

The Regents of the University of California

**HEALTH SERVICES COMMITTEE**

June 15, 2022

The Health Services Committee met on the above date at Carnesale Commons, Los Angeles campus.

Members present: Regents Park, Pérez, Sherman, and Sures; Ex officio members Drake and Leib; Executive Vice President Byington; Chancellor Hawgood; Advisory members Marks and Ramamoorthy

In attendance: Regents Makarechian and Torres, Regent-designate Timmons, Faculty Representatives Cochran and Horwitz, Secretary and Chief of Staff Shaw, Deputy General Counsel Nosowsky, Vice President Nation, and Recording Secretary Johns

The meeting convened at 10:05 a.m. with Committee Chair Pérez presiding.

**1. APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meetings of February 16 and March 16, 2022 were approved, Regents Leib, Park, Pérez, Sherman, and Sures voting “aye.”<sup>1</sup>

**2. PUBLIC COMMENT**

Committee 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 Committee concerning the items noted.

A. Lori Friedman, Associate Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at UCSF, noted that she had conducted research on restrictions on reproductive care in Catholic hospitals in the U.S. She referenced cases in which care was denied to patients for whom pregnancy was dangerous and to transgender patients, and miscarriages that were poorly managed because there were restrictions on doctors. Ms. Friedman expressed appreciation for the University’s efforts in revising its contracts with affiliates that restrict reproductive care. Nevertheless, it appeared that UC’s policy as written would require UC clinicians to deny care. Catholic directives would still restrict care in Catholic healthcare facilities. Ms. Friedman stated that Regents Policy 4405, Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care, only allowed clinicians to perform restricted procedures if not doing so risked “material deterioration to the patient’s condition.” It appeared that,

---

<sup>1</sup> Roll call vote required by the Bagley-Keene Open Meeting Act [Government Code §11123(b)(1)(D)] for all meetings held by teleconference.

as written, the policy for covered affiliations still did not allow UC doctors to function fully in their role, including the ability to perform the full range of standard procedures for reproductive health. Ms. Friedman suggested amending the policy and adding language asserting that clinicians have the right to make clinical decisions and perform procedures consistent with the standard of care.

- B. Jessica Gipson, Associate Professor at the UCLA Fielding School of Public Health stated that, as a researcher on reproductive health, she had worked globally and domestically, including in studies and cases where access to contraception and abortion was restricted by law that was based on religion rather than on evidence. These restrictions not only limit provider and patient autonomy but can also result in adverse health and social outcomes. These adverse outcomes are often particularly pronounced among low-income, medically underserved populations, communities in which non-Catholic-affiliated healthcare options may be particularly limited. Ms. Gipson expressed concern about UC policy, which appeared to be in direct contradiction to efforts to expand and enhance sexual and reproductive healthcare in California with the anticipated dismantling of *Roe v. Wade*. The California Future of Abortion Council was working hard to prepare California and its workforce for the critical role California would have in continuing to provide abortion services to Californians as well as caring for abortion refugees from states where these services were restricted. UC policy would require providers to deny basic and necessary healthcare services and would impede learning by and training of UC trainees and providers in the provision of comprehensive and critically needed sexual and reproductive health services. Section 3 (iii) of Regents Policy 4405 stated that UC providers in non-UC facilities can inform patients of options and transfer or refer patients for care. However, with time-sensitive care such as abortion, unnecessary referrals and delays in care result in suboptimal patient experiences, fewer options for care, as well as an increase in the cost, time, and complexity of the process. Ms. Gipson asked that the Regents include language in the policy which would allow UC providers to provide evidence-based, medically indicated care that allows for physician discretion and prioritization of the patient above and beyond religious mandates.
- C. Jody Steinauer, Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at UCSF, expressed her opposition to Regents Policy 4405. As it was currently written, it betrayed UC values by requiring UC providers to limit the care they provide to patients and by harming trainees and their future patients. As currently written in policy, the allowable tasks of informing patients of options and transferring or referring patients were insufficient to appropriately care for UC patients. UC providers must also be allowed to perform procedures. UC trainees must learn patient-centered, evidence-based care. People trained in restrictive hospitals do not learn the basic skills they should. Many obstetrics and gynecology (OB/GYN) residents trained in hospitals that restrict their practice graduate not feeling comfortable in important contraceptive and abortion skills. They are not prepared to place an intrauterine device (IUD), provide postpartum sterilization, offer comprehensive early pregnancy loss care, or perform an abortion

to save someone's life. With the U.S. Supreme Court about to overturn *Roe v. Wade*, one was heading into a crisis for patients and providers. Almost half of OB/GYN residency programs were in states that were certain or likely to ban abortion in the near future. This was the time for UC to be a leader in providing and training people in evidence-based care. Section 3 (iii) in Policy 4405 must be amended to indicate that UC providers can perform procedures. Without this change, UC's care for California patients was compromised, and the care UC learners would provide to future patients would also be compromised. Dr. Steinauer also recommended that the policy language exempt the U.S. Department of Veterans Affairs (VA), because the VA was subject to federal regulations, not regulations based on religion. She asked that the Regents amend Policy 4405.

- D. Amy Autry, Professor at the UCSF School of Medicine and at UCSF-Fresno, expressed concern about Regents Policy 4405. If a patient is having a cesarean section and wants a sterilization, to deny this and make her go elsewhere for a second procedure is detrimental to patient care and exposes her to additional risks in surgery. Current UC policy expected that a patient would be transferred out for certain kinds of care unless transfer would result in a material deterioration in the patient's condition. Material deterioration refers to physical harm on the order of malpractice. Denying a tubal ligation during a cesarean section or allowing a woman to cramp and bleed indefinitely during miscarriage does not necessarily lead to material deterioration, but it may lead to complications in later tubal ligation or to trauma from the delay in treatment. Dr. Autry described this as bad and unethical care. She was concerned about patients in the Central Valley, who have poor access to care and who would not receive evidence-based, standardized care. She was also concerned about UC trainees, especially those in the Central Valley, who might learn subpar care and apply this in their future practice, most likely in the Central Valley. Dr. Autry asked that the Regents amend policy so that it allows providers to perform procedures to protect UC patients and trainees in California, particularly in the Central Valley.

President Drake then presented remarks. At the close of another academic year, he reflected on how much had been accomplished at campuses and medical centers despite the continuing pandemic. New COVID-19 variants were continuing to emerge. Numbers of infections were increasing, and real numbers of infections were higher than the number of those reported. In spite of these developments, the campuses were able to complete the year with in-person classes and to continue with critical research and operations. The University continued to follow the guidance of public health officials and to encourage vaccination, mask wearing, and other protective measures. It was these measures that had allowed UC to maintain some form of normalcy over the past months. President Drake thanked all at UC who had worked diligently over the last two years and longer to keep the institution moving forward.

About a year prior, in the midst of the pandemic, the Regents discussed the University's affiliations with healthcare providers that have policy-based restrictions on care. With the leadership of Committee Chair Pérez and others, and with the advice and guidance of many

experts and stakeholders from within and outside the University, UC had arrived at a solid policy that creates clear expectations, more transparency, and greater accountability. Since then, many people across UC have worked to implement this policy and to ensure that the University's affiliation agreements reflect UC values.

President Drake recognized Vice President Cathryn Nation, who was retiring after more than 30 years of service to the University, and much of that service to UC Health. Throughout her career, Dr. Nation has been focused on access, equity, diversity and inclusion in the health sciences and in the health professional workforce. This included the development and expansion of the highly effective Programs in Medical Education (PRIME), working with UCSF to expand medical education and programs in the San Joaquin Valley, and to support the expansion of the UC Riverside School of Medicine. Dr. Nation had also represented UC in State and national settings. She began her career at UC, earning her bachelor's degree at UC Davis, and then received her medical degree at the UCSF School of Medicine. President Drake expressed gratitude for Dr. Nation's years of distinguished service. Her expertise and commitment to UC's mission had been valuable assets that resulted in better education, better medical care, and improved the lives of many.

### 3. **UPDATE FROM THE EXECUTIVE VICE PRESIDENT OF UC HEALTH**

[Background material was provided to the Committee 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 began the discussion by thanking Advisory member Hernandez, whose term on the Committee was ending, and UC San Diego Health Sciences Vice Chancellor David Brenner, who was retiring.

Dr. Byington reported on new developments and data regarding COVID-19. Recent data indicated that COVID-19 vaccines during pregnancy not only protect the pregnant woman but also her infant. Vaccination during pregnancy protects an infant for the first four months after birth.

New vaccines were forthcoming. The U.S. Food and Drug Administration (FDA) advisory group had recommended authorization of the Novavax vaccine, a protein-based vaccine that some might find preferable to an mRNA vaccine. On the prior day and today, the FDA was meeting to discuss vaccination for children. The prior day, the FDA had approved use of the Moderna vaccine for children aged six to 17 years, and today, the FDA was considering vaccination for the youngest children, younger than five years.

A new study on mask wearing in community settings, the largest such study to date, covered 55 countries and 37 U.S. states including California. The study found that the mean observed level of mask wearing corresponded to an approximately 19 percent decrease in the R nought or reproduction number of the virus.

More data were emerging about the outcomes of COVID-19 infection. A recent study of neurodevelopmental outcomes of infants born to mothers who tested positive for SARS-

CoV-2 during pregnancy showed that, unfortunately, these infants have increasing neurodevelopmental sequelae if they are exposed to the virus during the pregnancy. Third-trimester infection was associated with effects of larger magnitude.

Another study indicated that child mortality from COVID-19, especially during the prevalence of the Omicron variant, was significantly higher than from influenza. A study by the UCSF Gladstone Institutes showed that natural immunity from infection with the Omicron variant is weak and limited; without vaccination, it fails to confer robust immunity against other COVID-19 variants. Data published the prior month by the Centers for Disease Control and Prevention indicated that one in five adults age 18 or older have a health condition that might be related to previous infection by COVID-19.

The U.S. was currently in a COVID-19 surge that was similar to the Delta variant surge. The reporting of cases was lower than real numbers because much testing was occurring in the home setting, without reporting to public health agencies. California was also experiencing an increase in the number of cases, with about 34 to 35 cases per 100,000 population. An important public health goal has been to keep case counts below ten per 100,000. In UC hospitals, there was an upward trajectory of hospitalizations, with 174 this week. This number was similar to the number during the Delta variant wave but lower than that for the Omicron variant wave. It was believed that the combination of vaccinations and past infections was modifying acute infections and lowering the risk of and need for hospitalization.

Dr. Byington presented a chart with COVID-19 variants prevalent in the U.S. over a number of months and drew attention to Omicron variants four and five, which were starting to be recognized. These variants were more infectious than those that had come before and might prolong the current wave of COVID-19.

Dr. Byington then discussed activities and aspects of UC Health not related to the COVID-19 pandemic. UC Health schools had been recognized as national leaders in graduate school rankings for 2023 by *U.S. News and World Report*, with top rankings in the areas of research, primary care, and diversity.

The California Medicine Scholars Program was a new program that would help prepare a pipeline for a diverse physician workforce, encouraging students from groups underrepresented in medicine to enter medical school. All UC medical schools were participating in this program, and four had been named anchor institutions: UCSF, UCSF-Fresno, UC San Diego, and UC Riverside.

In the past month, the UC Davis Medical Center was recognized with an accreditation for geriatrics in the emergency department. The UCLA Health System was recognized as one of the best employers in the U.S., as a large employer, as an employer for diversity, and as an employer of recent graduates. UC Irvine Health had also received recognition as a community health center: as a health center quality leader, as an access enhancer, as a health disparities reducer, and as a leader in COVID-19 vaccinations.



















































Student observer Steven Gong referred to the UC Health annual report on community benefit and impact and praised UC Health for being in the 75th percentile of California not-for-profit hospitals in terms of percentage of their operating expenses devoted to community benefit. Approximately 22 of the 100 hospitals presented in one chart had a greater percentage than UC. UC Health should learn from the example of these hospitals in which areas it could improve. Mr. Gong asked how UC could improve its community benefit through financial assistance and Medicaid-subsidized services and requested more data explaining why UC medical centers' net community benefits decreased by \$90 million compared to the prior year. If this was due to Medicaid supplemental payments, he asked if this was the case just at UC Health, or more widely. With respect to post-acute sequelae of SARS-CoV-2 infection (PASC) and long COVID, Mr. Gong commented that diagnosing PASC depended on access to adequate testing, which was harder to obtain in lower-income, historically marginalized communities. UC Health's ability to treat PASC depended on its ability to continue to provide COVID testing and make testing accessible, especially for the vulnerable populations UC Health serves. UC Health excels at providing interventional health care, but PASC and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) demonstrated that much more work remained to be done on the social determinants of health and preventative long-term treatments. Referring to the discussion of the implications of the *Dobbs v. Jackson Women's Health Organization* case for the University and the anticipated overturning of *Roe v. Wade* by the U.S. Supreme Court, Mr. Gong was happy to hear that work was being done to keep California as a safe haven for people seeking abortion services. UC Health had a critical role to play in this as a national leader in health care.

The meeting adjourned at 1:55 p.m.

Attest:

Secretary and Chief of Staff