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Office of the President

TO MEMBERS OF THE BOARD OF REGENTS:

ACTION ITEM

For Meeting of June 23, 2021

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

EXECUTIVE SUMMARY

The University of California's mission is to serve the people of the State of California and around the world through teaching, research, and service. Our values include integrity, excellence, accountability, and respect. Occasionally, members of the University community are unable to reach consensus on the most effective ways to pursue that mission consistent with those values.

Whether to permit or ban affiliations with health care organizations that have adopted policy-based restrictions on care is not a question easily answered. Some believe passionately that the University's presence in such organizations improves access to otherwise restricted services at organizations that, with or without the University's engagement, will continue to play a significant role in California health care delivery and in fact dominate in many regions across the state. They believe that, without such affiliations, tens of thousands of patients or more will lose access to essential services currently provided by the University and its clinicians. They argue that the University's mission and values are compromised under these circumstances, and have advocated for continued engagement subject to special rules intended to assure the delivery of evidence-based care and to prevent any kind of discrimination. Others believe, with equal intensity, that such affiliations are inherently antagonistic to the University's mission and contrary to our values, and that by participating in such affiliations, or even making referrals to such institutions, University employees and trainees violate the University's non-discrimination policies. They point to cases where patients – particularly women and LGBTQ+ individuals – have been denied necessary and sometimes emergent care, and urge that such affiliations be permitted only if and to the extent University personnel and trainees – as well as affiliate personnel with whom they work – are affirmatively exempted from such restrictions even while providing care in facilities neither owned nor controlled by the University.

Soon after assuming office, President Drake began a deep review of the work that was done prior to his appointment, summarized in the attached Appendix, to evaluate such affiliations and the University's options, as well as the previous unsuccessful effort to facilitate a consensus among key stakeholders. He then initiated a series of conversations with a wide range of stakeholders to learn more about their perspectives. The below recommendation reflects his view that public health decisions must be predicated on public health science, not politics (as critically demonstrated by our country's experience with the SARS-CoV-2 pandemic), that banning affiliations with covered organizations would not increase comprehensive access for Californians under any scenario, and that the weight of available evidence supports continued affiliation subject to safeguards and transparency requirements that are more comprehensive than those

initially proposed as "Option 1" in the Chair's Report on the Working Group on Comprehensive Access, without largely banning such affiliations as proposed in "Option 2."

In making this recommendation, the President recognizes the decades-long federal assault on evidence-based care and related training activities. Laws like the Church Amendments of the 1970s, the Religious Freedom Restoration Act of 1993, the Public Health Service Act Amendments of 1996, the Assisted Suicide Funding Restriction Act of 1997, and the Weldon Amendment to the Consolidated Appropriations Act of 2009 have resulted in reduced access to comprehensive health care services across the country, and weak standards adopted by key professional societies, licensing agencies, and accreditation organizations have exacerbated the problem. The President is also acutely aware of certain directives governing certain health care organizations that have been interpreted to prohibit evidence-based practices primarily affecting women and members of the LGBTQ+ community, such as the Ethical and Religious Directives for Catholic Health Care Services ("ERDs"). These laws and directives cause a large number of public and private health care providers alike to ban or severely restrict abortion, *in vitro* fertilization, gender-affirming services, and end-of-life options. The President thus also recommends actively advocating with federal and state officials, professional societies, and licensing and accreditation organizations to protect the delivery of evidence-based care against non-clinical influence and every form of discrimination.

President Drake's recommendation also reflects his optimism that carefully regulated engagement with covered organizations will improve health care access and avoid recurrence of the administrative deficiencies that resulted in the problematic contractual arrangements discussed in the attached Appendix, and his acknowledgement of the fact that a ban on such affiliations would not enhance access to restricted services for a single Californian.

RECOMMENDATION

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 as shown in Attachment 2.

BACKGROUND

University of California Health's (UCH) academic medical centers and health professional schools enter into a variety of agreements with other health care organizations in service of the University's education, research, and service mission. As described further in the *Community Ties: UC Health Report on Affiliation Impacts,* these affiliations serve patients throughout the State, including in medically underserved areas and result in enhanced local and regional access to world-class, evidence-based care provided by UCH clinicians. The affiliations expand access to specialty care, make training sites available for rotations of students enrolled in University health professional training programs to gain field experience in the diversity of settings they may encounter in practice after they graduate, extend opportunities to participate in clinical trials, and improve access to UCH providers for employees, retirees, and students with University-sponsored health benefit plans who live in areas without an established UC medical center, like Merced and Santa Cruz.

In the spring of 2019, a proposed expansion of an existing affiliation between UC San Francisco (UCSF) and Dignity Health triggered broader questions about the University's agreements with Dignity Health and other organizations. A debate ensued as to whether or not the University should be entering into affiliations with health care organizations that have adopted policies limiting or restricting care. An example of these policies is the ERDs, which include prohibitions on the use of contraception, abortion and treatments intended to prevent pregnancy as a result of sexual assault, some services to treat miscarriage and ectopic pregnancy, assisted reproductive technology, gender-affirming care for transgender people, and the full range of end-of-life options at the health care facilities covered by that policy.

The University recognizes that such restrictions limit services for women, LBGTQ+ people, and those facing death, and therefore are not aligned with UC values. However, affiliations with organizations that have adopted such policies (collectively "covered organizations" below) also provide thousands of patients with access to UCH providers they would not otherwise encounter, thus expanding clinical access, and make available opportunities for critical educational rotations that the University is unable to offer on its own.

Perspectives, Options, and Recommendations

The University's values, and the commitment of all stakeholders to advance those values, are not in question. Instead, the question before the Regents is how best to advance those values. Some believe that active engagement is the most effective way to do so; others believe that such engagement is tantamount to sacrificing principles of diversity, equity, and inclusion for convenience or profit and sends a message to the communities directly impacted that their pain does not matter. Efforts to identify a consensus resolution to this conflict have to date proved unsuccessful.

Many of those supporting engagement would concede the importance of documenting the rationale for any new affiliation, including risks and potential benefits to the University's public education, research, and service missions and to the broader patient community, available alternatives, and consequences of not proceeding as recommended. But they have largely concluded that these questions must be asked locally and on a case-by-case basis and cannot be answered effectively through a blanket ban on affiliations. Some of those supporting disengagement would concede that there are important and valid reasons for the University to pursue these affiliations, including the lack of resources necessary to build sufficient facilities and programs controlled and operated by the University to effectively fulfill our mission on our own, the dominance of covered organizations in many parts of the State, and the existing and growing need to expand access to University-provided healthcare, particularly to those who are most underserved, marginalized, and vulnerable. But many of them feel that there are sufficient options for affiliation through public hospitals and other nonprofit and for-profit private hospitals, and that the University can do more to expand access to primary and specialty care short of affiliating with covered organizations.

1. Scope of Policy

One of the most vigorously debated questions among stakeholders is the proper scope of any policy on affiliations. Some argue that the University should prohibit affiliations only with organizations whose clinical services are governed by religious directives, unless University

personnel and trainees, as well as any affiliate personnel working with them, are exempted entirely from the application of those directives. Others counter that if the purpose of such a prohibition is to protect patients treated by University personnel or trainees from discrimination, then the policy must apply equally to the University's health plans and to other public and private organizations that have adopted similar restrictions. These include the Veterans Administration, which bars coverage for abortions and abortion counseling, *in vitro* fertilization, and surgical "gender alterations," the Indian Health Service, which bars most abortions and excludes payment, and effectively performance, of "sex-change operations," breast reconstruction, and *in vitro* fertilization, among other services. These and other federal agencies are also subject to statutory funding restrictions on "assisted suicide, euthanasia, or mercy killing," as well as related expenses.

The recommended Regents policy would apply to all affiliations with health care organizations that have adopted policy-based restrictions on care, regardless of the genesis of those policies, because the University's own policy should not distinguish between those organizations that are subject to such policies as a matter of law, and those that have adopted such policies as a matter of faith, as a result of a religious affiliation, or other non-religious ground, for example. The impact on patients, providers, and trainees subject to such policies is similar, regardless of the policy's origin, as is its impact on the University's own mission and values.

2. Control of University Facilities

There is near universal agreement among consulted stakeholders that covered organizations must not be granted responsibility or authority to operate or manage University facilities on behalf of the University. While the University may purchase services from such organizations, such purchased services must be subject exclusively to University policies.

3. Access

The proposed Regents policy requires that any new or renewed affiliation maintain or improve access to services otherwise restricted by a covered organization. Some stakeholders opposed to affiliations with covered organizations argue that access to restricted services must be affirmatively improved in all cases, by empowering University personnel and trainees, as well as affiliate staff working with them at covered facilities, to ignore all policy-based restrictions on care. Such a condition would amount to a ban on affiliations with covered organizations, who have no authority to make such exceptions. Engagement with such organizations consistent with the policy would assure that patients who are seen by University providers are, at a minimum, provided with comprehensive advice concerning all of their health care options, are prescribed whatever medications they need, and are referred outside of the covered organization's facility for restricted services that may not be provided there. The policy would also ensure that University-affiliated providers deliver emergency services consistent with their medical judgment and without interference by lay individuals or committees. An outright ban on such engagement would deprive those same patients of access to University expertise and increase the likelihood that patients served by the covered organization will not receive evidence-based care.

4. University Values

The proposed Regents policy requires that affiliation agreements recite the University's public status, role, and commitment to nondiscrimination, prohibits contractual commitments requiring University personnel or trainees to enforce or abide by religious directives, bans agreement to any gag clauses, and affirms the University's commitment to evidence-based standards of care by ensuring that, at a minimum, University personnel and trainees are not only permitted but affirmatively expected, wherever they work or learn, to advise patients on all healthcare options, whether or not available at the site where they are being seen, prescribe any medically indicated medicines, devices, or procedures, refer patients to University or other facilities for care they cannot receive at a covered organization's site, and deliver emergency services without restriction. The proposed policy also requires all parties to certify compliance with the Unruh Civil Rights Act, which prohibits discrimination, and that the University maintain the ability to terminate any affiliation in the event an irreconcilable conflict is identified.

Many stakeholders opposed to affiliations with covered organizations (or at least those organizations subject to religious directives) suggest that University personnel and trainees – as well as affiliate personnel working with them at affiliate sites – must be affirmatively exempted from any restrictions on care that are based in religion. Because such organizations are not permitted by their sponsors to accept such conditions, that position would amount to an actual ban on those affiliations and would not serve to effectively advance the University's values.

5. Patient, Provider, and Trainee Protections

The proposed Regents policy requires that the University transparently communicate policy-based restrictions on care at sites to which patients may be referred or providers or trainees assigned, that such referrals and assignments be voluntary, and that patients, providers, and trainees be provided with information about alternative sites for care or assignment. It also requires University personnel and trainees to adhere to evidence-based standards of care wherever they work or learn and requires University locations to develop a process to facilitate expedited transfers for services not performed at affiliate sites.

Some stakeholders opposed to affiliations with covered organizations suggest that the University bar referrals to non-University facilities if patients would be subject to restrictions there, require that patients have the same care options available at referral sites as they would have at University facilities, and ensure that affiliation agreements expressly bar application of religious restrictions to the activities of University personnel and trainees. As noted above, such conditions would amount to a ban on those affiliations, depriving tens of thousands or more patients of access to University-provided care.

6. Reporting and Accountability

The proposed Regents policy requires regular reporting, as well as audits, to assure compliance and accountability and to avoid any recurrence of unauthorized or otherwise inappropriate affiliation provisions.

7. *Advocacy*

All stakeholders agree that more must be done to promote equity and actively fight disparate treatment and discrimination. Accordingly, the President also recommends that the University forcefully advocate with and support federal and state partners, professional societies, and accreditation organizations to enact legislation, regulations, and professional and accreditation standards that mandate active measures to ensure universal access to comprehensive, evidence-based services, prevent discrimination and effectively address disparate impact, and better protect individual health professionals and trainees from interference or other undue influence by ethics committees, non-clinical administrators, board members, and external organizations in individual care recommendations and decisions.

Implementation

If approved, it is expected that the Regents Policy and a supporting Presidential policy will be fully implemented by December 31, 2021.

Attachments:

1. Appendix: Consultation Process
2. [PROPOSED] Regents Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care
3. [DRAFT] Interim Presidential Policy on Affiliations with Certain Healthcare Organizations
4. Academic Senate: a) Interim and b) Final Reports of the Non-Discrimination in Healthcare Task Force (2019)
5. WGCA Chair's Report and Responses
6. Community Ties: UC Health Report on Affiliation Impacts
7. Summary of Public Comment and Letters
8. Academic Senate Letter on UC Health Affiliations (2021)

Appendix
Consultation Process

Beginning in January 2019, the Academic Senate and the Office of the President launched a series of reviews and analyses intended to evaluate the University's arrangements with health care organizations that have adopted policy-based restrictions on care, and to inform future policy options and decisions. These efforts included:

- Convening of an Academic Senate Non-Discrimination in Healthcare Task Force to review University policies and values and implications for affiliations;
- Review of existing contracts, implementation of interim guidelines to improve controls until longer-term guiding principles and compliance measures have been adopted, and amendment of existing agreements including problematic language;
- Convening of a Working Group on Comprehensive Access (WGCA), a multidisciplinary group of academic and health system leaders to evaluate current practices and provide recommendations to ensure University values are upheld in health affiliations;
- Preparing an analysis led by Dr. Carrie Byington, Executive Vice President for UCH, to determine the impacts to patients, education, UC health plans, and finances if these types of affiliations are prohibited from going forward; and,
- Providing an opportunity for the UC community, national organizations, and members of the public to weigh in on this matter via a UC public comment portal or by submitting letters directly to the Office of the President.

This fact finding and opinion elicitation process, which spanned more than a year, provided essential information and insight to President Emerita Napolitano as she evaluated potential paths for moving forward, and to President Drake following the transition.

Academic Senate Report of the Non-Discrimination in Healthcare Task Force (NDHCTF)

In January 2019, the University Committee on Faculty Welfare's Health Care Task Force formed a Non-Discrimination in Healthcare Task Force, led by former Academic Council Chair Shane White and comprised of six Academic Senate representatives. The Task Force was "charged to explore the University's relationships with external healthcare providers that may potentially conflict with UC's values, public trust, mission, and/or policies on non-discrimination." The Task Force's preliminary work was completed in early April 2019. An *Interim Report of the UC Academic Senate UC Nondiscrimination in Healthcare Task Force* was issued to the President of the University in June 2019 and a *Final Report of the Non-Discrimination in Healthcare Task Force* was issued the following month.

The Task Force reviewed University policies on non-discrimination and concluded that affiliations with any organization that lift some, but discriminate against others, are contradictory to those policies and the values that underlie them. It also stressed that subjecting University faculty and students to these environments could threaten academic freedom.

The Task Force concluded that affiliations with organizations that limit healthcare services based on religious or sectarian doctrine should be avoided *unless they are in the interest of the greater common good*. If the University found that the interest of the greater common good was at stake, then it should follow guidance as outlined in the proposed Principles for Avoidance of

Discrimination in Healthcare as precepts for entering into affiliations with sectarian organizations. These principles include recommendations to protect the academic freedom of University faculty and students, retain sufficient capacity to fulfill the University's mission within its own facilities, complete due diligence on organizations prior to entering into agreements, develop a system-wide set of policies for entering into health affiliations, and review and revise existing agreements based on these principles.

In May of this year, the Academic Senate reiterated its position in a letter to President Drake on UC Health Affiliations.

Review of Existing UCH Contracts

The University expects its physicians and other clinicians to adhere to evidence-based standards of care wherever they work or learn. This means, among other things, that physicians should counsel patients about all treatment options, regardless of whether those options are available at the host facility. In Spring 2019, public records requests submitted by advocacy organizations caused the University to begin a deeper examination of its existing agreements with Dignity Health and other health systems with policy-based restrictions on care. This process identified significant deviations from University standards, including language requiring the University to adhere to and enforce religious directives, as well as language affirming that University physicians would not perform prohibited services at affiliate facilities – services whose restriction particularly impacts members of protected classes, including women and transgender people.

To avoid any recurrence while the University revisited its own position on affiliations with organizations that have adopted policy-based restrictions on care, President Emerita Napolitano and then-Executive Vice President Stobo issued *Interim Guidelines for UC Health Affiliations*, in August 2019. These guidelines were intended to immediately correct the contract deficiencies and implement more effective controls for new agreements and renewals of expiring contracts while a longer term solution was developed.

Under the *Interim Guidelines for UC Health Affiliations*, all new and renewing contracts with organizations that have adopted policy-based restrictions on care where patient access to care might be limited due to such policy restrictions are required to follow the below guidelines:

(i) Contract terms must be no more than a year and include 90-day termination clauses.

(ii) There must be no requirement in the contract for the University or its personnel to adhere to or enforce religious directives.

(iii) The University must not enter into new or expanded joint ventures, "participations", management services arrangements, or investments.

Any requests for new or renewed agreements were reviewed by UCH in consultation with UC Legal. Requests for exceptions (for example, to support collaboration during COVID-19 surges) were also reviewed by the President of the University in consultation with the Chair of the Regents Health Services Committee. An amendment to the *Interim Guidelines* was later approved in order to permit longer term agreements where warranted (for example, training

agreements in which the University's health professional school wanted to ensure that students or residents could finish their training).

During this time, the University also responded to additional public records requests. More than 200 agreements, many of which had expired, were produced to the advocacy and media organizations that had requested them.

The University also negotiated amendments to existing agreements with affiliates that the University determined could potentially subject University personnel or trainees to these affiliates' policy-based restrictions on care. These affiliates included large health systems such as Dignity Health, Providence, and Adventist Health, as well as smaller affiliates including Scripps Mercy Hospitals and Loma Linda University Health. UC President Michael Drake asked UCH to complete these amendments by December 31, 2020 or to deliver notices of termination if such amendments were not forthcoming. Approximately 45 agreements were amended individually with Providence hospitals, Scripps Mercy Hospitals and Loma Linda University Health; approximately 140 agreements were amended or superseded through a "Statement of Affiliation and Contracting Principles," one entered into between UCH and Dignity Health on July 29, 2020 and another between UCH and Adventist Health on December 23, 2020. Multiple agreements with these affiliates were also amended as part of the renewal process under the *Interim Guidelines for UC Health Affiliations* or were terminated or allowed to expire during this time. UCH now believes that all contracts with these affiliates that contained language or terms potentially subjecting University personnel or trainees to policy-based restrictions on care have been amended or superseded, or have expired or been terminated.

Although the amendments eliminate any requirement that the University or its personnel adhere to or enforce the affiliates' policy-based restrictions on care, they do not expressly preclude affiliates from adopting policies that incorporate such restrictions. Moreover, some affiliates require medical staff members, non-physician practitioners, and trainees to individually agree in writing to comply with those policies in performing services or receiving training at the host affiliate's site. The University's new agreements and amendments address this by also requiring affiliates to acknowledge that University expects its providers to adhere to evidence-based standards of care, and by assuring that such policies are interpreted to permit University personnel and trainees to freely advise, prescribe to, and refer patients consistent with their independent medical judgment. These provisions make clear that affiliate policies will not be interpreted to preclude University providers from delivering accurate and complete advice or from facilitating access by all patients to comprehensive services. In addition, the amendments provide the University with the sole discretion to terminate agreements if we determine our values are being jeopardized. If the proposed Regents Policy is adopted, the University would initiate negotiations to further amend any existing agreements and to change future agreements to comply with the additional requirements of that policy.

Working Group on Comprehensive Access

At the request of President Napolitano, Chancellor Howard Gillman chaired the Working Group on Comprehensive Access (WGCA), comprised of academic and health leaders from across the University. The WGCA convened in August 2019 and was asked to develop recommendations in 90 days that "would ensure UC's values are upheld when its academic health systems collaborate with other health systems" and "to ensure that UC personnel will remain free, without restriction,

to advise patients about all treatment options and that patients will have access to comprehensive services."

While there was important agreement on many issues, the WGCA did not reach consensus on the central question of whether UC should continue affiliations with health care organizations that have institutional policies limiting the services provided at their facilities. Examples of such institutional policies include prohibitions on the use of contraception, abortion and treatments intended to prevent pregnancy as a result of sexual assault, some standard-of-care services to treat miscarriage and ectopic pregnancy, assisted reproductive technology, gender-affirming care for transgender people, and the full range of end-of-life options.

In late December 2019, Chancellor Gillman submitted to President Napolitano a *Chair's Report on the Working Group on Comprehensive Access*, which sought to summarize the conflicting viewpoints of WGCA members. The report identifies areas where members were aligned, such as agreement that the "language used in many current and recently expired contracts with Catholic and Catholic-affiliated health care organizations, which appeared to require UC personnel to adhere to ERDs or the SCV, would not be appropriate in future affiliation agreements. There was agreement that UC should provide the highest levels of evidence-based care, improve access and quality, mitigate health disparities, and ensure that UC Health personnel advance UC values and policies wherever they practice. There was agreement that UC could not itself adopt such non-evidence-based restrictions on care without violating UC policies against discrimination and California constitutional obligations to remain free from sectarian influence in the administration of our affairs."

However, members could not agree on the central question, which is whether the University can, consistent with its values, continue affiliating with organizations that have adopted policy-based restrictions to care. (Opinions on the legal implications of affiliation also varied and are summarized in attachments to the Working Group's report. However, the charge of the Working Group was to develop a policy recommendation.) To address the conflicting viewpoints held by members of the Working Group, its Chair offered two options outlining a potential set of values and principles to be used in affiliations, as summarized below:

- **Option 1** would allow affiliations with health care organizations that have policy-based restrictions on care, but only if certain protections are implemented. Option 1 would require that affiliation agreements align with the University's commitment to evidence-based care, nondiscrimination, expanding access to and improving the quality of care, academic freedom, and UC's public mission and values.

- **Option 2** would prohibit affiliations with non-UC entities whose prohibition on certain services exclusively or disparately impacts women and LGBTQ+ people and would require any agreements with such organizations to: (i) provide that institutional policies prohibiting gender-affirming services for transgender people, or reproductive health services that disproportionately affect women and LGBT+ people, violate the University's anti-discrimination policies; and (ii) expressly provide that UC personnel working or training at any clinical site will make clinical decisions, provide services, and perform procedures consistent with the standard of care and their independent professional judgment; and (iii) expressly state that UC and its personnel and trainees will not enforce or abide by religious directives.

The report relied on many sources, and members of the WGCA and UC Legal provided additional information about potential solutions, as well as addressing committee processes and deliberations. While the lack of consensus reflected the complexity and powerful emotions associated with this matter, areas of agreement among Working Group members highlighted that no matter the outcome, increased review and monitoring of these types of affiliations should be established if they are to continue.

Community Ties: UC Health Report on Affiliation Impacts

The WGCA's work highlighted a need to better understand the magnitude and impact of UCH affiliations with institutions that have policy-based restrictions on care. President Napolitano requested that Dr. Carrie Byington, Executive Vice President of UCH, conduct a fact-finding effort on behalf of the University's academic health centers located in Davis (Sacramento), Irvine, Los Angeles, Riverside, San Diego, and San Francisco.

The *UC Health Report on Affiliation Impacts* discusses the impacts expected for UC patients, academic programs, health plans, and finances, should there be a ban on these affiliations. The report finds that ending affiliations with health care organizations that have policy-based restrictions on care would limit or eliminate access to care by UC providers for more than 35,000 Californians, and have further impacts on UC students and employees who receive health benefits through our health plans. UC employees enrolled in UC Care or Blue and Gold plans in Santa Cruz and Merced, in particular, could be left without nearby access to a hospital in network – and at a minimum would not have access to UC providers at those facilities. Ending these affiliations would also compromise key training programs, particularly at UC Riverside.

The report also underscores that improving access to patient care in service of the University's public mission is a primary driver of UCH's need to affiliate with organizations that have adopted policy-based restrictions on care, rather than financial gain. The financial consequences to ending affiliations appear to be minor when viewing the totality of the UCH enterprise. Approximately $20 million was generated in Fiscal Year 2019 by clinicians providing specialty medical services at such institutions, compared to UCH's $3.5 billion from professional fees across the system. However, the report also notes that the impact would be felt directly by the self-funded health centers and academic programs that operate on slim margins, and have been greatly impacted by the loss of revenue due to the COVID-19 pandemic.

The report concludes that in no case would banning affiliations increase patient access to comprehensive services in California.

In the months since the report's submission, the COVID-19 pandemic has highlighted the need for collaboration across health systems for the benefit of all who live in California, especially in times of surges in testing, contact tracing, and sharing of hospital resources.

Public Comment and Letters to the President of the University

In order to gather feedback from the UC community and public, President Napolitano provided a four-week period for submission of commentary online via a UC website. From January 28 through February 21, 2020, 4,655 individual responses were received, and 112 letters from individuals and organizations were submitted directly to the president's office.

Concerned members of the public comprised the largest group of commenters, accounting for 30 percent of all responses, followed by UC faculty/staff and alumni. The majority – about 64 percent – of these responses favored limiting, discontinuing, and/or ending affiliations with organizations that have policy-based restrictions on care. It was also noted that many of the responses, approximately 20 percent in all, appeared (based on similarities among them) to have been the result of a targeted advocacy campaign led by national organizations.

The letters submitted directly to the President varied greatly from the comments received online. The majority of the letters were provided by the Academic Senate and its affiliated Committees, followed by non-UC professional associations and UC faculty and staff. Nearly half of these letters, or 47 percent, favored continuing affiliations or expanding care options for patients. In addition, many of the letters proposed alternative or supplementary considerations to Options 1 and 2 outlined in the Chair's Report on the WGCA, including new accountability protocols such as educating UC trainees about working in covered health systems and providing a mechanism to report violations of UC values.

Organizations submitting letters included local, State and nationwide associations such as Adventist Health, American Civil Liberties Union Northern California (ACLU), America's Essential Hospitals, Association of American Medical Colleges (AAMC), California Association of Public Hospitals and Health Systems, California Hospital Association (CHA), California LGBTQ Health and Human Services Network, California Women's Law Center, Dignity Health, NARAL Pro Choice, National Center for Lesbian Rights, National Center for Transgender Equality, National Organization for Women, Planned Parenthood of California, and others. University leadership also received letters from State and Federal elected officials, including a letter from State legislators who are members of the women's and LGBTQ legislative caucuses.

Further Consultation

Since assuming office, President Drake has continued to solicit opinions and feedback of a wide variety of internal and external stakeholders, as further described in the attached item.