

The Regents of the University of California

HEALTH SERVICES COMMITTEE

October 11, 2023

The Health Services Committee met on the above date at the UCSF–Mission Bay Conference Center, San Francisco campus and by teleconference at 4751 Wilshire Boulevard, 12011 San Vicente Boulevard, and 425 Westwood Plaza, Los Angeles; 18 West 56th Street, New York, New York; and 106 E. Babcock Street, Bozeman, Montana.

Members present: Regents Guber, Park, Pérez, Reilly, Sherman, and Sures; Ex officio members Drake and Leib; Interim Executive Vice President King; Chancellors Gillman and Hawgood; Advisory members Marks and Ramamoorthy

In attendance: Regent Batchlor, Faculty Representatives Cheung and Steintrager, Staff Advisor Emiru, Secretary and Chief of Staff Lyall, Acting Deputy General Counsel Sze, and Recording Secretary Johns

The meeting convened at 10:00 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 July 19 and August 9, 2023 were approved, Regents Drake, Leib, Park, Pérez, Reilly, and Sures voting “aye.”¹

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. Aditi Hariharan, UC Davis student and member of the UC Student Association (UCSA), urged the University to increase sexual assault forensic examination training for nurses, which would decrease travel time to off-campus clinics, currently an average distance of 12 miles, for students to access these exams. Students were eager to discuss this matter with Regents and UC administrators. Some campuses, such as UC Merced, had limited access to any general nursing or medical care.

B. Roan Thibault, UC Davis student and member of Students Demand Action, drew attention to gun violence on college campuses and in the wider community. The

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

gun industry amassed \$9 billion annually. The University should amend its investment policy and divest from the gun industry.

- C. Jennifer Ding, an optometrist at UC Berkeley, stressed that optometrists are frontline, essential workers and often the first healthcare providers to become aware of life-threatening issues. Patient access is essential, since waiting months to receive eye care can have dire consequences. Dr. Ding commented that compensation for UC optometrists did not reflect the cost of living, and this led to difficulties in recruitment and retention. She urged UC to bargain in good faith with union representatives.
- D. Matias Campos, pharmacist and assistant clinical professor at UCSF and lead bargainer for the optometrist group in the University Professional and Technical Employees (UPTE), stated that UC optometrists address the most complex eye cases in California. Their role is uniquely designed to increase access to high-quality care. Recruitment and retention issues had led to unacceptable wait times for care, as much as six to nine months at some UC medical centers. Dr. Campos exhorted the University to settle negotiations with UPTE with an offer that would transform optometry and ophthalmology at UC.
- E. Timothy Scott Liegler, optometrist at UC Irvine, emphasized his love for his work and appreciation for working at UC and asked the University to respectfully consider the requests of UC optometrists.
- F. Valeria Cantor Mendez, UC Davis student and UCSA member, reiterated comments made by Ms. Hariharan. She noted that UC Merced is located in a county with insufficient nursing and healthcare staff in general. The University should consider health infrastructure needs in the Central Valley.
- G. Connor Chang, a volunteer with Students Demand Action at UC Davis, indicated that, in an average year, guns kill 40,000 people in the U.S. and wound twice as many. This was an important public health issue. Mr. Chang asked the University to amend its investment policy to exclusively restrict gun industry investments.
- H. Roxana Khorrami, optometrist at UCLA, stated that optometry at UC had been overlooked in terms of career growth and compensation, with negative impacts on recruitment and retention of skilled optometrists and on patient care. Recent graduates often joined UC to gain experience but left due to limited career prospects and inadequate compensation, which resulted in high turnover rates.
- I. Kayla Garcia-Pebdani, UC Davis student and member of Students Demand Action at UC Davis, repeated remarks made by Mr. Thibault and Mr. Chang, and asserted that the University has a moral responsibility to use endowment money in a way that benefits students.

- J. Ignacio Santana, an occupational medicine resident at UCSF and member of the Committee of Interns and Residents of the Service Employees International Union (CIR/SEIU), thanked the Office of the President for the recent executive order aligning policy across residency programs. Dr. Santana described his own experience of licensing delay by the Medical Board of California. While his situation had been favorably resolved, some residents had lost their residency positions, and some had not been compensated for their work.
- K. Dayna Isaacs, an internal medicine resident at UCLA and CIR/SEIU member, asked that the executive order aligning policy across residency programs be amended to protect physicians who are on leave as well as in-state new hires, residents who move from another California program to UC. Dr. Isaacs requested that UC declare that all new hires who meet the requirements would not face employment delays and be eligible for research or administrative time.
- L. Miguel Craven, president of the Associated Students of UC Merced, raised the issue of health care in the Central Valley, for both Central Valley residents and UCM students. He reported that students had experienced long wait times and had not received appropriate care for various conditions. As the University planned to expand the UCM campus and grow the student population, ensuring that the healthcare infrastructure is adequately developed must be a priority.
- M. Itzel Aguilar, UC Merced student, expressed a lack of confidence in the quality of healthcare services available to students on campus and reported that students felt uncomfortable about the care they receive. The quality of health facilities and services on campus was a growing concern.
- N. Neel Chaudhary, UC Merced student, reported that students in Merced had access to only one emergency room. He related an experience of his own, when he did not receive a necessary IV drip in preparation for a CT scan with contrast. Overall, the quality of health care in the Central Valley was below average, and this negatively affected UCM students. Students without UC Student Health Insurance Plan (UC SHIP) coverage were unable to access the health center on campus and might wait until they were extremely ill to seek services off campus. This situation would be alleviated if the health center accepted third-party insurance.
- O. Yazbeck Muro, UC Merced student, spoke of the difficulty students faced in obtaining healthcare services. Appointments were constantly backed up, and delays in care and treatment led to negative outcomes.
- P. Ari Huffman, UC Merced student, noted that the San Joaquin Valley had the lowest supply of physicians in California, with a ratio of 39 doctors per 100,000 residents, 22 percent lower than the state average. Merced County had only two hospitals. Ms. Huffman shared that she had a disability and had waited five or six hours in the emergency room before receiving care. Other students reported having similar experiences.

- Q. Ariana Banuelos, UC Merced student, referred to inadequate healthcare services available in Merced County. UC SHIP did not cover essential needs, and it was difficult to get appointments. Access to mental healthcare services was even more difficult. There was a need for more medical staff at UCM and in the county in general.
- R. Matthew Alvarez, UC Merced student, described his experience of having a broken wrist, having to travel 40 minutes from Merced to see a doctor, and receiving substantial care only five days later due to high demand and the scarcity of doctors in the area able to perform the splint procedure. He emphasized the scarcity of medical resources in the Merced area.
- S. Mia Terry, UC Davis student, commented that people with disabilities were more likely to become victims of sexual violence. She stressed the positive impact of primary preventative efforts such as effective educational programs and outreach. She urged the Regents to allocate sufficient funding for Campus Advocacy, Resources, and Education (CARE) offices systemwide and for the provision of a variety of resources, and to consider creative solutions to address insufficient healthcare services for students at UC Merced.
- T. Ben Schardt, UCLA student, stressed the need for investing more in campus CARE offices, which were understaffed and under-resourced. Insufficient staffing had a direct, negative impact on survivors of sexual assault. He urged the University to ensure adequate funding and staffing as well as availability of various programs for sexual assault survivors such as healing activities, supplemental counseling services, and 24-hour hotlines.

The Committee recessed at 10:30 a.m.

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 The Committee reconvened at 11:05 a.m. with Committee Chair Pérez presiding.

Members present: Regents Guber, Park, Pérez, Reilly, Sherman, and Sures; Ex officio members Drake and Leib; Interim Executive Vice President King; Chancellors Gillman and Hawgood; Advisory members Marks and Ramamoorthy

In attendance: Regents Batchlor, Ellis, Hernandez, Raznick, and Tesfai, Faculty Representatives Cheung and Steintrager, Staff Advisor Emiru, Secretary and Chief of Staff Lyall, General Counsel Robinson, and Recording Secretary Johns

President Drake welcomed incoming Executive Vice President, UC Health David Rubin, M.D. and thanked Interim Executive Vice President King for his service in the interim role. He noted that, the day before, the National Academy of Medicine had announced the election of 100 new members. He congratulated the four new UC members from UC Irvine, UCLA, UC San Diego, and UCSF. President Drake referred to an item to be discussed later at this meeting, an update on

the medical licensure process for residents and fellows. He thanked leaders and staff in State Governmental Relations, Health Policy and Regulatory Affairs, and Academic Health Sciences whose collective effort and strong advocacy helped to bring about policy improvements and changes in State law regarding the medical licensure process.

Committee Chair Pérez urged UC Health to come to an agreement with Anthem Blue Cross so that UC Health patients would not find themselves out of network. This was a matter of concern for the State Legislature.

3. APPROVAL OF APPOINTMENT OF AND COMPENSATION FOR MADELYN “MADDY” PEARSON AS CHIEF NURSING EXECUTIVE, UCSF HEALTH, SAN FRANCISCO CAMPUS AS DISCUSSED IN CLOSED SESSION

The President of the University recommended that the Health Services Committee approve the following items in connection with the appointment of and compensation for Madelyn “Maddy” Pearson as Chief Nursing Executive, UCSF Health, San Francisco campus:

- A. Per policy, appointment of Madelyn “Maddy” Pearson as Chief Nursing Executive, UCSF Health, San Francisco campus, at 100 percent time.
- B. Per policy, an annual base salary of \$641,800.
- C. Per policy, a hiring bonus of 20 percent of base salary (\$128,360), which is intended to make the hiring offer market-competitive and to assist in securing Ms. Pearson’s acceptance of the offer. The hiring bonus will be paid in a lump sum subject to the following repayment schedule if Ms. Pearson separates from the University or accepts an appointment at another University of California location within two years of her appointment: 100 percent if separation occurs within the first year of employment and 50 percent if separation occurs within the second year of employment, subject to the limitations under policy.
- D. Per policy, eligibility to participate in the Clinical Enterprise Management Recognition Plan’s (CEMRP) Short Term Incentive (STI) component, with a target award of 15 percent of base salary (\$96,270) and maximum potential award of 20 percent of base salary (\$128,360), subject to all applicable plan requirements and Administrative Oversight Committee approval. Any actual award will be determined based on performance against pre-established objectives and may be prorated in Ms. Pearson’s first year of participation based on her hire date. If Ms. Pearson’s hire date is on or before January 2, 2024, she will be eligible to participate in the STI component of CEMRP starting in the 2023–24 plan year, which started on July 1, 2023 and ends on June 30, 2024. If Ms. Pearson’s start date is after January 2, 2024, she will be eligible to participate in the STI component of CEMRP beginning in the 2024–25 plan year, which starts on July 1, 2024 and ends on June 30, 2025. Ms. Pearson’s first possible STI award will be determined following the close of the plan year when she is first eligible to participate.

- E. Per policy, reimbursement of actual and reasonable moving and relocation expenses associated with relocating Ms. Pearson's primary residence, subject to the limitations under Regents Policy 7710, Senior Management Group Moving Reimbursement. If Ms. Pearson 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 of her initial date of appointment, she will be required to pay back 100 percent of these moving and relocation expenses.
- F. Per policy, eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.
- G. 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 after five consecutive years of Senior Management Group service.
- H. For any outside professional activities, Ms. Pearson will comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.
- I. This action will be effective as of Ms. Pearson's hire date, estimated to be on or about December 27, 2023.

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.

[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.]

Vice President Lloyd briefly outlined some of the terms of the proposed appointment of and compensation for Madelyn "Maddy" Pearson as Chief Nursing Executive, UCSF Health, at the San Francisco campus. The proposed hiring bonus, 20 percent of the proposed base salary, was within policy. This was a Level Two position in the Senior Management Group. The proposed base salary exceeded the 75th percentile of the Market Reference Zone for this position; therefore, this action required approval by the Regents.

Upon motion duly made and seconded, the Committee approved the President's recommendation, Regents Drake, Guber, Leib, Park, Pérez, Reilly, Sherman, and Sures voting "aye."

4. **APPROVAL OF INCENTIVE COMPENSATION USING HEALTH SYSTEM OPERATING REVENUES FOR FISCAL YEAR 2022–23 FOR CARRIE BYINGTON, M.D. AS EXECUTIVE VICE PRESIDENT – UC HEALTH, OFFICE OF THE PRESIDENT AS DISCUSSED IN CLOSED SESSION**

[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.]

Committee Chair Pérez explained that the Committee had decided to defer action on this item.

5. **MEDICAL OPTIONS AT THE UNIVERSITY OF CALIFORNIA FOR VICTIMS OF SEXUAL ASSAULT**

[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.]

Systemwide Title IX Deputy Director Isabel Alvarado Dees presented information on UC resources and programs to ensure provision of legally required services for survivors of sexual assault; specifically, access to confidential advocates, medical treatment, sexual assault forensic examinations performed by certified professionals, and transportation to and from these exams, all free of cost to survivors. These rights are enshrined in law and this is in large part due to student and survivor advocacy. Ms. Dees acknowledged the complexity and difficulty of this topic and the emotional and mental toll that speaking on this topic can take. She thanked students, staff, and faculty who had shared their own experiences to advocate for greater awareness and resources for survivors.

After experiencing harm or assault, a survivor may wish to seek medical attention to treat any possible visible or invisible injuries, check for injuries they may not be able to see, be tested for sexually transmitted infection exposure, and potentially complete evidence collection. Survivors are entitled to sexual assault forensic exams from a trained medical professional free of charge. Every survivor has the right to have a support person with them at all phases of the medical and legal process including the exam, as well as the right to transportation to and from the medical examination. Survivors can choose among three options: to access medical treatment only, an investigative sexual assault forensic exam (SAFE), or a non-investigative SAFE. All UC locations offer both on-campus and off-campus options for medical treatment only. This ensures access to emergency contraception, screening for HIV and sexually transmitted infections, pregnancy tests, and other medical care, including access to mental health support.

The sexual assault forensic exam is designed to gather evidence of the sexual assault and provide healthcare services. A sexual assault forensic medical exam is intended to collect forensic evidence for use in the criminal prosecution of the person who perpetrated the sexual assault. The medical exam is performed by a healthcare professional with specialized training in working with survivors and collecting samples who will be available to testify in the subsequent prosecution. Medical and mental health treatment are available

as part of the exam. A non-investigative SAFE allows provision of medical attention and collection of evidence by a sexual assault nurse examiner (SANE) to ensure that the immediate needs of the survivor are met and a decision about whether to proceed with an investigation can be made outside the trauma window by the survivor.

All UC campuses offer medical treatment on site at each UC student health center. There are a limited number of facilities designated by the Attorney General and/or the International Association of Forensic Nurses that can provide SAFE exams in California. All campuses, with the exception of UC Merced, are located in a county with a certified facility. All campuses provide some form of transportation assistance for accessing SAFE exams. The University provides these services on or off campus. Three campuses were beginning to offer SAFE exams on site, or at an affiliate site in the case of UCSF, for reported sexual assaults that occur within the UC police departments' jurisdiction. The provision of these services has developed in close consultation and coordination with the local District Attorney and health officials and with the support and recommendation of the county Sexual Assault Response Team (SART). The remaining campuses have a memorandum of understanding or direct relationship with their local community- or county-based services who are certified to provide these services locally.

All campuses have Campus Advocacy, Resources, and Education (CARE) offices. CARE offices are independent and separate from Title IX offices. CARE confidential advocates inform survivors about their rights and options and are able to assist survivors in exploring reporting options and the potential impact, based on the survivor's individual experiences and needs. They provide safety planning and access to safe housing. An advocate can assist survivors in developing a safety plan based on individual needs and concerns. They can also provide accompaniment at all phases of reporting, access to transportation, and participation in any process that the survivor chooses. Confidential advocates provide essential academic and workplace accommodations to mitigate the impact that survivors might be feeling following an incident of sexual assault to ensure their access and participation in the services and programs of the University and provide emotional support and access to mental health services.

Ms. Dees then discussed some challenges in the provision of these services. Access to SAFE exams includes careful location-specific considerations. Some general challenges include the fact that, because SAFE exams are conducted to collect evidence for the purpose of supporting prosecution in sexual violence cases, district attorneys and county health officials determine whether and when they will allow other organizations to be designated to perform these exams in order to preserve the chain of custody. Another challenge is the availability of qualified experts. Forensic nurse examiners are a limited community resource and shortages exist nationally and statewide. Even if incentive programs were used to support existing UC nursing staff and health professional students to obtain SANE certification, additional challenges and maintenance of competency would exist, given current volumes. It was also critical to consider community impact. Most students, staff, and faculty reside off campus. Diverting county resources to increase on-campus services might have an unintended impact on access for UC's own community in addition to county residents. Deference to local SART teams' recommendations and

campus discretion are critical to ensuring meaningful holistic access and support for survivors.

There were also areas of opportunity. Ms. Dees stressed the paramount importance of the physical and emotional safety of survivors following a sexual assault and their fundamental dignity and agency. In order to improve support and the holistic experience of survivors, the University had identified a number of areas of opportunity: increasing the number of CARE advocates available for accompaniment and student engagement; enhancing systemwide guidance and resources for transportation support; improving information regarding transportation support and accompaniment on UC police department, UC Health, CARE, and Title IX websites; addressing misinformation regarding the evidentiary value of at-home forensic exam kits; and continuing ongoing communication with student activists to provide education and awareness on the provision of services, support, and resources.

In response to feedback from students about the availability and accuracy of information about SAFE exams, UC was conducting a campus review of all related programs and contact information to ensure accuracy and updating where needed and ensuring that information about the availability of accompaniment by a confidential advocate and transportation support is widely available.

There was also consultation with the Systemwide Title IX Student Advisory Board regarding student engagement. The Student Advisory Board provides a formal structure for students and the UC Systemwide Title IX office to continue building and strengthening collaboration around topics important to students. The Board membership is comprised of one undergraduate student and one graduate student for each campus. The Student Advisory Board would develop a social media awareness campaign for Sexual Assault Awareness Month in April to ensure that information about access to medical care and SAFE exams is available, including information about survivor rights to confidential advocates, accompaniment, and transportation support by campus or community-based advocates. As well as addressing misinformation about the evidentiary value of at-home forensic exam kits, the Student Advisory Board would also seek to create opportunities for information sessions, virtual and in person, to complement the social media awareness campaign in collaboration with campus partners such as CARE. In addition, the Student Advisory Board would provide consultation and feedback as UC enhances resources for transportation support systemwide.

Regent Park asked if this was an issue of communication or if it concerned more than just communication. Ms. Dees responded that this concerned more than communication. The principal community resource constraint had to do with the availability of experts who can provide resources. Scaling this effort to provide access to SAFE exams on campus was limited by this constraint. The number of qualified experts, nurses with the certification, was the factor that limited the ability to increase access on campuses.

Regent Park asked how long it takes to receive the certification. Chief Medical Officer Brad Buchman responded that the minimum qualifications for a SANE nurse are

completion of a degree, two to three years of clinical practice, and a minimum of 40 hours of classroom time followed by 40 hours of clinical training. This would qualify an individual to be an entry-level member of a SART team; this person would follow the lead of more experienced clinicians.

Regent Park asked about the cost of this additional training. Dr. Buchman responded that he did not know the cost for the applicant or for the sponsoring agency for these programs.

Regent Park asked if nurses pursue this training on their own or if the hospital administrations wish to have a certain number of SAFE-trained nurses for this work. She raised the question of how UC could incentivize more nurses to receive this training. Dr. Buchman responded that this was possible. There were not enough SAFE-trained nurses in a number of counties. Providing funds for pursuing the training is important, and when this is accomplished, it is also important to connect nurses with existing teams to acquire experience.

Regent Park requested commentary by a campus with a designated site or SAFE-trained nurses, specifically on how the campus had been able to accomplish this.

UC Irvine CARE Director Eli Pascal responded that UC Irvine was uniquely positioned and able to draw on an already existing County protocol. The SART team was already in place and the District Attorney's office was already involved. The SAFE-trained nurses are mobile; they are not employed by the hospital in Anaheim where the forensic exam site is located and can respond to emergency needs for forensic exams. If an individual has been severely injured and is unable to get to the designated site, nurses can go to the patient. In Los Angeles County, forensic nurses are bound to the hospital where they are employed. There were four hospitals in Los Angeles County with forensic exam sites.

Committee Chair Pérez asked for the names of the four sites. UCLA Health President Johnese Spisso enumerated the sites: the Rape Treatment Center at UCLA Santa Monica Medical Center, Olive View – UCLA Medical Center, Harbor – UCLA Medical Center, and the Los Angeles General Medical Center (the County hospital).

Ms. Pascal returned to describing the situation in Los Angeles County. Once a forensic nurse leaves the medical facility, malpractice and liability insurance are no longer in place. In Orange County, the District Attorney's office had designated the UCI site as a forensic exam site, and the mobile forensic nurse specialists respond on an on-call basis for affiliates of UCI who have experienced sexual violence or domestic abuse.

Regent Park commented that sign-off by the County appeared to be important. Ms. Pascal confirmed that this was the case.

Regent Park asked if Orange County was the only county to have signed off on mobile nurses. Ms. Pascal responded that she could provide this information. Dr. Buchman added that, through a memorandum of understanding agreement, there is a mobile SART team from Palomar Health in North San Diego County available to see survivors on the San

Diego campus. Ms. Spisso reported that UCLA did well in hiring and training nurses for work in the UCLA Rape Treatment Center and for forensic exams. UCLA was seeking to partner with Los Angeles County and with the Martin Luther King Jr. Community Hospital to open another site in that area.

Regent Park observed that there appeared to be best practices and models that UC could try to deploy more widely. The University should be in discussion with the counties on this matter. In addition to improved communication, there was more that UC could do. She requested more information on UC plans to execute additional strategies.

Chancellor Hawgood noted that UCSF's Rape Treatment Center is located at San Francisco General Hospital. All physicians there were UCSF employees.

Regent Tesfai asked what the Regents could do to increase the supply of nurses and increase training. There was a need for more resources on campuses and in communities. He asked how students can access transportation and how this information is broadcast to students. Ms. Pascal responded that, currently, the resources UC provided to support survivors with access to exams and transportation were above the minimum standard set by the Violence Against Women Act. Recent California legislation had supplemented this, but UC was still in compliance and above the minimum standard set by the new legislation. For a survivor, there are several options for accessing a forensic exam site. Law enforcement is always available to assist with transportation in cases of a forensic exam with full law enforcement involvement, when an individual, in addition to receiving medical care, also wishes to engage with law enforcement and make a full police report. If there is a need for transportation and law enforcement is not available, the Irvine campus has funds to enable transportation with a gas card, an Uber card, or a rideshare gift card. Ms. Pascal acknowledged that this was not ideal and that she did not like the idea of putting an individual who had just experienced great trauma in a rideshare with a stranger to a particular site which, until UCI's new campus site, would have been a 30-minute to 45-minute drive from campus without traffic. Nevertheless, this is an option. UCI's community partners can coordinate transportation as well. The UCI CARE Office is not open 24 hours a day, seven days a week, but forensic exam services are always available. After hours and on weekends a community partner, Waymakers, coordinates this.

Committee Chair Pérez commented that, while UC exceeded the national minimum standard set by the Violence Against Women Act and new California legislation, one would expect UC to exceed minimum standards. He asked what level or goals UC should strive to reach in three to five years in terms of overall responsiveness to sexual assault. Ms. Pascal responded that the University needs to be responsive to the needs of survivors and proactive in education and prevention of assault. Currently, having a treatment site at every campus might not be feasible, but with effective collaboration and strong relationships with community partners, in the future, access to forensic exams should not take hours or require traveling long distances. Ms. Pascal stated that she was not certain whether having a site on every campus was an appropriate solution. She emphasized that she was always on the side of survivors. While she did not have a definitive answer to the question, the ultimate goal of her office was to prevent any assault from happening at all.

In the meantime, Ms. Pascal would seek any inroad and strategy to improve access and break down barriers for individuals who experience these forms of violence.

Regent Tesfai asked why a treatment site would not be needed at every campus or why this would not be feasible. Ms. Pascal responded that UC needed good relationships with and sign-off and designation by a County. She noted that the UCLA Rape Treatment Center in Santa Monica is not far from the campus. While it might be good for an individual to be able to access a site on campus, people deserve to have options. Not every UCI affiliate who seeks a forensic exam would feel safe accessing the campus site, so UCI preserves the option of the Anaheim site. There might be a safety concern because the person who caused the harm is also an affiliate or resides or works on campus, and having the exam so close to where the harm occurred does not feel viable or safe for the individual. There was also fear of “wearing a scarlet letter.” While the UCI campus location was currently confidential, it would likely become known in the future, and an individual seeking to access services might feel uncomfortable coming to the site due to fear that a friend or a colleague might see them going in and out. The University should certainly contemplate having a site on every campus but should also preserve options for individuals to choose a location off-campus.

Director of Student Mental Health and Well-Being Genie Kim remarked that, in providing these services, the University strives to center itself in the survivor’s experience. CARE offices are an essential resource for survivors seeking support. There are many students who do not seek services. As UC builds a robust infrastructure of education and outreach to break down barriers that keep students from seeking support and services, confidential CARE advocates help students navigate this situation. Ms. Kim stressed that it is the survivor’s choice of whether to engage in a forensic exam. Many survivors choose not to do so, due to fear of retaliation or due to trauma. The University must take a trauma-informed approach in providing these services to students.

Regent Hernandez stressed the importance of victims’ ability to choose a place for a forensic exam where they feel most comfortable and noted that travel time and having to wait in a hospital add to the trauma. In his conversations with students, they have expressed that they would feel more comfortable if the resource were located on campus. He asked about lessons learned on campuses that offer this service for the other campuses, especially UC Merced. Ms. Dees responded that every campus and every county is unique. It was difficult to make comparisons among the locations due to the unique circumstances of resources and population. She noted that there had been a pilot program at UC Merced. A memorandum of understanding had been established and the program had a traveling SART nurse. This program was discontinued due to lack of use. UC wishes to ensure that it maintains a standard of care. If a nurse is assigned to a facility and does not perform enough of these exams, the competency and reliability of the exam diminishes to the point where the contract cannot be sustained. This is a complex situation that requires effective engagement with the community and the county SART team. Meaningful engagement with the county allows UC to understand the factors that contribute to support for student access to services, county by county. Ms. Dees and her office would work with the campuses on this matter. Dr. Buchman observed that the University was still learning lessons in this area

and early in the process of building this capacity. Two UC or UC-affiliated hospitals, in Santa Monica and San Francisco, provide these services. UC Irvine and UC San Diego have set aside space to provide these services on campus, but these are pilot programs for which the campuses have set up memoranda of understanding or contracts with county nurses who regularly perform these services. He stressed the importance of volume. There were currently about 60 SAFE nurse examiner teams in the state providing about 8,000 exams per year, or an average of slightly more than 130 exams per team. UC San Diego had its memorandum of understanding in place for four years and there had been two exams in this time. The program at UC Irvine had now been in place for about six months. Ms. Pascal noted that UC Irvine had performed these exams.

Dr. Buchman remarked that it is good to have the option for students to stay on campus if UC can provide high-quality area experienced examiners in this setting. In his view, one should not think that the solution would be to have a center on each campus; it might be part of the solution to provide this choice, but it is critically important that these centers be staffed with experienced clinicians who perform these services regularly. The University could serve the state by developing training programs and producing more experienced clinicians. The University had an obligation to its students and patients to provide the best care possible.

Regent Raznick referred to background material with information on access to relevant offices, resources, and SAFE exams for each campus, including travel times. He asked about the current situation and communication issues, suggesting that there might be a lack of awareness of available resources and noting that the information on some campus websites was clearer than on others. Ms. Dees responded that each UC site had agency for determining how to provide information. There are many ways that survivors can report an assault. A survivor may go to a police department and gain access to information via the police responder, to a CARE office and receive information there, to a Title IX office, or a medical facility. Each of these four entities is separate and distinct, but they are partners who meet regularly and there are efforts to coordinate messaging and information. The principal strategy is to refer and connect every survivor with a confidential advocate because survivors are legally entitled to access to and the support of that confidential advocate but also because confidential advocates are best positioned to provide holistic support and meaningfully help in the navigation of what may be a shifting terrain. She identified the principal area of opportunity as the resourcing of CARE offices with additional advocates. Regarding communication, the above-mentioned Student Advisory Board identified the need for clear, consistent, actionable communication about resources and how to access them. Information would be provided via social media and through various learning opportunities, student-led, in-person, and via video conference.

Regent Raznick stated his understanding that the University would pursue opportunities for providing SAFE exams on all campuses and increasing the investment in CARE offices, would review communications, put together an awareness program that would be launched by April 2024, receive student input, and consider the situation of CARE services and broader student health needs on the Merced campus as a separate issue. This topic could be presented to the Committee by April 2024.

Regent Ellis praised the pilot program at UC Merced, mentioned earlier, which had been discontinued. The campus had not failed to try to address this issue. UC must partner with law enforcement and district attorneys' offices. There needed to be further study and examination of other approaches, such as mobile SAFE nurses. This should be discussed at a future meeting to monitor progress. UC must be nimble and responsive to the needs of survivors. More work was needed. The same problems were occurring at the California State University and the California Community College, and if possible, UC should partner with these other segments of higher education.

Regent Reilly observed that, for a complex issue like this one, it is helpful to consider both short-term and long-term solutions. She asked what the Committee could do in the short term to address these challenges, such as provision of transportation vouchers or the establishment of a 24-hour crisis line on each campus. Short-term actions like these might be helpful as the University continued to work on long-term solutions. Ms. Dees responded that she would follow up with recommendations. Based on her conversations with students and survivors, she observed that each experience is unique, and measures that are helpful and responsive might be different for each person. A needs assessment for CARE offices had been carried out about two years prior. She underscored that the forensic exams are invasive. Waiting for an exam is a humiliating experience, on campus or in a hospital. It is degrading to be swabbed. Personal property, such as clothing, is sometimes taken away and collected as evidence. If funds were available, the confidential advocate could immediately restore the victim's property loss. Whether on or off campus, no one wants to return to shared housing following this kind of experience. Providing financial resources to confidential advocates might be one of the most effective measures to increase the responsiveness to survivors' needs.

Regent Reilly concurred that each campus and situation is unique but noted that there could be some common elements, which UC could seek to address quickly.

6. AFFILIATIONS WITH ORGANIZATIONS WITH POLICY-BASED RESTRICTIONS ON CARE

[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.]

Interim Executive Vice President King recalled that, in July 2021, the Regents approved Regents Policy 4405, Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care. Shortly thereafter, a related interim Presidential Policy was released. This report for fiscal year 2022–23 was the second annual report on covered affiliations.

UC Health Director of Operations and Strategic Initiatives Eileen Foster provided an update on the implementation of Regents Policy 4405 and the interim Presidential Policy. UC Health locations collaborated across the system with teams and individuals to consistently implement the policies on covered affiliations. In the prior year's report, locations confirmed the implementation of a number of policy requirements and this year UC Health continued to affirm consistent application of these items. These included a

moratorium on any new non-compliant agreements and implementation and monitoring of complaint resolution processes. Locations also implemented significant contracting due diligence. Now, prior to entering into any agreements, contracts are evaluated to ensure alignment with the policy. They must contain compliant non-discrimination language and be reviewed and approved by the leadership. UC Health also established the Joint Clinical Advisory Committee on Covered Affiliations, which is co-chaired by the Executive Vice President of UC Health and the Chair of the Academic Senate. This systemwide committee advises on policy, reporting, and other topics related to covered affiliations. Locations also developed procedures to support the expedient transfer of UC patients who might require access to restricted services from a covered affiliate's facility to a UC Health or other location where services can be provided. Last year, UC Health had shared a draft quality scorecard for reporting on covered affiliates. This year's report included the first year of data. Hundreds of individuals across the locations collaborated to implement these items and continued to remain engaged to ensure compliance.

Some items remained in progress and would be completed by December 31, 2023. The first was ensuring that organizations with whom UC affiliates agree with and uphold UC's commitment to non-discrimination and evidence-based care. The University ensured this now by including explicit language in all contracts with its covered affiliates. To support this effort, UC Legal negotiated omnibus agreements with UC's major health affiliate partner systems: Dignity Health /CommonSpirit, Providence Health, Adventist Health, and most recently Loma Linda University Health. Locations were utilizing standard language in contracts with covered affiliates and had established due diligence and oversight responsibilities. This item remained in progress as UC Health was finalizing amendments with covered affiliates. At the time this report was published, UC locations had identified approximately 215 agreements with covered affiliates, of which 140 have been amended and 46 have been ended or terminated. The remaining agreements were primarily affiliations covered by omnibus agreements; only two of these affiliations were not covered under omnibus language. UC Health locations were committed and prepared to terminate any agreement not brought into compliance by December 31.

Another major area of effort has been communication about the policy with patients, faculty, staff, and trainees. All UC Health locations implemented communication plans and have informed the community about their rights under the policy when receiving care or providing care at a covered affiliate site. Consistent messages were provided to each UC Health campus for local distribution and incorporation into ongoing communication and training processes. The communications provide an overview of the policy and expressly convey the University's expectation that UC personnel and trainees make clinical decisions consistent with the standard of care and their independent professional judgment. The communications also provide details on whom to contact in the event of an issue or concern. This item remained in progress because the interim Presidential Policy was being finalized. Once that policy was finalized, additional communications might be needed to provide final details.

The final item in progress was a pending audit from by the Office of Ethics, Compliance and Audit Services (ECAS) at the Office of the President. ECAS would conduct an audit after the policies are fully implemented in December 2023.

Dr. King commented on the importance of the implementation of these policies to ensure that every UC Health patient receives evidence-based care, regardless of location. The entire UC community, including patients, clinicians, staff, faculty, and learners, can trust in the protections offered by these policies, whether they are receiving or providing care at a covered facility.

President Drake remarked on the magnitude of the work involved in implementing the policies. The University had hundreds of agreements, some with large organizations and some with individual clinics and practices. It is important to have a policy that reflects UC values and protects the ability of patients across California to have access to excellent care, particularly for rare or uncommon diseases.

Regent Ellis referred to statements made by speakers during the public comment period earlier about healthcare inequities in the Central Valley and disparities which affected students at UC Merced. These policies were a vehicle to uplift the Central Valley and other parts of the state and improve health care. Through these policies, the University was charting a middle ground and could help address health inequities in many communities.

7. UPDATE ON MEDICAL LICENSES FOR RESIDENTS AND FELLOWS

Interim Executive Vice President King introduced the item. Since the introduction of the postgraduate training license and changes in the eligibility for the full physician's and surgeon's license in 2020, resident physicians had experienced a greater risk of lapses in medical licensure. Over the last year, UC Health had collaborated with professional organizations and effectively advocated for changes in State law to improve the licensure process, substantially decreasing the risk of disruption to training and patient care.

Associate Vice President Deena Shin McRae explained that, prior to 2020 and Senate Bill (SB) 798, the postgraduate training license did not exist. To be eligible for a full physician's and surgeon's license, a resident must have completed one year of Accreditation Council for Graduate Medical Education (ACGME) credit training and all residents must have a full license in hand by the first day of their third year of residency training. Without that license in hand, they would be forced to immediately cease all patient care activities. SB 798 dramatically changed the process and introduced the postgraduate training license, which is required within 180 days of starting a training program if the individual is not eligible already for a full license. This resulted in a very large volume of applications that needed to be processed within a short time frame. Licenses must be issued by the Medical Board of California during this time.

Residents were now only eligible for a full license after 36 months of training in an accredited program. At the beginning of 2022, SB 806 allowed for residents to be eligible earlier for a full license after only 12 months of training instead of waiting 36 months. At

the same time, however, the length of the postgraduate training license was shortened to 12 months. This placed enormous pressure on residents and the Medical Board to accomplish a quick turn-around of applications and licenses. This immense workload was further compounded by the simultaneous processing of out-of-state resident applicants who had grace periods ending during the same window of time. Thousands of full physician's and surgeon's licenses would need to be issued at the same time of year. The administrative burden had worsened each year since the postgraduate training license was introduced in 2020. The Medical Board of California has experienced challenges with implementation due to the steep increase in applications, the shortened period for processing these applications, the COVID-19 pandemic, and staff shortages.

According to State law, a physician must have an active license to practice medicine. The only exceptions include the clearly defined time periods when new residents and fellows are applying for their licenses. If the resident or fellow is not compliant with the Medical Board regulations the resident or fellow must immediately cease all patient care activities. This can have a downstream effect on the issuance of training credit. Rigid and specific requirements are imposed by both the ACGME and the American Board of Medical Specialties (ABMS). ACGME recognizes approximately 130 specialties and subspecialties, while ABMS recognizes even more. Each specialty and subspecialty has its own unique set of requirements. If residents have lapses in licensure and are not engaged in required clinical experiences, they might not receive training credit and thus might be delayed in graduation and not be able to sit for their Board certification examination. In addition, the removal of residents from clinical care activities could lead to substantial disruption to patient care.

A major problem that emerged with SB 806 was a narrow window of time that residents had to complete their medical license application and for the Medical Board to process the applications and issue licenses. Since the prior fall, UC Health had been working closely with the California Medical Association, the California Hospital Association, the Committee of Interns and Residents of the Service Employees International Union, and other organizations to propose licensure changes to be included in SB 815. SB 815, introduced earlier this year, would modify the licensure process so that the length of the postgraduate training license would revert to 36 months, and residents would remain eligible for a full license after 12 months of credit if they are U.S. medical school or Canadian medical school graduates or after 24 months of training if they are international medical school graduates and with successful completion of the U.S. Medical Licensing Examination.

This proposed change in the law would provide a much longer time frame during which residents may apply for and be issued their licenses by the Medical Board, and this decreases the burden on the Medical Board substantially. This bill was fortunately signed by Governor Newsom on September 30 and would go into effect on January 1, 2024. The bill addressed many of the root problems. There had been a large volume of licenses that had to be issued in September 2023. Due to State law and Medical Board regulations, there was a narrow time window for an enormous volume of licenses to be issued. Due to the long processing times by the Medical Board, many applications were not going to be

completely reviewed in time. Hundreds of residents across the state were at risk for lapses in licensure and thousands of patients were at risk for disruption in care.

Since the Committee's discussion of this topic in August, UC State Governmental Relations and UC Health policy leaders met with the Governor's office, key Senate and Assembly leadership staff, Assembly and Senate business and professions committee staff, the California Department of Consumer Affairs, and the Medical Board of California to further advocate for legislative action. As a result, on August 29, SB 143 was amended to extend the expiration date for any postgraduate training license that expired between June 1 and December 31, 2023 to March 31, 2024. This bill also extended the license deadline for a resident or fellow who received credit for 12 months of training in another state or in Canada from 90 to 180 days after enrollment. Governor Newsom signed this bill on September 13, and it went into effect immediately, in time to avoid hundreds of residents being removed from clinical services across the state.

UC Health was continuing to have regular meetings and conversations with the Medical Board and as needed, the Department of Consumer Affairs, collaborating on ways to streamline the licensure process, address the administrative workload, and ensure continued licensure of eligible residents. The Medical Board and the Department of Consumer Affairs had been engaged and receptive to UC feedback. Even before the passage of SB 143, substantial progress was made in application reviews and the issuance of licenses through this continued communication and collaboration. Fortunately, SB 143 safeguarded residents' training experiences and ensured continued access to medical care.

The work to protect UC residents' training experiences was further enhanced with the issuance of a Presidential directive which provided systemwide guidance. In case legislative changes did not adequately protect residents from lapses in licensure that occurred through no fault of their own, a systemwide Presidential directive was issued on August 28 to standardize the licensing requirements for all residents and fellows in accredited training programs, taking into account State law and external training requirements imposed by the ACGME and the ABMS, and the lengthy Medical Board processes. This directive acknowledged that there are times when, despite all efforts by residents and schools of medicine, factors outside their control can interfere with timely licensure.

Dr. McRae concluded that the advocacy work by UC Health in collaboration with State leaders and agencies was instrumental in making both immediate and permanent changes to legislation to support UC residents and fellows as well as ensure continuous care for UC patients. These changes had a highly positive impact not only for UC Health residents, fellows, and patients but for residents at other institutions and patients throughout the state.

Regent Leib praised the quick action taken to address this matter.

Regent Ellis asked how leave under the Family and Medical Leave Act or other types of leave would be affected by this process. Dr. McRae responded that approved leaves are issued by the program and school according to each location's collective bargaining

agreement. The Medical Board has a process for considering leave when determining license deadlines or expiration dates of existing licenses. A description of this process is provided in the Medical Board's application instructions. This information had been shared with unions.

Regent Ellis asked how this situation and resolution had come about. Dr. McRae responded that UC Health had regular meetings with the Medical Board, which respectfully considered UC feedback. The University wishes to have the opportunity to influence future changes made by the Medical Board. Dr. King commented that this was a case of inadvertent damage caused by legislation that was trying to fix something else. During the COVID-19 pandemic, there were concerns about getting physicians licensed in a timely manner. The idea of speeding up the process seemed to make sense but turned out not to be possible with the existing infrastructure.

Regent Park thanked UC Health for its quick and effective action, which she ascribed to UC using all the tools at its disposal. She encouraged UC to make more use of its tools or expertise. The University needed to be more strategic in using and broadcasting its expertise.

The meeting adjourned at 12:45 p.m.

Attest:

Secretary and Chief of Staff