "UC Health will not administer any drug to a patient that UC Health does not purchase directly from either the manufacturer or an accredited wholesaler." Members of the SOMFC, who are all physicians, were unclear about what "administer" means in the context of this policy. Does the policy only apply to the physician/provider orders that originate at UC Health? Does it apply to a medication a patient might have that is separate from their current visit? Could a patient who is being seen for an outpatient orthopedic procedure bring in and administer insulin for their diabetes treatment? In such a situation, would the orthopedist need to stop the patient and have the insulin procured from a UC pharmacy for use during the visit? This was unclear to members, and a definition for the term "administer" might provide needed clarity.

**Insurance Approval:** Next, the proposed policy generally prohibits "white bagging of injected and infused medications in the hospital outpatient or clinic setting." The policy goes on to state, "If the patient's insurance requires white bagging, UC will try to obtain insurance approval to [sic] for the UC pharmacy to procure, compound and dispense the medication to the patient."

The SOMFC wants to know what will happen if a patient's insurer does not approve of having UC procure, compound, or dispense the medication. If UC fails to get insurance approval, is that an exception to the policy that would allow white bagging, or does the prohibition against white bagging still apply? The SOMFC recommends that the policy be revised to answer this question.

The SOMFC also recommends that a small typographical error be corrected in this paragraph. There appears to be an extra preposition in the following emphasized language, "...UC will try to obtain insurance approval **to for** the UC pharmacy..."

**Affiliates:** The SOMFC discussed whether this policy would apply to major UC Health affiliates such as Zuckerburg San Francisco General Hospital (ZSFG). The SOMFC concluded it probably would not, but the SOMFC supports adding a note to the policy that explicitly states whether it applies to affiliates.

**Exceptions:** An SOMFC member's research has shown that pairing methadone maintenance with other medications significantly increases patient compliance taking the other medications. At ZSFG, where this SOMFC member primarily works, patients who take methadone under medical supervision then take other medications that they have been prescribed. Those other medications may be provided by various pharmacies.

The practice is evidence-based and improves health. Patients with HIV saw reduced viral loads when taking their HIV medications alongside their methadone treatment. While this example was based on experience at ZSFG where the policy likely would not apply, the SOMFC would like to ensure that the policy allows for similar evidence-based interventions if they improve patient health and outcomes. The SOMFC is not requesting a new exception for this specific example, but the SOMFC does want to ensure the policy allows for flexibility and opportunities to research and test interventions that might improve health.

Last, the SOMFC has reached out to colleagues at UC Health's Executive Medical Board and the UCSF Health Pharmacy and Therapeutics Committee for additional feedback. If the SOMFC receives any responses between the time this letter is submitted and when the Division submits its comments to the systemwide Senate, we will forward them to you. If you have questions, please contact me or Senate Analyst Kristie Tappan (<a href="mailto:kristie.tappan@ucsf.edu">kristie.tappan@ucsf.edu</a>).

Thank you for the opportunity to comment.

Sincerely,

David Hwang, MD

David of twavey u)

Chair of the School of Medicine Faculty Council

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



Academic Senate Susannah Scott, Chair Shasta Delp, Executive Director

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

October 14, 2024

To: Steven Cheung, Chair

Academic Senate

From: Rita Raley, Divisional Chair

Academic Senate

Re: Systemwide Review of Proposed Revisions to Presidential Policy: Use of Externally

Supplied Medications in UC Outpatient and Clinic Settings

The Santa Barbara Division has elected not to opine on the Proposed Revisions to the Presidential Policy on the Use of Externally Supplied Medications in UC Outpatient and Clinic Settings.

We thank you for the opportunity to comment.



**Academic Senate** 

**EQUITY (UCAADE)** 

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Katherine Meltzoff, Chair katherine.meltzoff@ucr.edu

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October 16, 2024

STEVEN CHEUNG

**CAMPUSES** 

CHAIR, ACADEMIC COUNCIL

Berkeley **Davis** Irvine **UCLA** Merced Riverside San Diego

RE: REVISIONS TO PRESIDENTIAL POLICY ON EXTERNALLY SUPPLIED MEDICATIONS IN UC OUTPATIENT AND CLINIC SETTINGS

UNIVERSITY COMMITTEE ON AFFIRMATIVE ACTION, DIVERSITY AND

Dear Steven,

San Francisco Santa Barbara Santa Cruz

MEDICAL CENTERS

UCAADE reviewed the proposed revisions to the above policy via email.

**Davis** Irvine **UCLA** San Diego San Francisco

Members noted that the exceptions appear to apply only to uninsured patients receiving assistance, and not those who are covered by Medi-Cal plans. Several UC Health services do not accept Medi-Cal for reimbursement, or do so only retroactively, or under temporary benefits. For these providers, the policy may not adequately include a process for patients with Medi-Cal coverage.

NATIONAL LABORATORIES Lawrence Berkeley **Lawrence Livermore** Los Alamos

According to UC Health, 35 percent of patients use Medi-Cal coverage. If the policy revisions exclude them from coverage this appears to be a significant gap.

Sincerely,

Katherine Meltzoff Chair, UCAADE

K-Meze



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UNIVERSITY COMMITTEE ON FACULTY WELFARE HEALTH CARE TASK FORCE VICKIE MAYS, CHAIR

October 15, 2024

STEVE CHEUNG ACADEMIC COUNCIL CHAIR

RE: Revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings

Dear Steve,

UCFW's Health Care Task Force, within a short time, has examined the proposed revisions to the Presidential Policy on Externally Supplied Medications in UC Outpatient and Clinic Settings. We have questions and also seek some clarifications.

First, from the standpoint of policy, the emphasis on patient safety and attempts to remove any chance of patient error are all goals to be lauded. The rationale for the policy seems clear. There are a couple of potential issues raised. Should there be monitoring as to when and if the new policy delays access to medications in order to track ways to improve and change the system to work more efficiently. The second is whether there is any mechanism for expediting the process at the request of the patient. There are many reasons why medications may be needed in a quick timeframe from loss or theft to the need to start a regimen within a short period of time after being prescribed. While the policy appears to be beneficial it would be useful to have built in procedures that are known to patients on how to address emergencies and procedures for expediting receipt of medication in circumstances that may require such an intervention.

Questions were raised whether the policy is intended to govern non-clinic settings, such as those in veterinary medicine, and the degree to which outpatient care is being considered, such as in dental or ophthalmological settings.

We appreciate the opportunity to comment and look forward to learning the responses to our comments and questions

Page 2

Sincerely,

Vickie M. Mays

**HCTF** Chair

cc: Juan Pablo Pardo Guerra, UCFW Chair

**HCTF Members**