



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.



320 STEPHENS HALL
UNIVERSITY OF CALIFORNIA

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).

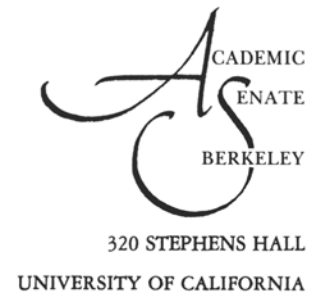
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald 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 black ink, 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 cursive script that reads "Carol A. Hess". The signature is written in dark ink on a light background.

Carol Hess
Chair, Committee on Academic Freedom and Responsibility

May 18, 2022

Richard Tucker

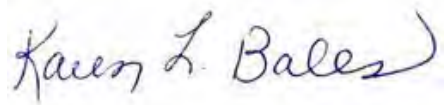
Chair, Davis Division of the Academic Senate

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

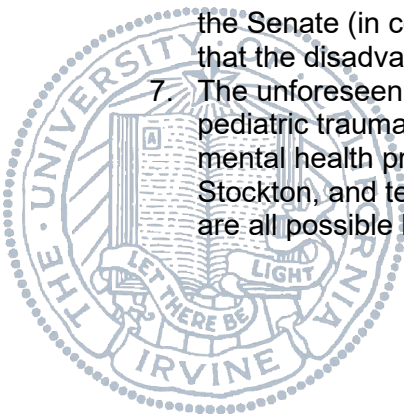
**JOANNA HO, CHAIR
ACADEMIC SENATE – IRVINE DIVISION**

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,

A handwritten signature in black ink, appearing to read 'Terry Dalton', with a large, stylized loop at the end.

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 Cattelino
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,

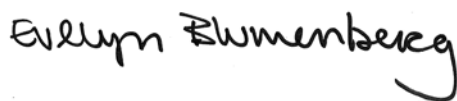
At its meeting on May 2, 2022, the Council on Planning and Budget (CPB) had an opportunity to review the proposed Presidential Policy on Affiliations with Certain Healthcare Organizations. Members offered the following comments at the meeting and one member provided additional input by follow-up email.

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 jacoboni@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

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



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

UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

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 cursive script, likely belonging to 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
TEL: (951) 827-6193
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

Office of the Academic Senate
500 Parnassus Ave, MUE 230
San Francisco, CA 94143-0764
Campus Box 0764
tel.: 415/514-2696
academic.senate@ucsf.edu
<https://senate.ucsf.edu>

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’:

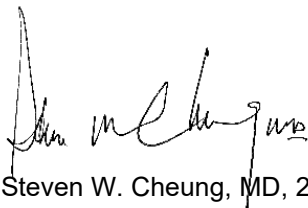
- ***Definition of UC Health:*** § II of the Policy includes a definition of UCH. The definition does not include UC Berkeley’s School of Optometry. CAC appreciates that optometry does not involve many issues related to Policy-Based Restrictions on care, but one might say the same thing about dentistry, 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.

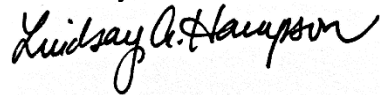
CFW appreciates that its proposed revision to the Policy may jeopardize existing and potential affiliations, and these affiliations will need to be carefully examined. If affiliations meaningfully implicate abortion, contraception, assisted reproductive technologies, gender-affirming care, and end-of-life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



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>

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.

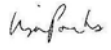
CDE recommends that the terms "refer" and "access" be defined. They also ask whether restrictive locations can refer patients out to non-restrictive ones.

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,

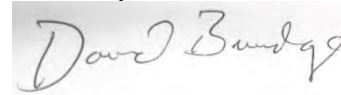
The Santa Cruz Academic Senate has reviewed your request for review of the Presidential Policy on Affiliations with Certain Healthcare Organizations. The Committees on Affirmative Action and Diversity (CAAD), Faculty Welfare (CFW), and Rules, Jurisdiction and Elections (RJ&E) have responded. Although 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 centered on a light gray rectangular background.

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 OF CALIFORNIA, ACADEMIC SENATE

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

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,

A handwritten signature in dark ink, appearing to be "DW", followed by a horizontal line.

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