

# **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

June 23, 2021

The Regents of the University of California met on the above date by teleconference meeting conducted in accordance with Paragraph 3 of Governor Newsom's Executive Order N-29-20.

Members present: Regents Butler, Cohen, Drake, Elliott, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Sherman, Stegura, and Sures

In attendance: Regents-designate Lott and Torres, Secretary and Chief of Staff Shaw, General Counsel Robinson, Executive Vice President and Chief Financial Officer Brostrom, Executive Vice President Byington, Chancellors Block, Christ, Gillman, Hawgood, Khosla, Muñoz, and Yang, and Recording Secretary Li

The meeting convened at 9:40 a.m. with Chair Pérez presiding.

## **1. PUBLIC COMMENT**

Chair Pérez explained that the public comment period permitted members of the public an opportunity to address University-related matters. The following persons addressed the Board concerning the items noted.

- A. Scott Wiener, State Senator and author of Senate Bill (SB) 379, which would ensure that UC enters into affiliation agreements consistent with California values by ending the practice of prohibiting UC physicians and staff from providing appropriate reproductive health care or gender-affirming care, expressed strong opposition to the proposed Regents Policy on UC Health affiliations. The proposal would codify a discriminatory status quo and not solve current problems, and UC physicians and staff would be banned from reproductive or gender-affirming care. UC Health was a public health system that should not be a party to healthcare restrictions being implemented across the country. He called on the Regents to make SB 379 moot by adopting policy that protects access to health care.
- B. Lisa Middleton, Palm Springs City Councilmember and the first transgender person in California to be elected to a political office, shared that transgender patients often encountered the denial of services, unprofessional comments, and ignorance regarding transgender healthcare standards. Transgender patients often avoided and delayed routine healthcare services due to fear borne out by firsthand experiences. Long after completing their gender transition, transgender patients still struggled to receive gender-specific care. Ms. Middleton questioned whether a hospital system that denied transgender identity could be relied upon to provide gender-specific health care to transgender patients. The commitment to necessary health care should extend to every facility that a UC patient is referred to.

- C. Siri Nelson, President of Marshall Medical Center, spoke in support of UC Health affiliations. Marshall Medical Center, an independent, not-for-profit hospital that was open to anyone, has received healthcare software support from and clinical affiliation agreements through its affiliation with UC Davis.
- D. Lloyd Dean, President and Chief Executive Officer of Dignity Health, spoke in support of UC Health affiliations. For over 20 years, partnerships between UC Health and Dignity Health have saved lives and advanced health equity across California. In the two years that this affiliation has been discussed, Dignity Health has listened to concerns and tried to address them. Dignity Health served everyone and had a legacy of caring for LGBTQ+ patients since the AIDS epidemic. Dignity Health provided gender-affirming care at all of its sites and operated one of the nation's leading transgender surgical centers. What Dignity Health learned from its relationship with UC had an impact on the culture at Dignity Health, which changed its policies to be more welcoming to LGBTQ+ patients and trained staff and clinicians. Dignity Health did provide emergency contraception.
- E. Evan Minton, UC Riverside alumnus, spoke in opposition to the proposed Regents Policy on UC Health affiliations. Mr. Minton had been denied a hysterectomy at a Dignity Health hospital that routinely performed hysterectomies because he was transgender. Dignity Health was arguing in federal court that it had a constitutional right to discriminate against transgender people. UC wished to expand its contracts with Dignity Health hospitals, under which UC doctors would be required to deny care to transgender people, who were twice as likely to commit suicide. In his view, referring a patient to a different hospital was still discrimination.
- F. Anita Chandrasena, Chief Medical Officer of Dignity Health Northern California, urged UC to continue its affiliation with Dignity Health, which would give the most vulnerable patients access to high-quality care. No hospital provided all services regardless of religious affiliation, and coordination of care was essential for health systems. Lives would be placed at risk if Dignity Health was unable to transfer patients. She knew of transplant patients who would have died if the current partnerships were not in place. Physicians would not abandon their clinical judgment when working at a Catholic hospital.
- G. Terri Galvan, Executive Director of Community Against Sexual Harm (CASH), spoke in support of UC Health partnerships with faith-based providers. Through its partnership with Dignity Health, CASH saw improved access to care, stability, and wellness for the women it served. Dignity Health promoted health equity, and many would suffer if these partnerships were to end. She asked the University to find another way for these partnerships to continue.
- H. Emma Craig, high school teacher from Vallejo, raised concern about the use of fetal tissue in UCSF research and the campus' compliance with State and federal law. She stated that UCSF was creating demand for aborted fetal remains, and that viable fetuses were dismembered in utero when they were designated for tissue donation.

She added that UCSF failed to demonstrate its compliance with California Health and Safety Code Section 123435, which pertained to infants born alive in the course of an abortion. She called on UCSF to opt for ethical tissue sources and to stop using tissue collected from abortion facilities.

- I. Julie Wilensky, Senior Staff Attorney at the National Center for Lesbian Rights, expressed deep concern about UC Health affiliation contracts. Under these contracts and the proposed Regents Policy, UC practitioners and students were restricted from performing medically necessary procedures for transgender people, often on religious grounds, when the facility performed the same procedures for other people. She stated that this was unlawful discrimination and asked the Regents to reject the proposal.
- J. Hannah Oltman, UCLA student, spoke in opposition to UC Health expanding its affiliation with Dignity Health. Ms. Oltman, who had been diagnosed with polycystic ovary syndrome, had been denied immediate surgery at a Dignity Health hospital due to tests that were performed to ensure that she was not pregnant. She eventually underwent the same surgery after her ovary ruptured. She stated that UC was a public institution that should stand up for its students and potential patients.
- K. Michael Chandler, Chief Emeritus of the UC Davis Fire Department, expressed concern about the impact of prohibiting UC Health partnerships on the UC community. He was assured knowing that he could access specialty services at his local Dignity Health hospital through its partnership with UC Health. Dignity Health hospitals were the only hospitals serving members of the UC community in some regions. The partnership between UC Health and Dignity Health created a system of care that saved lives. Mr. Chandler urged UC to save this partnership.
- L. Amber Cunha spoke in support of the UC Health partnership with Dignity Health. Her infant daughter had drowned but was revived and stabilized at a Dignity Health hospital, then transferred to UC Davis Medical Center, where she received specialized care and fully recovered. She urged UC to continue this partnership.
- M. Kim Romero, resident of 1921 Walnut Street in Berkeley, spoke in opposition to the eviction of tenants at 1921 Walnut Street. She stated that UC Berkeley was pushing plans to demolish long-term, affordable housing during a pandemic in order to build short-term, luxury student housing. This created a difficult and stressful situation for tenants of 1921 Walnut Street. Ms. Romero stated that UC's relocation benefits were not generous for those who wished to stay in Berkeley. Her job was in the Bay Area, and moving to another city or state would not be easy.

The Board recessed at 10:05 a.m.

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The Board reconvened at 2:50 p.m. with Chair Pérez presiding.

Members present: Regents Anguiano, Blum, Butler, Cohen, Drake, Elliott, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Rendon Sherman, Stegura, Sures, and Thurmond

In attendance: Regents-designate Lott and Torres, Faculty Representatives Gauvain and Horwitz, Secretary and Chief of Staff Shaw, General Counsel Robinson, Provost Brown, Executive Vice President and Chief Financial Officer Brostrom, Executive Vice President Byington, Executive Vice President and Chief Operating Officer Nava, Interim Vice President Lloyd, Chancellors Block, Christ, Gillman, Hawgood, Khosla, May, Muñoz, and Yang, and Recording Secretary Li

## 2. **REMARKS OF THE PRESIDENT OF THE UNIVERSITY**

President Drake began his remarks by thanking Chair Pérez for his service as Board Chair and Regent Lansing for her service as Chair of the Health Services Committee.

President Drake congratulated and expressed pride in the University's latest graduates; among these, 44 percent of the undergraduate alumni were Pell Grant recipients. He spoke at the spring commencement ceremonies for the schools of medicine at UC Irvine and UC San Diego. Wildfires have grown in intensity, causing devastation in California and beyond. The UC Wildfire Research Symposium, held earlier this month, was a timely example of UC research helping people and addressing real-world issues. The entire UC enterprise was helping California build resiliency in the face of climate change. President Drake thanked philanthropist and author Mackenzie Scott and her husband Dan Jewett for their \$20 million gift to UC Merced, the most significant donation in the campus' history.

Earlier in the meeting, the Governance Committee voted to present the appointment of Brent Colburn as Senior Vice President of External Relations and Communications to the Board for approval. Mr. Colburn held a similar position at Princeton University and was the hiring committee's unanimous choice. He also had roles in the Chan Zuckerberg Initiative and the Obama administration. If approved, Mr. Colburn would manage UC internal and external communications, State Governmental Relations, Federal Governmental Relations, University advancement, and alumni relations. The University planned to set bold new priorities in these areas as it emerges from the pandemic.

After over two years of discussion, analysis, and stakeholder input, the Regents would be discussing and voting on a new Regents Policy on healthcare affiliations with organizations that have policy-based restrictions on care. A decision by the Board had been delayed to engage stakeholders and so that the University could fully grasp the impacts of affiliation and disaffiliation. President Drake thanked those who contributed to UC's deliberations. Chancellor Gillman led a working group that heard public comment, analyzed the impact of ending all affiliations and the implementation of interim guidelines, and reviewed and amended existing contracts. President Drake recognized those who lacked access to high-quality health care and those fighting for LGBTQ+ rights and reproductive rights. Some past affiliation contracts did not reflect UC values and added to the pain and suffering of

marginalized communities. The University acknowledged this history and expressed its support for those communities. UC has made changes to its contracts and would strive for a more equitable future for all. President Drake expressed his gratitude for the passion and input of those with strong feelings, opinions, and lived experiences. Through his entire career, he has worked to create a world in which all are respected and accepted. This issue presented two outcomes that were both right but incompatible with one another. The University believed that it could uphold its highest values by providing the best care possible to the greatest number of people. President Drake thanked Executive Vice President Byington for her leadership of UC Health and her dedication to achieving UC's mission.

### 3. **REMARKS OF THE CHAIR OF THE ACADEMIC SENATE**

Faculty Representative Gauvain provided an overview of the faculty position on UC Health affiliations, which was developed over many years in consultation with many faculty from various campuses, disciplines, and experiences, and both academic and medical experts. The Academic Senate also consulted with administrators from the Office of the President and UC Health and experts outside of UC. Based on these deliberations, the Academic Council has rejected affiliations with institutions that have policy-based restrictions on health care and whose care is not aligned the best scientific knowledge available. UC Health has a fundamental responsibility to practice the highest standard of medical care based on the best existing scientific knowledge, and to make this care available to everyone. Affiliating with providers with such restrictions was discriminatory, imposed institutional barriers to UC-level health care, undermined core values, and violated public trust. The Academic Council was not convinced that affiliating with these hospitals was the only way to expand health care to underserved communities, and it urged UC Health to foster affiliations with hospitals that did not restrict the delivery of medical best practices. The Academic Council also rejected the argument that discrimination at these hospitals would occur regardless of whether UC Health affiliated with them. UC could expand health care for Californians in many ways, so characterizing this as an “all or nothing” choice was misleading. Upon examination of available information, the Academic Senate's University Committee on Faculty Welfare (UCFW) acknowledged that there might be a need to affiliate with discriminatory entities if there was overwhelming evidence that it supported the greater common good. Ms. Gauvain asked that the Regents discuss how affiliations would occur under these circumstances. They would have to be monitored very closely according to controls such as the lack of other viable options, a limited time frame, and vetting by an independent panel of mostly biomedical ethicists who do not have a past, present, or future relationship with UC Health. Contracts must explicitly state that UC providers and trainees are exempt from policy-based restrictions, and UC should not profit from the affiliation. Faculty expected that UC Health would abide by the highest standards of integrity, practicing medicine based on the best scientific knowledge available and providing a high standard of care to all patients in settings where UC personnel work. Doing anything less would be to renounce the University's core values. Therefore, faculty opposed affiliations with entities that limited the University's ability to practice medicine according to these standards.

**4. REMARKS OF THE CHAIR OF THE BOARD**

Chair Pérez began his remarks by sharing his own experience with discriminatory policies and growing up in an underserved community. As a State legislator, he had authored legislation that created Covered California, expanded Medi-Cal eligibility, and grew the role of the California Office of Multicultural Health. The proposal language regarding UC Health affiliations acknowledged that policy-based restrictions of some hospitals limited services for women, LGBTQ+ people, and those facing death, and were not aligned with UC values. Rather, they seemed to write off the most marginalized, vulnerable, and increasingly targeted communities. The egregious nature of victims' experiences has added to Chair Pérez's concern about how UC navigates these questions. In his view, the top research university and healthcare system in the country should not present obstacles to certain groups or ask them to sacrifice their humanity to receive care. However, Chair Pérez had great respect for President Drake and Executive Vice President Byington, and he believed that the University has acted in good faith. However, the Regents were charged with ensuring that good faith becomes good policy, and that UC has the best policies, but the recommendation as currently drafted was not the University's best. He did not wish to see UC apologize because it chose policy-based restrictions over science and best practices. The current proposal was a good start, but UC must enact the best policy possible. There was a way to expand UC's delivery of health care to the underserved without diminishing them or trampling on their rights. With the appropriate adjustments to the current proposal, he believed that the University could work toward a better policy and ensure that it stands for health care, for humanity, and against discrimination.

**5. COMMITTEE REPORTS INCLUDING APPROVAL OF RECOMMENDATIONS FROM COMMITTEES**

Chair Pérez stated that the Chair of the Governance Committee would deliver a report on recommended actions and items discussed, providing an opportunity for Regents who did not attend a particular meeting to ask questions.

**Report of the Governance Committee**

The Committee presented the following from its meeting of June 23, 2021:

**A. *Approval of Appointment of and Compensation for Brent Colburn as Senior Vice President – External Relations and Communications, Office of the President as Discussed in Closed Session***

The Committee recommended the approval of the following items in connection with the appointment of and compensation for Brent Colburn as Senior Vice President – External Relations and Communications, Office of the President:

- (1) Per policy, appointment of Brent Colburn as Senior Vice President – External Relations and Communications, Office of the President, at 100 percent time.

- (2) Per policy, an annual base salary of \$415,000.
- (3) Per policy, a hiring bonus of 20 percent of base salary (\$83,000), which is intended to make the hiring offer market-competitive and to assist in securing Mr. Colburn's acceptance of the offer. The hiring bonus will be paid in two equal lump sums of \$41,500 each on or about September 1, 2021 and on or about September 1, 2022. The hiring bonus will be subject to the following repayment schedule if Mr. Colburn voluntarily separates from the University or voluntarily separates from this position to accept an appointment at another University of California location within two years of his appointment: \$41,500 if separation occurs within the first year of employment, and \$41,500 if separation occurs within the second year of employment, subject to the limitations under policy. Any unpaid hiring bonus will be forfeited at the time of separation if separation occurs for any reason.
- (4) Reimbursement of actual and reasonable moving and relocation expenses associated with relocating Mr. Colburn's primary residence, subject to the limitations under Regents Policy 7710, Senior Management Group Moving Reimbursement, except for the specific exceptions to policy listed below. If Mr. Colburn voluntarily separates from this position prior to completing one year of service or accepts an appointment at another University of California location within 12 months from his initial date of appointment, he will be required to pay back 100 percent of these moving and relocation expenses.
  - a. As an exception to policy, reimbursement for up to 180 days of actual and reasonable temporary housing-related expenses (i.e., cost of temporary lodging and reasonable residential parking fees).
  - b. As an exception to policy, reimbursement of furnished or unfurnished temporary lodging.
  - c. As an exception to policy, reimbursement of actual and reasonable expenses related to storage costs for household goods and personal effects for up to 180 days immediately after their removal from the former primary residence.
  - d. As an exception to policy, reimbursement of actual and reasonable expenses related to insurance for the household goods and personal effects while in transit, if incurred within 180 days after removal of the household goods and effects from the former primary residence.
- (5) Per policy, standard pension and health and welfare benefits and standard senior management benefits including eligibility for Senior Manager Life Insurance and eligibility for Executive Salary Continuation for Disability (eligible after five consecutive years of Senior Management Group service).

- (6) Per policy, eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
- (7) Mr. Colburn will comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
- (8) This action will be effective on Mr. Colburn's start date, which is estimated to be on or about August 30, 2021.

The compensation described above shall constitute the University's total commitment until modified by the Regents or President, as applicable under Regents policy, and shall supersede all previous oral and written commitments. Compensation recommendations and final actions will be released to the public as required in accordance with the standard procedures of the Board of Regents.

**B. *Approval of Appointment of and Compensation for Sharon Inkelas as Interim Vice Chancellor for Equity and Inclusion and Dania Matos as Vice Chancellor for Equity and Inclusion, Berkeley Campus as Discussed in Closed Session***

The Committee recommended the approval of the following items:

- (1) Appointment of and compensation for Sharon Inkelas as Interim Vice Chancellor for Equity and Inclusion, Berkeley campus, as follows:
  - a. Per policy, appointment of Sharon Inkelas as Interim Vice Chancellor for Equity and Inclusion, Berkeley campus, at 100 percent time, effective July 1, 2021 through June 30, 2022, or until a new Vice Chancellor for Equity and Inclusion, Berkeley campus, is appointed, whichever occurs first.
  - b. Per policy, an annual base salary of \$314,000 during the appointment as Interim Vice Chancellor for Equity and Inclusion, Berkeley campus, during a transition period from June 1, 2021 through June 30, 2021, and during a second transition period for up to two months following the start date of a new Vice Chancellor for Equity and Inclusion, Berkeley campus. At the conclusion of the second transition period, Ms. Inkelas's annual base salary will revert to her base salary in effect as of May 31, 2021 (\$290,433) plus any adjustments made under the UC Berkeley salary program during the interim appointment and/or the transition periods.
  - c. Per policy, continuation of standard pension and health and welfare benefits.



- d. Ms. Inkelas will comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
- (2) Appointment of and compensation for Dania Matos as Vice Chancellor for Equity and Inclusion, Berkeley campus, as follows:
- a. Per policy, appointment of Dania Matos as Vice Chancellor for Equity and Inclusion, Berkeley campus, at 100 percent time.
  - b. Per policy, an annual base salary of \$325,000.
  - c. Per policy, standard pension and health and welfare benefits and standard senior management benefits including eligibility for Senior Manager Life Insurance and eligibility for Executive Salary Continuation for Disability (eligible after five consecutive years of Senior Management Group service).
  - d. Per policy, eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
  - e. Per policy, reimbursement of actual and reasonable moving and relocation expenses associated with relocating her primary residence, subject to the limitations under Regents Policy 7710, Senior Management Group Moving Reimbursement.
  - f. Ms. Matos will comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
  - g. This action will be effective on Ms. Matos's start date, which is estimated to be on or about August 16, 2021.

The compensation described above shall constitute the University's total commitment until modified by the Regents, the President, or the Chancellor, as applicable under Regents policy, and shall supersede all previous oral and written commitments. Compensation recommendations and final actions will be released to the public as required in accordance with the standard procedures of the Board of Regents.

Upon motion of Regent Perez, duly seconded, the recommendations of the Governance Committee were approved, Regents Anguiano, Butler, Cohen, Drake, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Pérez, Reilly, Sherman, Stegura, Sures, and Thurmond voting "aye" and Regent Park abstaining.

6. **ADOPTION OF REGENTS POLICY ON AFFILIATIONS WITH HEALTHCARE ORGANIZATIONS THAT HAVE ADOPTED POLICY-BASED RESTRICTIONS ON CARE**

The President of the University of California recommended that the Regents adopt the Policy on Affiliations with Healthcare Organizations that have Adopted Policy-Based Restrictions on Care as shown in Attachment 2.

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Executive Vice President Byington opened her remarks by acknowledging that this was a complex, difficult, and emotional issue that was personal and painful for many. She noted that all healthcare institutions had policies that affected the care they delivered. For instance, federal institutions such as the Veterans Health Administration (VA) or the Indian Health Service prohibited in vitro fertilization, abortion, and some gender-affirming care. This presentation would focus on non-federal institutions that have policy-based restrictions on care. Three of UC Health's core values were directly relevant to this discussion: diversity and inclusion, collaboration, and accountability. UC Health was committed to diversity and inclusion and actively fought discrimination. Dr. Byington shared her experiences with discrimination and the near statistical impossibility of her role as Executive Vice President of UC Health as a Mexican-American woman. With regard to collaboration, UC Health believed that engagement was more effective and produced better results than exclusion and isolation. UC Health also valued accountability to its patients, students and trainees, colleagues, and the Regents. At each Regents meeting, UC Health endeavored to demonstrate accountability through transparency and data sharing. Understanding UC Health's systemwide goals—improving the health of all people in California; promoting health equity; and reducing barriers to access to clinical, educational, and research programs—could help contextualize the importance of affiliation. UC Health affiliated with over 3,000 healthcare organizations and providers, including public, private, for-profit, not-for-profit, and religious hospitals throughout California, in order to expand access beyond UC's campus geography, bring specialty services to underserved communities, reduce pressure on overcrowded UC facilities to make room for more complex cases, train the future work force, and facilitate the translation of new discoveries. All of UC's affiliations were critical to meeting its mission. Two percent of UC Health affiliates had non-federal, policy-based restrictions.

Dr. Byington presented the Healthy Places Index developed by the California Department of Public Health (CDPH), noting that five of six UC health centers were in healthier counties. Affiliations allowed UC to serve more people in higher-need communities. Disproportionate Share Hospitals (DSH) served more Medicaid and lower-income patients, and UC Health itself accounted for 15 percent of DSH beds. With affiliations with any type of hospital, UC reached 75 percent of all DSH beds and 95 percent of public DSH beds in the state. The care and support that UC provides at these facilities would end if affiliations were banned.

When concerns regarding affiliations were raised over two years ago, UC Health engaged in a multi-faceted process in partnership with the President of the University to better understand and improve its affiliations, agreeing that it had a significant responsibility to address these concerns and actively work for change. UC Health released interim guidelines while developing a policy. On behalf of UC Health, Dr. Byington apologized for the contracts that had failed to fulfill UC Health's core values. UC Health revised all such contracts, and the Working Group on Comprehensive Access was formed, with representatives from UC Health campuses, the Academic Senate, and the Regents, but the attempt at seeking a resolution was not successful. One of the things the University has learned during this process was that both UC and its critics shared the goal of respectfully caring for everyone. In January 2020, then President Janet Napolitano charged Dr. Byington to evaluate the impacts of affiliations on the UC system, and she delivered the report of that evaluation in March 2020.

Thousands of lives were transformed by the care UC was able to deliver through affiliation, and a ban on affiliations would jeopardize lives in the future. Dr. Byington shared examples of infants whose lives were saved by UC neonatal medical and surgical specialists because of affiliations, without which thousands of infants would lose access to life-saving care from UC physicians and trainees. In 2011, Tim Herman, in partnership with UCSF, opened the Peggy Herman Neuroscience Center at Providence Queen of the Valley Medical Center in Napa in memory of his wife. The Center was staffed 24 hours a day by UCSF-affiliated neurosurgeons to care for emergencies locally, preventing disabling or fatal delays. Since 2011, the Center has cared for over 1,200 inpatients and 2,300 outpatients.

Data has indicated that cancer patients who receive care at a National Institutes of Health comprehensive cancer center, like those at UC Health, had better outcomes and longer survival. These patients had access to specialists, clinical trials, and tumor boards. Through its affiliates, UC Health has been able to provide ongoing cancer care to tens of thousands of patients throughout California every year. Patients were less likely to receive care at a comprehensive cancer center if they belonged to the lowest socioeconomic group, were racial/ethnic minorities, or lived more than nine miles away. The UC Davis Cancer Care Network connected six community cancer programs, three of which were in hospitals with policy-based restrictions. One cancer program was at Mercy Medical Center in Merced, which served UC Merced faculty, staff, and students. The Network included a virtual tumor board that served people in rural areas.

UC Health has often been a lifeline to the poor and underserved. UC San Diego has partnered with Father Joe's Villages for nearly 30 years to provide primary care and mental health services to about 2,000 unhoused patients per year. This affiliation supported a residency training program that produced practitioners who were trained in both family medicine and psychiatry. There have been 40 graduates from the program to date. Dr. Byington shared a testimonial from one of the patients.

UC students and trainees would also be affected by a ban on affiliations. Training in underserved areas encouraged healthcare providers to remain there. A goal of opening the UC Riverside School of Medicine as a community-based medical school was to provide a

work force to serve the Inland Empire. Ending the affiliation with St. Bernardine Medical Center in San Bernardino would threaten medical student clinical placements, residencies, and the medical school's accreditation. UC trainees also accessed specialized training through affiliations, such as at the St. Francis Memorial Hospital Gender Institute in San Francisco, the first program in the world accredited as a center of excellence for gender confirmation surgery. UC's affiliation allowed trainees in plastic surgery and other disciplines to learn from experts there.

The health benefits network of UC employees, retirees, and students was the University's largest affiliation, and these employees, retirees, and students would also be affected. Allowing these affiliations to be part of UC's health benefits network while denying such benefits to UC's other patients, such as people of color and those from low-income communities, was not in line with UC values. Some within the UC community had limited medical resources. Merced and Santa Cruz had only one hospital each, and both hospitals had policy-based restrictions on care. Employees, retirees, and students would not have access to their local hospitals if affiliations were banned. Dr. Byington underscored that UC Health did not pursue affiliations for financial reasons. Affiliations were meant to meet the University's mission, and the price of ending affiliations would be borne by thousands.

Dr. Byington shared the progress that had been made on improving affiliation contracts so far. UC Health implemented interim guidelines in August 2019 to limit contract terms for orderly transition in the event that affiliations ended; eliminate the requirement of adhering to or enforcing religious directives; suspend location delegation; and defer action on major or long-term projects. Every contract was reviewed centrally to ensure compliance with the interim guidelines. All contracts with non-federal affiliates that required UC to comply with or enforce policy restrictions were amended, expired, or were terminated. New agreements ensured that UC personnel working or training on affiliate sites have agency and autonomy. They could make decisions consistent with standards of care and their independent professional judgment, respecting the needs and wishes of each patient. They could inform patients of all of their healthcare options, prescribe any necessary intervention, and transfer or refer patients to other facilities. The University has the discretion to terminate an agreement if it is inconsistent with UC values or policies.

California's response to the COVID-19 pandemic has relied on UC affiliations. Earlier in the pandemic, through its affiliation with St. Francis Memorial Hospital, UC Health staffed a COVID-19 unit with 48 new beds as hospitals throughout the state were reaching capacity. Affiliations have facilitated equitable vaccine distribution; earlier this year, UC Health, UC Merced, and Mercy Medical Center partnered to vaccinate 2,500 high-risk individuals. For over two years, UC Health has worked with affiliates to clarify policies, encourage transparency, and press them to document their commitment to equity and respectful care. Dignity Health has since publicly confirmed its commitment to provider autonomy and sought recognition in the Human Rights Campaign's Healthcare Equality Index, a leading evaluator of LGBTQ+ care in hospitals. Three Dignity Health facilities, two of which were set to affiliate with UCSF in 2019, were designated "Equality Leaders."

UC Health has worked with President Drake and others on the proposed Regents Policy and looked forward to being accountable according to the policy. Dr. Byington was committed to ensuring that UC Health always prioritizes patients, practices without discrimination, and supports health equity as a systemwide imperative. UC Health leaders, practitioners, students, and others related to the health enterprise agreed that affiliations are necessary to advance the University's mission, values, and role. The way forward required trust between stakeholders and UC Health leadership. If there is conflict, UC Health would always put patients first. Ending affiliations would not improve access to care and would not improve patient health. Many in need would be abandoned.

President Drake stated that the proposed Regental Policy created clearer expectations, better transparency, and more accountability; provided a comprehensive set of practices and expectations that protects students and healthcare workers; allows UC to provide high-quality care to the greatest extent possible and the most patients possible; and helps ensure that patients have access to all forms of care. Each UC Health location would verify that access to reproductive services, gender-affirming care, and end-of-life care would not be decreased as a result of affiliation. Contracts would affirmatively ensure the autonomy and agency of UC personnel or trainees, and no UC personnel or trainee would be compelled to work or train at a facility with policy-based restrictions on care. Accountability and notification requirements would include notifying patients of limitations on care at an affiliate facility; each UC Health location reporting annually to the Health Services Committee; conducting audits of all affiliates; and creating a systemwide clinical advisory committee. Some of UC's past affiliation contracts did not reflect its values, and discrimination runs counter to what makes UC an exceptional institution. Ending affiliations would reduce access to UC-quality health care for thousands of patients. While the pandemic revealed the critical need for better access to care and disparities in access, it also accelerated positive change such as reaching more underserved patients through telemedicine. UC had a responsibility to ensure that patients across the state had access to UC's best providers. President Drake acknowledged that UC Health was part of a deeply flawed healthcare system and that UC was working to improve that system. The proposed policy was the best path forward toward that future.

Chair Pérez asked if Father Joe's Villages had policy-based restrictions. Dr. Byington replied in the affirmative; it was her understanding that Father Joe's Villages was a member of a Catholic organization. Chair Pérez asked if Father's Joes Villages supervised UC doctors and interns while restrictions were in place. Dr. Byington replied that UC physicians practiced in its facilities but did not have the affiliation agreement on hand.

Chair Pérez, referring to the vaccination effort of 2,500 high-risk individuals by UC Health, UC Merced, and Dignity Mercy Medical Center, noted that the UC San Diego mass vaccination site administered about 2,500 doses of the vaccine in one day. Dr. Byington stated that this was correct.

Chair Pérez expressed deep concern about comments made by a Dignity Health executive during the public comment session. He viewed them as "pinkwashing," or making an LGBTQ+-friendly statement without basis in reality. The Human Rights Campaign sent a

letter to President Drake and the Regents on May 20, in which it took issue with false representation in the use of its Healthcare Equity Index and Dignity Health's misleading position on discrimination in the provision of health care. Chair Pérez asked if Dr. Byington was aware of this letter. Dr. Byington replied in the negative.

Regent Butler asked Dr. Byington explain to lay people how affiliations would expand access to health care. Dr. Byington replied that, by serving in affiliation facilities and sharing its expertise virtually, the University could serve communities that did not have UC facilities. By teaching in those areas, UC hoped to bring well-qualified UC students, interns, and residents into communities in which they might consider practicing.

Regent Sherman asked how an approved Regental Policy would be integrated into the Health Services Committee Charter, which had delegations of authority related to affiliations. Chair Pérez stated that any Regental Policy adopted would not change existing delegated authorities unless specifically expressed in the Regental Policy. General Counsel Robinson stated that existing Presidential Policy that is not compliant with the Regents Policy that is approved would have to be modified. In response to Chair Pérez's question, Mr. Robinson confirmed that the Regents Policy would not change any delegations of authority, but rather it could potentially change the scope of what the President could do within those delegations.

Regent Sherman suggested that the Regental Policy should state that it was subject to the Health Services Committee Charter. Chair Pérez suggested making note of elements that might be in conflict with or change a delegation of authority. Mr. Robinson stated that this should be done because of the hierarchy of various policies. The Health Services Committee was at the level of Bylaws and could potentially prevail over Regents Policy.

Regent Estolano asked if 35,000 current patients would not receive care from UC personnel if affiliations ended. Dr. Byington responded that this figure was correct as of fiscal year 2019. Regent Estolano asked if it was the case that UC personnel and students were currently subject to UC policy, not policy-based restrictions. Dr. Byington responded in the affirmative. UC Health amended its affiliation contracts to include those terms. Regent Estolano asked whether the proposed Regents Policy included more stringent requirements on non-discrimination. Dr. Byington stated that this was correct; the proposed Regents Policy was explicit regarding emergency care.

Regent Estolano asked if it was the case that, in addition to the proposed Regents Policy that took the interim guidelines further, there was a Presidential policy that provided more detail and some exceptions. Under the proposal, no person from UC could be subject to policy-based restrictions and must abide by UC requirements of evidence-based care. Dr. Byington responded in the affirmative, adding that UC would defend a trainee, student, or faculty member who felt that their judgment or ability to practice was impeded. UC could also terminate an affiliation if it believed that this had occurred.

Regent Estolano observed that the University's statement of non-discrimination pursuant to the prohibitions in the Unruh Civil Rights Act was in Presidential Policy but not Regents Policy. Chair Pérez stated that he agreed with Regent Estolano's observation.

Regent Estolano remarked that no affiliation agreements have been extended beyond one year because of the interim guidelines, and that the proposed policy was meant to codify the changes made in the last year. Dr. Byington responded in the affirmative. She reviewed all the affiliation agreements, and there were two COVID-related exceptions, one educational exception, and an extension of a cancer agreement.

Regent Reilly asked if affiliations were formed by UC reaching out to facilities or vice versa. Dr. Byington replied that affiliations could be formed either way. UC facilities were familiar with their local markets and the gaps in care. Vice Chancellor of UCLA Health John Mazziotta stated that UCLA Health had a large geographic footprint and patients who were closer to a community hospital that could be faith-based. Some hospitals, such as California Hospital Medical Center, approached UC to fill gaps in care.

Regent Reilly asked how realistic it would be to replace affiliations with facilities that had policy-based restrictions with other affiliations, and she asked about the percentage of affiliations that could be replaced. Chair Pérez replied that he did not believe that such an evaluation had been done. Dr. Byington challenged the assertion that it would be simple to replace one affiliation with another. Facilities serving Medi-Cal patients were very limited across the state. UC Health already affiliated with public and County facilities extensively. Facilities with policy-based restrictions were often the only ones in the region willing to see large numbers of Medi-Cal patients. UC Health was trying to gain a better understanding of the patients UC served at affiliate sites and the regions UC served, particularly at UC Merced, which has asked for UC-branded health care in that region. Similar analyses might have been conducted years ago, when the affiliations were created.

Chair Pérez stated that he analyzed a sample of affiliates with policy-based restrictions and possible replacements, and the results were varied. UC Riverside Vice Chancellor for Health Sciences and Dean Deborah Deas stated that the UC Riverside School of Medicine was a community-based medical school without a hospital and needed affiliations to train its medical students and residents. When Desert Regional Medical Center did not renew its family residency contract with UCR, Dignity St. Bernardine Medical Center was the only facility that accepted UCR's family residency program. Other facilities that UCR had contacted had their own residency programs, so the campus could not choose to affiliate with a facility without policy-based restrictions. Chair Pérez asked if Redlands Community Hospital was not willing to partner with UCR. Dr. Deas replied that, at this time, the hospital was not interested. Chair Pérez asked about Riverside Community Hospital, and Dr. Deas responded that it already had its own family residency program. Dr. Mazziotta explained that counties had networks with key nodes for specialties. Emergency medical services relied on these nodes to deliver the right patients to the right hospitals, and UC Health supported this by providing specialty coverage. These networks took years to establish and decades to perfect. UC Health was asked to work in these nodes, often in underserved and minority communities, because no one else would. Dismantling

affiliations could result in the collapse of networks, leading to layoffs and worse or no care for patients.

Regent Leib asked about the process of reviewing an affiliation when there are complaints. Dr. Byington replied that, to date, UC Health has received no complaints about values issues in these organizations. UC Health was considering the creation of an ombuds function for reporting. Complaints that UC Health receives would be referred to the Office of the General Counsel (OGC), and campuses involved in the affiliation would be determined.

Chair Pérez moved to amend the proposal as shown in Attachment 1A. First, all UC Health agreements with covered organizations would require that those covered organizations provide services on a non-discriminatory basis. This did not assume that every facility offered every procedure. UC should only enter into affiliations that do not make it a party to discrimination. Second, UC personnel should be permitted to provide any evidence-based care to any patient at a covered affiliate if transferring the patient would be detrimental to their care; this would not require the affiliate to provide care that it did not offer. Third, UC must not enter into any affiliations that do not comply with the approved Regents Policy and must phase out non-compliant affiliates no later than December 31, 2023, giving affiliates time to consider and come into compliance. Fourth, exceptions would be prohibited. Fifth, this amendment would provide a 60-day period to conform the Presidential Policy and other items to this amendment.

Regent Park asked if this was an amendment to the Regents Policy. Chair Pérez responded in the affirmative, adding that it would prohibit exceptions listed in the Presidential Policy.

Regent Park asked what would happen over the 60-day period. Chair Pérez replied that, on the first day, UC would give notice of a moratorium on affiliations with policy-based restrictions and that noncompliant agreements would terminate on December 31, 2023. New affiliations were expected to comply. The 60 days were reserved to refine the Presidential Policy because the President had no ability to review this in advance.

Regent Park asked how the proposed amendment differed from the statement of nondiscrimination in the Presidential Policy. Chair Pérez stated that the amendment would bring nondiscrimination language into Regents Policy.

Regent Park asked about the current standard for transferring a patient to another facility and what was considered detrimental to care. Chair Pérez replied that it was UC's expectation to protect the interests of patients. UC was trying to make its policy as patient-centered as it could. This amendment would make the policy of the Board explicit.

Regent Muwakkil, referring to Regent Park's question, asked how broadly care was being defined in the amendment, whether the definition of care could overlap with that of dignity, and if a provider would make that determination. Chair Pérez responded that the amendment aimed to protect the professional judgment of UC Health personnel.



President Drake noted the extensive discussion he had had with Chair Pérez, and he expressed support for the direction the amendment was taking. He agreed that exceptions should be minimized or excluded but asked how UC would address circumstances in which an exception would be necessary, such as a pandemic or public health emergency from now until December 2023. Chair Pérez stated that tests could be created for extenuating circumstances and the Regents Policy could be modified accordingly. He contrasted this with the broad discretion for exceptions in the proposal's original language.

Regent Sherman asked if the amendment would apply to an organization's multiple locations, which might differ in what they provide. Chair Pérez stated that it would apply to the location that was affiliated with UC. Regent Sherman raised the example of gender-affirming care provided at St. Francis Memorial Hospital's Gender Institute that would not be provided at other Dignity Health locations. Chair Pérez stated that facilities would not be expected to perform every procedure. Rather, they were expected to perform procedures that they did offer free of discrimination.

Regent Stegura expressed support for the amendment. She suggested that Presidential Policy include a provision stating that the Office of the President would approve affiliation agreements in order to ensure uniformity and that all elements of the Regents Policy are reflected. The interim agreements were reviewed centrally. Regent Stegura expressed support for removing chancellors from the affiliation process, because policy-based restrictions were different in different parts of the state.

Regent Cohen remarked that approaching affiliation on an individual contract basis was flawed. He expressed appreciation for the acknowledgment of the University's past decisions, because they affected trust in UC. He asked if the second part of the amendment changed anything in the proposed Regents Policy. Dr. Byington replied that transferring of a patient and the term "detrimental" needed significant clarification. Regent Cohen asked if, according to the proposed Regents Policy, decisions would always be made by UC doctors. Dr. Byington responded in the affirmative, adding that the intent of the proposed Regents Policy was to have UC doctors make medical judgments. In her view, the amendment contained ambiguity that could incorporate factors unrelated to the patient's medical condition. In response to Regent Cohen's question, Dr. Byington replied that "detrimental to a patient's care" was not a medical term, so it would have to be defined. President Drake noted that it was his intention in the proposed Regents Policy that the determination should be made by the UC doctor caring for the patient. Chair Pérez stated that this was also the intent of the amendment.

Regent Cohen shared that he interpreted the amendment as retaining the Regents' right to make exceptions to Regents Policy. In his view, this should not be delegated to others. Chair Pérez confirmed that this interpretation was correct; the Regents could adopt an exceptions policy that could be delegated to the President. Regent Cohen observed that, according to the amendment, exceptions would have to be proposed to the Board.

Mr. Robinson stated that the amendment needed some clarification. He suggested that the Regents vote on the proposed Regents Policy with the amendment, then allow OGC to

clarify the amendment and incorporate it into the Regents Policy, which would be presented back to the Board. The current language could raise construction issues. Regent Estolano underscored the gravity of adopting Regents Policy and agreed that the Board should vote on specific language after staff revise it.

Regent Butler questioned why UC was accepting injustice for a particular community and not using its prestige to demand justice for all. She asked how the amendment was different from what was originally proposed. Chair Pérez replied that the amendment would ensure that non-discrimination is a Regental expectation and that nothing other than science and the best practice of medicine would limit UC practitioners. While he took issue with some representations made in favor of affiliations, he acknowledged that there were benefits, and walking away from affiliations without evaluating if other ones were possible would do a disservice to all. The amendment would provide enough time for affiliates to consider how they could comply with Regents Policy, whether they wanted to continue their relationship with UC, and for UC to determine replacements. At the end of this process, UC should be able to serve more patients in compliance with the Regents Policy that is adopted.

President Drake shared that affiliation requests were rejected because they did not meet the interim guidelines. Offending language in some existing contracts was removed. He anticipated an active two years of engagement with affiliates to either narrow their restrictions or end relationships. While there were about 35,000 patients at affiliate facilities who used UC services, the number of patients who could potentially use UC services was much greater. Dr. Byington stated that she would use the next 60 days to better understand the amendment and seek affiliates' perspectives. Learning more about the patients UC served through its affiliates would help the University understand what was at stake if it were to lose one or more affiliations.

Regent Butler expressed her belief that UC was pursuing interconnectedness and wished to avoid injustice, but she was concerned that UC would be pushed back into injustice.

Regent Lansing remarked that the amendment would ensure justice and close possible loopholes. Services offered by an affiliate hospital would have to be offered to everyone. Affiliate hospitals would have to perform emergency procedures for the safety of the patients even if they did not usually perform such procedures. The University had to ensure that it would not slide back into injustice.

Faculty Representative Gauvain stated that the amendment was consistent with the view of the Academic Senate. She called for an independent oversight board to monitor decision points other than the one between physician and patient, such as who would evaluate the new affiliations. This body would provide a fair and objective appraisal of the necessity and merits of an affiliation and would also help the University maintain its reputation and stature as a public research and teaching institution.

Regent Leib asked why some parts of the amendment, the second part in particular, were underlined while others were not. Chair Pérez replied that the non-underlined portion provided more detail. Certain medical situations required actions that were not part of the

normal course of offerings at a hospital. The amendment aimed to protect the ability of UC personnel to act fully based on their professional medical judgment.

Regent Park shared her interpretation that the underlined portion of the amendment would be incorporated into the approved Regents Policy. She echoed Regent Stegura's suggestion to explicitly state who would be approving the affiliation agreements. Many things should be clarified through the Presidential Policy, including due diligence of alternatives.

Regent Reilly disclosed that she was a member of the boards of Dignity Health Foundation and CommonSpirit Health Foundation. She had consulted with OGC. These positions were voluntary and not compensated, so she had no conflict of interest and intended to vote.

Mr. Robinson read his characterization of the recommendation language: "The President of the University recommends that the Regents adopt the Policy on Affiliations with Healthcare Organizations that have Adopted Policy-Based Restrictions on Care, attached as Attachment 2 and amended consistent with the provisions set forth in [Attachment] 2A. President Drake will bring specific language incorporating the amendments to the Board in July."

Chair Pérez moved to modify his amendment so that it would be consistent with this characterization.

Upon motion duly made and seconded, the General Counsel's characterization of the Chair's amendment was approved, Regents Anguiano, Blum, Butler, Cohen, Drake, Elliott, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Rendon, Sherman, Stegura, Sures, and Thurmond voting "aye."

Upon motion duly made and seconded, the Chair Perez's amendment, Attachment 1A, was approved, Regents Anguiano, Blum, Butler, Cohen, Drake, Elliott, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Rendon, Sherman, Stegura, Sures, and Thurmond voting "aye."

Upon motion duly made and seconded, the recommendation of the President of the University, as amended, was approved, Regents Anguiano, Blum, Cohen, Drake, Elliott, Estolano, Guber, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Rendon, Sherman, Stegura, Sures, and Thurmond voting "aye" and Regent Butler abstaining.

The meeting adjourned at 5:30 p.m.

Attest:

Secretary and Chief of Staff

**DRAFT Regents Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care**

**POLICY TEXT**

1. Advancing the University's Public Mission. Prior to approving or executing any new or renewed affiliation with a health organization that has adopted policy-based restrictions on care (a "covered organization"), the sponsoring location must: (i) document the rationale for the affiliation, including any anticipated benefits or risks to the University's education, research, and service missions and to the broader patient community; and (ii) verify that access to policy-restricted services such as abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the affiliation. Under no circumstances may such an organization be granted responsibility or authority to operate or manage any University facility or program on behalf of the University.
2. Documenting Adherence to University Policies and Standards in all Affiliation Agreements. Agreements with covered health organizations must recite the University's role as a public entity and commitment to non-discrimination and evidence-based care; and must require all parties to comply with all federal and state anti-discrimination laws, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status). The University may not enter agreements with provisions that purport to require the University or its personnel or trainees to enforce or abide by policy-based restrictions on care including, but not limited to, religious directives, or that include any "gag clauses" interfering with their ability to counsel all patients on their treatment options. The University must retain the option to terminate such agreements if the University determines in its sole discretion that continued performance would be incompatible with its policies or values or that the affiliate has breached its promises to not restrict University providers' freedom to advise, refer, prescribe, or provide emergency items and services without restriction.
3. Strengthening Patient and Provider Protections. Each University location contracting with healthcare organizations that have adopted policy-based restrictions on care must develop and implement a process to inform UC patients, faculty, staff, and trainees: (i) about such restrictions at sites to which they may be referred or assigned; (ii) that such referrals or assignments are voluntary; and (iii) and that information about alternative sites for care, practice, and training will be provided upon request. Each location must also develop a process to transfer patients who need restricted services to a UC or other location where the services can be provided. Processes for receiving, evaluating, and resolving complaints or grievances must also be developed and implemented.
4. Ensuring Reporting and Transparency. Each University location (including the Office of the President with respect to systemwide or multi-campus agreements) must provide an annual report to the Regents Health Services Committee: (i) listing all new or renewed arrangements with covered organizations; (ii) summarizing complaints or grievances received from patients, students, faculty, and staff, as well as their resolution; (iii) providing quality monitoring data consistent with systemwide quality guidelines; and (iv) reporting on

any identified noncompliance with the above standards. The first report, due in June 2022, must list all current arrangements with such institutions.

5. Implementation and Accountability. The President shall issue a systemwide policy to implement these requirements after consultation with the chancellors and representatives of the Academic Senate and UC Health. One year after implementation of that policy, the Office of Ethics, Compliance, and Audit Services shall conduct an audit of an appropriate sample of then-current contracts with covered affiliates to ensure their compliance with such policy. Thereafter, the frequency and scope of audits shall be determined by ECAS in consultation with the chairs of the Audit & Compliance Committee and the Health Services Committee.

## **NO RIGHT OF ACTION**

This policy is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the University of California or its Board of Regents, individual Regents, officers, employees, or agents.

## **PROCEDURES AND RELATED DOCUMENTS**

**[LINK TO PRESIDENTIAL POLICY]**

1. First, UC should only affiliate with covered organizations that agree to offer care on a non-discriminatory basis. In other words, if a covered organization offers a particular medical procedure or service, then—if that organization wants to affiliate with UC—it must provide that procedure or service to all patients on a non-discriminatory basis.
  - a. To be clear: no hospital is required to affiliate with UC. But the University of California should only enter into affiliations that do not make it a party to discrimination.
  - b. So I move to amend the Proposed Regents Policy by adding an express provision in all UC Health agreements with a covered organization that requires the affiliate to offer any service it chooses to provide on a non-discriminatory basis.
2. Second, UC personnel working at a covered affiliate should be permitted to provide any evidence-based, medically-indicated care to any patient at a covered affiliate, if transferring that patient to another facility would be detrimental to the patient's care. If UC personnel determines, in their professional judgment, that transferring the patient to another facility would be detrimental to that patient's care, then UC personnel should be allowed to provide any care necessary at a covered affiliate's site. To be clear, this requirement is not intended to require that a covered affiliate provide in the first instance any service or care that is not offered, for logistical or other reasons, at the covered organization, but would apply to any service or care the patient may need after care is initiated at a covered affiliate.
3. Third, the UC should not enter into any new affiliations that do not comply with this new policy on covered affiliations, and it should phase out any non-compliant affiliations no later than December 31, 2023. This gives existing affiliates two and a half years to consider these requirements and to come into compliance.
4. [No exceptions to these contractual conditions should be permitted. The proposed policy as drafted allows the Chancellor to approve exceptions to the policy's requirements. I would amend the policy to delete this provision.]
5. My motion provides for a 60 day period to review and refine the specific language that implements these three additions.