



*Michael T. Brown*  
Telephone: (510) 987-0711  
Fax: (510) 763-0309  
Email: [Michael.Brown@ucop.edu](mailto:Michael.Brown@ucop.edu)

*Chair of the Assembly and the Academic Council  
Faculty Representative to the Board of Regents  
University of California  
1111 Franklin Street, 12th Floor  
Oakland, California 94607-5200*

June 9, 2008

**WYATT R. HUME, PROVOST AND CHIEF OPERATING OFFICER**

**Re: Review of the Revised Code of Conduct for Health Sciences**

Dear Rory,

The Academic Council has completed its review of the revised Code of Conduct for Health Sciences at its May 2008 meeting. Council is appreciative of the work that you and Dr. Henry Powell have done to ensure that this Code is consistent with the Faculty Code of Conduct and the Statement on Ethical Values. While a number of responding divisions and systemwide committees noted that the Code is now much more precise and accessible, and did not have any further comments to add, others still had concerns about both about the ramifications of the Code as well as the document itself.

Regarding the jurisdiction of the Code of Conduct for Health Sciences, it was asked if this Code could expose a faculty member to double jeopardy, as most of the codes are paralleled elsewhere (such as in the Code of Conduct). Towards that end, it would be helpful if it could be explicitly stated that any "Academic Senate member always retains access to the rights and obligations as established by the Faculty Code of Conduct and the Code of the Academic Senate, and that these rights and obligations supersede all others" (UCLA). The issue of legal repercussions of the Code was also raised. For instance, would a violation of the Code of Conduct for Health Sciences allow the University to withdraw legal support for a faculty member who (perhaps unknowingly or under the direction of superior) committed the violation during the performance of his or her job (UCLA)?

Regarding the document itself, the following suggestions were made:

- The original document has been significantly excised in order to streamline the text, however, this has led to changes in the meaning of the document rather than simply reducing the document (especially pages 8-10). For example, the original preamble not only discussed the goals of compliance but also encouraged personnel to ask questions. The asking of questions is now eliminated and replaced by a generic statement on integrity (UCI, UCORP).

- Such ‘moral imperatives’ for physicians, such as the Hippocratic Oath, are not mentioned in the document. Does this imply that the University is set above these other covenants (UCLA)?
- In some places, the document is unduly legalistic; this may undermine the original objective the Code being more easily understood and used by faculty (UCI).
- The new language seems to indicate a ‘dilution of services’ in some areas. For example, the following have been removed from the new version: accommodating people with disabilities (pgs. 39-40); harassment (p. 40); that urgent care should be provided independent of the payment methodology (p. 42); the requirement to provide a clear explanation of the risks of treatment (p. 42); the caveat for life-saving treatments (p. 43); and the requirement of processing bills in a timely manner (p. 45) (UCORP).
- The list of contacts should be placed in an appendix; the whistleblower policies should be linked (UCORP).
- References to existing rules and laws should be maintained (UCORP).
- In Section 6., ‘Medical Necessity,’ (lines 77-82), the following bullet should be added: ***“This does not apply to emergency medical care, as specified in ethical and legal directives such as the Emergency Medical Treatment and Active Labor Act”*** (UCSF).
- In Section 7., ‘Compliance with all Coding, Billing, Cost Reports and Other Contractual/Grant Terms and Conditions,’ (lines 85-88), the following language is suggested (in ***bold italics***): “Every member of the UC \_\_\_ [insert campus name] Health System who is involved, directly or indirectly, in the preparation or submission of a bill to any governmental or private payer is expected to ensure ***the accuracy of the information they provide, such that*** the bill reflects only those services rendered and products delivered and in the correct amount, supported by appropriate documentation” (UCSF).

Please do not hesitate to contact me if you have any questions regarding Council’s comments. For your reference, I have enclosed the comments from the individual divisions and systemwide committees.

Sincerely,



Michael T. Brown, Chair  
Academic Council

Copy: Academic Council  
María Bertero-Barceló, Executive Director

Encl. 1



OFFICE OF THE ACADEMIC SENATE  
ONE SHIELDS AVENUE  
DAVIS, CALIFORNIA 95616-8502  
TELEPHONE: (530) 752-2231

May 7, 2008

**MICHAEL BROWN, CHAIR**

University of California  
Assembly of the Academic Senate  
Academic Council  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607

**RE: Systemwide Senate Review of the Proposal to Revise the Health Sciences Code of Conduct**

The subject proposal was distributed to all of the Davis Division standing committees and the Faculty Executive Committees of the schools and colleges.

The Davis Division of the Academic Senate did not have any comments on this item.

Sincerely,

A handwritten signature in cursive script that reads "Linda F. Bisson".

Linda F. Bisson  
Professor of Viticulture & Enology  
Chair of the Davis Division of the Academic Senate



Office of the Academic Senate  
2300 Berkeley Place South  
Irvine, CA 92697-1325  
(949) 824-2215 FAX

April 28, 2008

Michael Brown, Chair, Academic Council  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200

**RE: Systemwide Review of the Proposed Regulations Governing the Code of Conduct for Health Sciences**

At its meeting of April 22, 2008, the Irvine Division Academic Senate Cabinet reviewed the proposed revisions to the Health Sciences Code of Conduct.

The original document has been significantly excised in order to streamline the text, however, this has led to changes in the meaning of the document rather than simply reducing the document. Moreover, some felt that the document has become unduly legalistic and may not be effective in its original objective of being more easily understood and used by faculty. The Cabinet agreed that many faculty may be unaware or unfamiliar with the original Code of Conduct for Health Sciences, and the proposed revisions may further reduce the effectiveness of the code.

It was noted during the Cabinet's discussion that the University Committee on Research Policy (UCORP) is reviewing the proposed revisions, and has raised similar concerns. The Cabinet was unwilling to endorse the document at this time, and agreed that the Academic Council should consider UCORP's review before endorsing the current version of the Health Sciences Code of Conduct. If you have any questions related to this matter, please do not hesitate to contact me.

A handwritten signature in black ink, appearing to read "Tim Bradley".

Tim Bradley, Senate Chair

C: María Bertero-Barceló, Executive Director, Academic Senate



ACADEMIC SENATE EXECUTIVE OFFICE  
LOS ANGELES DIVISION  
3125 MURPHY HALL  
LOS ANGELES, CA 90095-1408

PHONE: (310) 825-3851  
FAX: (310) 206-5273

May 2, 2008

Michael Brown  
Chair, Academic Council  
UC Academic Senate

**In Re: Response to the Proposed Revisions to the Code of Conduct for Health Sciences**

Dear Michael,

Thank you for the opportunity to review the proposed revisions to the Code of Conduct for Health Sciences. Upon receipt, I asked the Faculty Executive Committees for the School of Medicine (SOM), School of Dentistry (SOD), School of Nursing, and the School of Public Health to opine. Only the SOM FEC responded (responses attached). The Executive Board, which speaks for the Division on such matters, also considered the proposal. The UCLA Academic Senate cannot support the proposal as written. Please allow me to explain.

The SOM FEC and Executive Board raised the question, 'Does the Code of Conduct for the Health Sciences expose a faculty member to double-jeopardy?' Most of the codes are also paralleled elsewhere. Which code takes precedence? Could a faculty member be subjected to multiple disciplinary proceedings, once under the Faculty Code of Conduct, for example, and a second time under the Code of Conduct for Health Sciences? This ambiguity raises a question of jurisdiction. The document would be greatly improved if it would explicitly state, for example, that any Academic Senate member always retains access to the rights and obligations as established by the Faculty Code of Conduct and the Code of the Academic Senate, and that these rights and obligations supersede all others.

The SOM FEC raised the point that 'physicians have a set of moral imperatives that have been set by a number of bodies, their subspecialty societies and the taking of the Hippocratic Oath. These are unmentioned and this can be seen as problematic since it implies that we place the University set above these other covenants' (see attachment).

Both the Board and the SOM FEC are also concerned about the legal repercussions of the proposal. Would a violation of the Code of Conduct for the Health Sciences allow the university administration to withdraw legal support for a faculty member who (perhaps unknowingly or under the direction of a superior) committed the violation during the performance of their job?

Finally, given the concerns raised here as well as UCLA's commitment to most of the expressed conduct values, the UCLA SOM FEC would be eager to be part of a design process where the work of synthesizing the Code with the Code of Conduct within this UCOP umbrella of stipulated values

continues. An arrangement such as this would allow for better customization to local concerns, and ultimately better education and implementation. Both the Executive Board and the SOM FEC believe a local volunteer workgroup could create a much better accepted and understood document within the rubric of the Code's stipulated values. Such an effort would more clearly educate and help structure process and policy related to the document. Such a code, based on the values enumerated in the present document, could also be vetted by UCOP to determine appropriate central compliance.

Thank you again for inviting UCLA to opine. We look forward to working with you and Executive Director Rory Jaffe on future versions of this document.

Sincerely,

A handwritten signature in cursive script, reading "Elizabeth L. Bjork". The signature is written in black ink on a white background.

Elizabeth Ligon Bjork  
UCLA Academic Senate Chair

Cc: Maria Bertero-Barcelo, Executive Director, UC Academic Senate  
Jaime R. Balboa, Ph.D., CAO UCLA Academic Senate

April 8, 2008

TO: Academic Senate Executive Board

FROM: Nicholas Brecha, Chair SOM FEC

RE: Health Sciences Code of Conduct

Dear Board Members,

The SOM FEC met and discussed the proposed revisions to Health Sciences Code of Conduct at its regular meeting, April 2, 2008. Professor Steadman, FEC vice chair, chaired the meeting.

Prior to discussion, the FEC distributed your 3/5/08 email (with the attachments) to the SOM and Hospital leadership (Dean's office, Hospital CEO and Chair of the Clinical Chairs), General Medical Education Committee, Student Council and to several knowledgeable SOM faculty for their comments on the proposed revisions to the code.

Although I did not attend the meeting, I was told that there was a lengthy and detailed discussion of the proposed revisions to the code. Although the SOM FEC supports the attempt by UCOP to simplify the language of the Health Sciences Code of Conduct, the SOM FEC had serious reservations about the proposed revisions to the code. There was a general sense on the part of the SOM FEC that the code needed additional work in several areas (see emails below). For instance, there are inconsistencies and lack of specificity in the text, and poor use of the language in places (see below; Oppenheim, Colicelli, Sibert). There are concerns about implementation of the code (Korenman, Sibert). Furthermore, there is a concern about due process (Sibert). Finally, in hearing a summary of the meeting I was told that there was a concern that faculty would not fully understanding what they are signing.

Therefore the SOM FEC cannot support the proposed revisions to Health Sciences Code of Conduct as written.

The SOM FEC is willing and committed to revising the Health Sciences Code of Conduct with the UCOP. The SOM FEC believes that by working together, from the beginning of the process, that a better code could be developed that reflects both UCOP and local values, and that there would be greater success in its implementation.

Below are the emails I received:

Professor Korenman:

"I went through the revised code. The code comparison left out the section on reporting violations but it was in the insert of the new draft. I believe that as a statement of principles the new version is a big improvement. I believe that faculty and staff will have no trouble signing it and feeling good about it. However, by leaving out examples, such as found in the initial version, it will be harder to transfer "motherhood" into things I should or should not do. So, we will need a robust and continuing educational process supported by the leadership to ensure implementation of the policy. It would also be of great ethical interest to examine whether these principles are systematically violated in daily conduct of medicine by contradictory regulations, guidelines, or practices."

One additional thing. Some of the activities such as COI reporting and whistleblowing are managed by the campus. It would be appropriate for you to query Roberto Peccei and Ann Pollack about the Code.

FEC Member, Professor Oppenheim

This seems mostly apple pie, but I found two areas to at least discuss.

“Patients may request a service that is not a covered benefit. The service may be provided as long as the patient has been given advance notice that a service is not a covered benefit and has agreed to pay for the services.”

2 issues, not necessarily profound:

(1) We are in the age of rescissions. We have no practical way to know if a service is covered or not, until we do it, and then present the bill.

(2) Interestingly, this clause, to my mind, implies that if a service is not covered, though necessary, we have no obligation to provide the service? This would appear to be against the tenets of medicine. This may be used to embrace bad conduct.

Conflicts of Interest:

I really don't want to go here in view of recent history, but does anyone know what the following means in a practical day to day sense.?

“Adhering to the University's policy as defined in the Compendium of University of California Specialized Policies, including Guidelines and Regulations related to Conflict of Interest and University Health Care Vendor Relations.”

FEC Member, Professor Colicelli

“My main concern is that the document is poorly written (basically at the level of the Daily Bruin). Many sections do not follow parallel structure and there is a tendency to switch from "will" to "must" without explanation. Also, aren't "appropriate" and "medically necessary" redundant when discussing health care?

Bill's first point merits some discussion.”

Professor Sibert

Colleagues: We very much appreciate the attempt made by UCOP to simplify the language in this code as well as the useful document comparisons. The Committee believes that the value statements in most instances are laudable and reflect faculty beliefs. However, while applauding these efforts, we remain impressed with the degree to which this document is NOT well aligned with local SOM issues, largely ignores due process and presents significant obstacles in implementation. Further, there are inconsistencies as well as problems in specificity that would make the signing of this document difficult for faculty.

Given our concerns as well as our commitment to most of the conduct values, we would be eager to be part of a design process where we could contain further code work within this UCOP umbrella of stipulated values but allow for better customization to local concerns, better education and implementation. Since our faculty are incurring a potential liability in signing on to this without our ascertaining mechanisms to insure its success, we would suggest that this document be the general framework of each individual campus code but that we construct the



particulars of the code and then have it approved by UCOP for essentials. In some things we will be potentially more focused and pointed and in others we might construct the specific implementation as a set of guidelines.

Specific Notes: It is redundant in many places and departs from being an overall code of conduct to a prescribed set of regulatory specificities. In other words, most codes cite a set of values and a broad accompanying set of examples and interpretations. This one reads like a set of values and a varying specific set of regulatory imperatives including references to statute (like the PRA) that may or may not be linked easily to those values. Some of the prescriptive set, can be seen as patronizing and offputting: do we need to cite plagiarism as a proscribed activity?

Additionally, physicians have a set of moral imperatives that have been set by a number of bodies, their subspecialty societies and the taking of the Hippocratic Oath. These are unmentioned and this can be seen as problematic since it implies that we place the University set above these other covenants.

It is occasionally naive or at least inexact in its language: "We make No distinction in the availability of services; the admission, transfer or discharge of patients....." - well, we do make a distinction in the availability of services that is actually mentioned within the document , i.e. non-covered services.

There are other items that are awkward and difficult to understand.

Respectfully, we believe a local volunteer workgroup could create a much better accepted and understood document within the rubric of the Code's stipulated values. We believe that such an effort would more clearly educate and help structure process and policy related to the document. We think such a code, based on the values enumerated in the present document, could also be vetted by UCOP to determine appropriate central compliance.



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

THOMAS COGSWELL  
PROFESSOR OF HISTORY  
RIVERSIDE, CA 92521-0217  
TEL: (951) 827-5530  
E-MAIL: [THOMAS.COGSWELL@UCR.EDU](mailto:THOMAS.COGSWELL@UCR.EDU)  
SENATE@UCR.EDU

May 2, 2008

Michael T. Brown  
Professor of Counseling/Clinical/ School Psychology  
Chair, UC Systemwide Academic Senate  
1111 Franklin St., 12th Floor  
Oakland, CA 94607

Dear Michael:

**RE: SYSTEMWIDE SENATE REVIEW OF PROPOSED REGULATIONS  
GOVERNING THE CODE OF CONDUCT FOR HEALTH SCIENCES**

The above proposed regulations have been reviewed by the appropriate committees who all found no significant issue pertaining to it and felt that the proposed revisions simplified the Code of Conduct but did not diminish the requirement for proper conduct by faculty members in health sciences. P&T Members also agreed "that the proposed code neither superseded nor conflicted with the Faculty Code of Conduct that applies to all UC faculty members but does provide guidance in issues of conduct that may be unique to faculty in the health sciences."

Yours faithfully,

A handwritten signature in black ink that reads "Thomas Cogswell".

Thomas Cogswell  
Professor of History; and  
Chair of the Riverside Division



1156 HIGH STREET  
SANTA CRUZ, CALIFORNIA 95064

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

May 5, 2008

Michael T. Brown, Chair  
Academic Council

**RE: UCSC Response to Systemwide Review of Proposed Regulations Governing the Code of Conduct for Health Sciences**

Dear Michael,

The UC Santa Cruz Division has no objection to the proposed revisions.

Sincerely,

A handwritten signature in black ink that reads "Quentin Williams".

Quentin Williams, Chair  
Academic Senate  
Santa Cruz Division



OFFICE OF THE ACADEMIC SENATE

9500 GILMAN DRIVE  
LA JOLLA, CALIFORNIA 92093-0002  
TELEPHONE: (858) 534-3640  
FAX: (858) 534-4528

May 8, 2008

Professor Michael Brown  
Chair, Academic Senate  
University of California  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, California 94607-5200

Re: Systemwide Senate Review of Proposed Regulations Governing the Code of Conduct for Health Sciences

Dear Michael:

In response to your request of February 14, the San Diego Division sought and received comment from the Divisional Committee on Faculty Welfare and the Health Sciences Faculty Council on the Proposed Regulations Governing the Code of Conduct for Health Sciences. Reviewers commented that the proposed revisions made the Code more concise and accessible. The addition of more information regarding whistleblower protection was particularly welcomed.

Sincerely,

A handwritten signature in black ink, appearing to read "James W. Posakony".

James W. Posakony, Chair  
Academic Senate, San Diego Division



Office of the Academic Senate  
500 Parnassus, MUE 230  
San Francisco, California 94143-0764  
(415)476-1308 Fax (415) 514-3844

David Gardner, MD, Chair  
Elena Fuentes-Afflick, MD, MPH, Vice Chair  
Mary J. Malloy, MD, Secretary  
Jean Olson, MD, Parliamentarian

May 5, 2008

Michael T. Brown  
Professor and Chair, Academic Council  
University of California Academic Senate  
1111 Franklin Street, 12th Floor  
Oakland, CA 94607-5200

**RE: UCSF Divisional Response Systemwide Senate Review of Proposed Revisions to the Health Sciences Code of Conduct**

Dear Chair Brown:

I am in receipt of the attached communication from the UCSF Task Force to Review the Proposed Revisions to the Health Sciences Code of Conduct. The Task Force carefully reviewed the proposed revisions and raised two concerns:

1. Ethical and legal directives such as the Emergency Medical Treatment and Active Labor Act should be followed.
2. Each person who participates in preparing or submitting billing information should be responsible for the information they provide, and not the entire process that may include components over which they have no control.

I support and concur with the Task Force's response and forward it to you so that you may take it under consideration.

Please contact me should you have any questions or need additional information.

Sincerely,

David Gardner, MD  
Professor and Chair, San Francisco Division of the Academic Senate

Enclosure: Communication from the Task Force to Review the Proposed Revisions to the Health Sciences Code of Conduct

cc: Maria Bertero-Barcelo, Executive Director, UC Academic Senate



**COMMUNICATION FROM THE TASK FORCE TO REVIEW THE PROPOSED REVISIONS TO THE HEALTH SCIENCES CODE OF CONDUCT**

**Kenneth H. Fye, MD, Chair**

May 5, 2008

David Gardner, MD  
Chair, UCSF Academic Senate  
Office of the Academic Senate, Box 0764

**RE: Review of the Proposed Revisions to the Health Sciences Code of Conduct**

Dear Chair Gardner:

As requested, the Task Force to Review the Proposed Revisions to the Health Sciences Code of Conduct have discussed the proposed changes. Overall, the Task Force supports the revisions as they make the document more direct, succinct and easier to reference than the previous version. The Task Force has two recommended changes, as follows:

1. Section 6. Medical Necessity (lines 77-82) (suggested language in bold italics):

“The UC\_\_ [*insert campus name*] Health System shall submit claims for payment to governmental, private, or individual payers only for services or items that are medically necessary and appropriate.

- Patients may request a service that is not a covered benefit. The service may be provided as long as the patient has been given advance notice that a service is not a covered benefit and has agreed to pay for the services.
- ***This does not apply to emergency medical care, as specified in ethical and legal directives such as the Emergency Medical Treatment and Active Labor Act.***”

2. Section 7. Compliance with all Coding, Billing, Cost Reports and Other Contractual/Grant Terms and Conditions (lines 85-88) (suggested language inserted in bold italics):

“Every member of the UC \_\_ [*insert campus name*] Health System who is involved, directly or indirectly, in the preparation or submission of a bill to any governmental or private payer is expected to ensure ***the accuracy of the information they provide, such that*** the bill reflects only those services rendered and products delivered and in the correct amount, supported by appropriate documentation.”

Thank you for the opportunity to review and comment on the proposed revisions. Please contact us if you have questions or need more information.

**Task Force to Review the Proposed Revisions to the Health Sciences Code of Conduct**

Kenneth H. Fye, MD, *Chair, Clinical Affairs Committee and Task Force Chair*

Mitra Assemi, PharmD, *School of Pharmacy Faculty Council*

Patricia Benner, RN, PhD, FAAN, *School of Nursing Faculty Council*

Daniel Bikle, MD, *School of Medicine Faculty Council and Vendor Relations Task Force Chair*

Brad Hare, MD, *Clinical Affairs Committee*

Peter Loomer, DDS, PhD, *School of Dentistry Faculty Council*

David Wofsy, MD, *Associate Dean, Admissions, School of Medicine*



COORDINATING COMMITTEE ON GRADUATE AFFAIRS (CCGA)  
Bruce Schumm, Chair  
schumm@scipp.ucsc.edu

The Assembly of the  
Academic Senate  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200  
Phone: (510) 587-6138  
Fax: (510) 763-0309

May 9, 2008

**MICHAEL T. BROWN, CHAIR  
ACADEMIC COUNCIL**

**Re: Proposed Revisions to the Code of Conduct for Health Sciences**

Dear Michael:

The Coordinating Committee on Graduate Affairs (CCGA) recently reviewed the proposed revisions to the Code of Conduct for Health Sciences and though it has no substantive comments to offer, CCGA members commend the efforts of all who contributed to the updated Code.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Bruce Schumm".

Bruce Schumm  
Chair, CCGA

Copy: CCGA  
Executive Director Bertero-Barceló



**UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL (UCAP)**  
**JAMES HUNT, CHAIR**  
[hunt@CE.BERKELEY.EDU](mailto:hunt@CE.BERKELEY.EDU)

The Academic Senate  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200  
Phone: (510) 987-9467  
Fax: (510) 763-0309

March 25, 2008

MICHAEL BROWN, CHAIR  
ACADEMIC COUNCIL

**Re: Systemwide Senate Review of Proposed Regulations Governing the Code of Conduct  
for Health Sciences**

Dear Michael:

At its March meeting, the University Committee on Academic Personnel (UCAP) reviewed a set of proposed revisions to the Code of Conduct for Health Sciences. UCAP found the revisions to be appropriate and unproblematic. Our committee encourages Council to support their adoption.

Sincerely

A handwritten signature in cursive script that reads "James R. Hunt".

James Hunt  
UCAP Chair

cc: UCAP  
Senate Executive Director Bertero-Barcelo





UNIVERSITY COMMITTEE ON RESEARCH POLICY (UCORP)  
Jose Wudka, Chair  
jose.wudka@ucr.edu

Assembly of the Academic Senate  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200  
Phone: (510) 987-9466  
Fax: (510) 763-0309

April 15, 2008

**MICHAEL BROWN, CHAIR  
ACADEMIC COUNCIL**

**RE: Proposed Revisions to the Code of Conduct for Health Sciences**

Dear Michael,

The University Committee on Research Policy (UCORP) has reviewed the proposed revisions to the Health Sciences Code of Conduct, and we have a number of concerns with the shortened version. We believe it will be important to address the deficiencies that are summarized below before moving forward.

- The first few pages of the original document have been too drastically excised (e.g., see pages 8, 9, and 10 of the current document). The original preamble discussed clearly the goals of compliance and encouraged personnel to ask questions. The asking of questions is now eliminated and replaced by a generic statement on integrity. This changes the meaning rather than simply shortening the document.
- A list of contacts is useful, but perhaps better placed in an appendix.
- The issues to be discussed with those contacts deserve better spelling-out than a few sentences on integrity, though perhaps not to the degree in the original. We need not state that "the current health care environment is very complex", for example; perhaps rather than a slash-and-burn approach, a more careful editing is required.
- We suggest including links to whistleblower policies.
- Currently, there are many references to existing rules, laws, etc., and at least a reference in each case must be maintained. This is especially desirable in sensitive areas, such as animal-related research. If all these rules reduce to "follow existing rules", why have this Code at all?
- The new language also appears to indicate a dilution of services, for example (this is not intended to be an exhaustive list)
  - § Pg. 39-40: On the left hand side, there is mention of accommodating people with disabilities, which is absent on the right.
  - § Pg. 40: Similarly, the specific mention of harassment has been removed.
  - § Pg. 42: On the LHS there is specific mention that urgent care is to be provided independent of the payment methodology, this is absent from the RHS.
  - § Pg. 42: The same thing happened with the requirement to provide a clear explanation of the risks of a treatment.
  - § Pg. 43: The caveat for life-saving treatments was deleted.
  - § Pg. 45: The requirement of processing bills in a timely manner has been removed.

We thank you for the opportunity to review this proposed policy change, and we look forward to seeing a more thoughtful proposal in the future.

Sincerely,

Jose Wudka, Chair  
UCORP

cc: UCORP  
María Bertero-Barceló, Executive Director, Systemwide Academic Senate