UNIVERSITY OF CALIFORNIA

Summary of Public Comment and Letters on the Chair's Report on the Working Group on Comprehensive Access

Version History

Drafted - 3/26/20
Personal identifying data redacted for publication - 6/10/21

Contents

WGCA Chair's Report Identified Two Potential Options

In August of 2019, President Napolitano convened a Working Group on Comprehensive Access (WGCA) comprised of academic and health leaders from across the University. The WGCA was provided 90 days to develop recommendations 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."

The WGCA met six times during the fall of 2019. The members reviewed a wide range of materials, perspectives and arguments.

While there was important agreement on many issues, the working group did not reach consensus on the central question of whether UC should have 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, assisted reproductive technology, gender-affirming care for transgender people, and the full range of end-of-life options.

In late December, the Chair of the WGCA prepared the Chair's Report on the Working Group on Comprehensive Access which summarized the viewpoints of WGCA members and outlined the two options discussed by WGCA committee members.

- **Option 1** would allow such affiliations but only if certain protections, monitoring and compliance protocols are put in place
- **Option 2** would prohibit patient care and training agreements with institutions that have policy limitations on care and also require monitoring and compliance protocols

The report and associated correspondence were posted online for review by the public on January 28th. Members of the public were provided a four-week period, through February 21st, to provide comment either via a UC website, or by submitting letters and emails directly to the president.

Letters sent to the University after February 21st were accepted consistent with University practice, but submissions received after March 16th were not included in the following analysis.

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Summary of Public Comment Received via UC Website

Between January 28 and February 21, UC received 5,040 comments via the UC website regarding the Chair's Report on the Working Group on Comprehensive Access; 385 submissions included no comment or were duplicate entries and were therefore excluded from this analysis. A total of 4,655 responses were reviewed.

Figure 1 below summarizes the responses received. If comments specifically referenced Option 1 or 2, they were included in the relevant categories (e.g., support option 1). For the other comments, they were categorized into a sentiment (e.g., end affiliations) and then organized into the most relevant grouping. Responses were evaluated for use of identical language employed in an advocacy campaign; those responses are indicated with an asterisk (*). Sample comments are available in Appendix A and a sentiment coding key is available in Appendix C.

Figure 1. Summary of Public Comment

	University of California Respondent						Non-UC Respondent				TOTAL	
	Faculty / Staff	Student	Retiree	Alumni	Patient	Association	Public	Medical Professional	Other Prof Association	Other		
Support option 1	62	4	2	5			8		1	1	83	2%
Support option 1*	4										4	0%
Expand care options	63	2	5	9	7	1	29	18	5	16	155	3%
Expand care options*	1			6	1		33	28	7	7	83	2%
	130	**6**	**7**	**20**	**8**	**1**	**70**	**46**	**13**	**24**	**325**	**7%**
Ensure restricted procedures	20	10	15	88	22	2	173	20	3	30	383	8%
Promote evidence based medicine	8	4	5	32	2		34	5	1	4	95	2%
	28	**14**	**20**	**120**	**24**	**2**	**207**	**25**	**4**	**34**	**478**	**10%**
Reject option 1	6	4	2	31	3	1	28	3	3	3	84	2%
Reject option 1*	25	20	18	131	28	3	192	19	1	14	451	10%
	31	**24**	**20**	**162**	**31**	**4**	**220**	**22**	**4**	**17**	**535**	**11%**
Support option 2	144	61	12	47	8	1	28	11	3	5	320	7%
Support option 2*	349	301	11	118	17	4	74	41	4	10	929	20%
End affiliations	63	32	19	102	24	3	109	20	4	15	391	8%
End affiliations*	12	20	7	60	18	3	150	11	4	16	301	6%
No religious restrictions to care	32	20	23	158	57		328	40	8	79	745	16%
Not aligned with UC values	82	39	12	53	8		54	9	2	11	270	6%
	682	**473**	**84**	**538**	**132**	**11**	**743**	**132**	**25**	**136**	**2956**	**64%**
Separate church and state	11	4	5	38	10		77	9	4	22	180	4%
Other comments	15	9	7	27	12		78	7	1	25	181	4%
	26	**13**	**12**	**65**	**22**	**0**	**155**	**16**	**5**	**47**	**361**	**8%**
TOTAL	**897**	**530**	**143**	**905**	**217**	**18**	**1,395**	**241**	**51**	**258**	**4,655**	100%
	19%	**11%**	**3%**	**19%**	**5%**	**0%**	**30%**	**5%**	**1%**	**6%**		

**included identical wording from campaign*

Members of the general public were the largest single group of respondents, followed by UC affiliated faculty/staff, alumni and students.

The majority of respondents favored limiting, discontinuing and/or ending affiliations that have policy restrictions on care. Over one quarter supported option 2, which increased to 64 percent when combined with similar sentiments and another 11 percent specifically reject option 1, with most of those respondents using wording from an ACLU campaign. In addition, another 10 percent responded with language to either promote evidence-based medicine or to ensure that UC offer procedures that may be restricted by these affiliations.

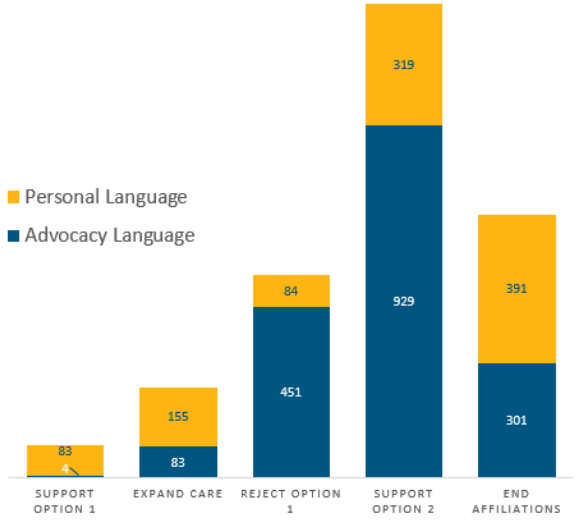
7 percent of respondents expressly supported option 1, to affiliate with health care organizations that have policy restrictions or care, or favored patients continuing to have access to these affiliations.

Advocacy Campaigns

In a review of the comments, it was evident that some members of the public were responding using language provided by an advocacy group. The advocacy group may not have always been identified in the comments, however, we were made aware of campaigns being run by some organizations including NARAL Pro-Choice America, the ACLU, Dignity Health, and members of UC campuses.

Figure 2 provides an overview of responses that included identical text from an advocacy group. 20 percent of all responses received included language from the ACLU campaign to support Option 2. In addition, most responses regarding rejecting option 1 and ending affiliations included advocacy language. It is important to note that the use of advocacy language does not diminish the sentiment of the respondent.

Figure 2. Personal versus Advocacy Submissions



Location of Public Comment Respondents

Figure 3 provides an overview of the locations of respondents who participated in the public comment period.

State	Responses
California	4561
Washington	11
Oregon	9
Colorado	6
New Jersey	6
Arizona	5
Massachusetts	5
Illinois	4
New York	4
Ohio	4
North Carolina	3
Pennsylvania	3
Texas	3
Washington, D.C.	3
Alaska	2
Georgia	2
Nevada	2
New Mexico	2
Virginia	2
Alabama	1
Arkansas	1
Indiana	1
Iowa	1
Kansas	1
Maryland	1
Michigan	1
Missouri	1
New Hampshire	1
Wisconsin	1
Other/Blank	3
Total	**4650**

CA City	Responses
San Francisco	571
Los Angeles	279
Davis	165
Berkeley	158
Oakland	148
Sacramento	145
San Diego	89
San Jose	88
Santa Cruz	79
Riverside	46
Stockton	39
Irvine	36
San Rafael	35
Long Beach	33
San Mateo	28
Palo Alto	26
Santa Rosa	24
Santa Barbara	23
Mill Valley	22
Sunnyvale	22
Anaheim	22
Richmond	21
Hayward	19
Fremont	18
Fresno	17
Alameda	17
Emeryville	17
Sebastopol	16
San Leandro	16
Merced	15
Orange	15
Redwood City	15
San Anselmo	14
Jamestown	14
La Jolla	14
Petaluma	14
San Pablo	13
Santa Monica	13
Goleta	13
Huntington Beach	13
Pleasant Hill	13
Roseville	13
Sherman Oaks	12
..... *<truncated>*	

Figure 3. Location of Public Comment Respondents

Of the 4,655 responses, 4,561, or 98 percent, were received from participants located in the State of California. Few responses were received from within the United States or from other countries.

In total, 476 California cities were represented in the public comments; Figure 2 includes the cities of only the top 50 percent of respondents. Cities with the largest numbers of participants included San Francisco and the surrounding bay area, Los Angeles, and cities and surrounding areas served by the University of California, such as Davis, Berkeley, Oakland, Santa Cruz, Riverside, and others. Remaining cities included representation throughout the State.

Summary of Letters Submitted to UC President

The University received letters submitted to the president's office via email and US post regarding the Chair's Report on the Working Group on Comprehensive Access. 112 letters have been received and reviewed as of March 23rd. While some letters were also submitted via the website, they were not excluded from this analysis.

Figure 4 below provides an analysis of the general sentiment of the letters. If letters specifically referenced Option 1 or 2, they were included in the relevant categories (e.g., support option 1). Other letters were categorized into a sentiment (e.g., separate church and state) and then organized into the most relevant grouping. Responses were evaluated for use of identical language as part of an advocacy campaign.

The type of respondent was identified if stated within the letter. An additional category for the UC Academic Senate was tracked due to an extensive submission by UC academic senates and affiliated committees. An overview of all letters is available in Appendix B and a sentiment coding key is available in Appendix C.

Figure 4. Summary of Letters to UC President

	University of California Respondent						Non-UC Respondent				
	Faculty/ Staff	Academic Senate	Student	Alumni	Patient	Association	Public	Medical Professional	Association	TOTAL	
Support option 1	17	5				4			2	28	25%
Expand care options	1	6			5			1	5	18	16%
Expand care options*								2	5	7	6%
	18	**11**			**5**	**4**		**3**	**12**	**53**	**47%**
Ensure restricted procedures							1			1	1%
Promote evidence based care		1								1	1%
		1					**1**			**2**	**2%**
Reject option 1		2							3	5	4%
		2							**3**	**5**	**4%**
Support option 2		7				1			2	10	9%
End affiliations	1	1					1			3	3%
No religious restrictions to care	1	4		3		1	2			11	10%
Not aligned with UC values		3								3	3%
	2	**15**		**3**		**2**	**3**		**2**	**27**	**24%**
Other comments	1	18	1					1	4	25	22%
	1	**18**	**1**					**1**	**4**	**25**	**22%**
TOTAL	**21**	**47**	**1**	**3**	**5**	**6**	**4**	**4**	**21**	**112**	**100%**
	19%	**42%**	**1%**	**3%**	**4%**	**5%**	**4%**	**4%**	**19%**		

**included identical wording from campaign*

The p of letters, 47 percent, included support for option 1 and/or the continuation of affiliations. 27 percent favored limiting, discontinuing and/or ending affiliations with health care organizations that have policy restrictions on care, which includes 10 percent support for option 2. 4 percent rejected option 1. However, 25 percent of letters, mostly from the academic senate, were more nuanced in response, often requesting additional data analysis or offering alternatives to options 1 or 2.

Many of the letters were sent on behalf of a larger group or organization. The UC Academic Senate and affiliated committees were the largest respondents, followed by faculty and staff, and both non-UC and UC professional associations.

Figure 5. CA and US Organizations Submitting Letters

Sentiment	Organization
Support Option 1	America's Essential Hospitals (AEH)
Support Option 1	CEO Adventist Health
Expand Care Options	Association of American Medical Colleges
Expand Care Options	California Association of Public Hospitals and Health Systems
Expand Care Options	California Hospital Association
Expand Care Options	CEO Dignity Health
Expand Care Options	Self-Help for the Elderly
Expand Care Options*	Community Against Sexual Harm
Expand Care Options*	Greater Sacramento Economic Council
Expand Care Options*	Peach Tree Health
Expand Care Options*	Sacramento Asian Pacific Chamber of Commerce
Expand Care Options*	San Mateo County Economic Development Assoc.
Reject Option 1	American Civil Liberties Union Northern California
Reject Option 1	California Women's Law Center's
Reject Option 1	Reproductive and LGBTQ Groups
Support Option 2	Compassion and Choices
Support Option 2	NARAL Pro Choice
Other Comments	California Medical Association
Other comments	Dignity Health CMO and Physicians
Other Comments	Planned Parenthood Affiliates of California
Other comments	World Professional Association for Transgender Health

Figure 5 provides a list of the non-UC affiliated organizations that submitted letters. Local, state and nationwide associations included Adventist Health, American Civil Liberties Union Northern California (ACLU), America's Essential Hospitals, Association of American Colleges (AAMC), California Association of Public Hospitals and Health Systems, California Hospital Association, California Women's Law Center, NARAL Pro Choice, National Center for Lesbian Rights, Planned Parenthood of California, etc.

Some of these letters included multiple respondents, but only the primary sender is listed.

These letters were largely in favor of option 1 and/or expanding care options, with 5 of the responses including language from an advocacy group.

Overview of Considerations and Options

The letters reiterated the key concerns outlined in the WGCA Chair's Report of Findings and Recommendations, and most included nuanced language and critical concerns that may have personal and/or organizational impacts, including specific examples from their areas of expertise.

Support for Option 1 or Expanding Care Options

The largest supporters of Option 1 were UC faculty and staff. UC Irvine Health Department Chairs suggested *"Option 1 is the most reasonable and pragmatic approach to the complex issues facing the Regents. It provides the necessary and appropriate protections for patients, faculty, and trainees and ensures that all citizens of California have access to the highest quality health care, science, and medical education available in our state."*[1]

Some key points outlined by constituents in letters **in favor of option 1 and expanding care** identified the following benefits of affiliations between UC and faith-based health care organizations:

1. Improved health of all Californians, including development of population-based strategies for improving health;
2. Ability to provide life-saving services and specialty care to communities that would not otherwise be available;
3. Fulfillment of public service missions by providing care for all people, including low-income Californians, especially in areas of substance abuse, social work, and translation;
4. Alleviation of California's shortage of primary care physicians and specialists;
5. Access to UC Health expertise in higher levels of care, academic research, and health professional education; and
6. The Dignity Health CEO points out that given the current COVID-19 pandemic, we *"must preserve partnerships that are the core of California's public health safety net."*[2]

[1] UCI Health Dept. Chairs, Letter to President Napolitano, 15 Mar. 2020

[2] Lloyd H. Dean, Dignity Health, Letter to President Napolitano, 16 Mar. 2020

These constituents asserted that a disruption in services would occur if the University ended affiliations with faith-based health care organizations, which may result in unmet health care and preventative service needs and higher rates of hospitalization. Of particular concern for these constituents, and some UC patients, was the ability to continue receiving specialty care and accessing medical services in low service regions in the state. Several patients provided examples of care received or in progress that would not have been available without affiliations. A UC patient recounts *"a referral from St. Mary's to UCSF that resulted in at two week inpatient stay at UCSF Mission Bay Medical Center involving surgical intervention and antibiotic treatment"*[3] and another asserts that *"if it weren't for the partnership between Dignity Health and UCSF, we wouldn't have been able to receive the kind of care that our daughter needs to live."*[4] In addition, a letter from UC Health Designated Institutional Officials from the six medical campuses, leadership unanimously supported affiliations, and asserted that Option 2 *"would consequentially lead to some resident and fellow physicians being unable to fulfill training requirements, as well as patients suffering from worse access and lower quality care."*[5]

As a path forward, the Dignity Health Chief Medical Officer states that *"we will continue to improve clarity on the expectations of physicians practicing in Dignity Health hospitals so that there can be no confusion that any physician on the medical staff is expected to discuss all options with patients, prescribe all necessary medication, and refer a patient to another facility if they need a service not provided at our hospital."*[6]

Support for Rejecting Option 1, Adopting Option 2, or Ending Affiliations

Supporters of Option 2 or ending affiliations called on the University to withdraw from affiliations with any organizations that limit services for some patient groups, including women and LGBTQ+, such as those outlined in the Ethical and Religious Directives for Catholic Health Care Services. NARAL Pro-Choice California advised that *"UC needs to draw what should be an obvious, fundamental line: UC, as a public healthcare network, shall never allow religious influence on the healthcare it provides. The only path forward is to cease entering into these types of affiliations altogether or for UC contracts with outside health systems to be required to expressly state that UC and its personnel and trainees will not enforce or abide by religious directives."*[7]

Some key points outlined by constituents **in favor of Option 2 or ending affiliations** identified the following concerns about affiliations with UC and faith-based health care organizations:

1. Reproductive, LGBTQ-inclusive, and end-of-life care are fundamental health care, and partnerships that limit or exclude this care are discriminatory;
2. Option 1 would continue contracts that require any person practicing in the hospital to comply with religious directives;
3. The relationship between UC and faith-based institutions erodes the separation between church and state, and furthermore, affiliations that restrict health care based on religious policy may violate state and federal law;
4. The care prohibited by religious directives intersects with all areas of medical care;
5. The academic freedom of UC is compromised and potentially violated by religious restrictions to care; and
6. Faith-based hospitals are not the only option for providing care to underserved and Medi-Cal patients.

A letter from a large group of reproductive and LGBTQ+ advocacy organizations, including the ACLU, CA National Organization for Women, Equality California, NARAL Pro-Choice America, and National Center for Transgender

[3] Letter to President Napolitano, 21 Feb. 2020
[4] Letter to President Napolitano, 14 Mar. 2020
[5] Designated Institutional Officials UC Health, Letter to President Napolitano, 13 Mar. 2020
[6] Dignity Health, Letter to President Napolitano and Board of Regents, 14 Mar. 2020
[7] NARAL Pro-Choice California, Letter to President Napolitano and Chancellor Gillman, 21 Feb. 2020

Equality, among others, asserted that the University is a national leader and example. *"As threats to reproductive health care access continue to escalate at the national level, and more barriers are erected against LGTBQ individuals seeking care, UC must remain firmly committed to its history and bedrock principles of inclusive, unbiased care."*[8]

In addition, the legality of affiliations with faith-based institutions was called into question by some organizations that urged the president to reject Option 1. The ACLU stated *"that affiliations that restrict health care provided by UC faculty, students, and staff and to UC patients based on religious doctrine violate state and federal law."*[9] The ACLU cited cases and provided exhibits supporting this claim. In addition, the California Women's Law Center also asserted that *"Option 1 fails to mandate that University of California Health (UC) not allow religious perspectives to influence the care it provides. Instead, this option will permit UC to place providers and patients in hospitals where services are restricted by religious doctrine."*[10]

The UC Academic Senate is comprised of many systemwide and campus senates and associated committees. While all committees were not in agreement, 15 of their 47 responses directly supported Option 2 or ending affiliations. Several responses expressed concern regarding the protection of academic freedom from discriminatory religious based restrictions. The UC Riverside Committee on Academic Freedom states that *"Academic Freedom is threatened and/or potentially violated due to discriminatory religious based restrictions on medically based treatment of patients, sharing information, and ability to perform procedures."*[11] Members of the UCLA Graduate Council also expressed *"concern regarding the type of training and research available to UC graduate students, post-doctoral scholars, and researchers who may be limited in the kind of procedures that they can observe, train, and practice. Members were also concerned that restrictions might hinder the ability to train at the same level of confidence."*[12]

Other Comments and Options

Several groups and individuals offered comments and variations to the options mentioned in the report. As previously mentioned, the UC Academic Senates and associated councils and committees were not aligned on a response to this matter, and in some instances, offered alternate options. Some committees suggested using Option 2 as a standard, but with established, adequate safeguards and evidence as to the greater common good, allowing affiliations using principles in Option 1. The UC Committee on Planning and Budget stated *"that an absolute prohibition on such relationships might adversely affect access to care, including through entities such as the Veterans Affairs (VA) hospitals that by law cannot provide abortion services"* and suggested that *"business agreements with external entities that exercise discriminatory policies should be avoided unless overwhelming evidence as to the greater common good is found to reach a high bar."*[13]

Some groups, whether in support or opposition of affiliations, suggested increased accountability in monitoring contracts. The UCSF Academic Senate suggested a shared governance, systemwide committee with sufficient expertise *"in order to properly vet affiliation proposals"* and that *"each proposed evaluation be supported by real data, and meaningful analysis of the impact across all aspects – clinical, academic, educational, research and across all scales."*[14] In addition, a UC student suggested systemwide communications and data storage *"to report immediate instances of individuals seeking procedures which are denied due to instituted ERDs."*[15]

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[8] Various Reproductive and LGBTQ Organizations, Letter to President Napolitano, 16 Mar. 2020
[9] ACLU, Letter to President Napolitano, 26 Feb. 2020
[10] California Women's Law Center, Letter to President Napolitano, 27 Feb. 2020
[11] UCR Committee on Academic Freedom, Letter to Chair UCR Academic Senate, 14 Feb. 2020
[12] UCLA Graduate Council, Letter to Chair UCLA Academic Senate, 18 Feb. 2020
[13] Chair University Committee on Planning and Budget, 20 Feb. 2020
[14] Chair UCSF Academic Senate, 19 Feb. 2020
[15] Letter to President Napolitano, 20 Feb. 2020

APPENDIX A: Sample Public Comments Submitted Via Website

Support Option 1/Expand Care Options: 325 responses

From a UC faculty/staff:

I support Option 1 with a representative system-wide committee overseeing the terms of affiliations so as to strongly uphold UC principles and values. I believe an approach that is adaptable and responsive is the best approach for this particular challenge and for other ethical challenges that are sure to come in the future. Option 2 is too dogmatic and rigidly preferentially supports one set of concerns (ie LGBTQ, EOL, etc) over others (e.g., serving underserved populations). Option 1 overseen by a transparent and fair system-wide committee gives the best chance for UC to pursue a wise course now and in the future.

From a UC patient (includes text issued as part of a campaign):

I am writing in support of the partnership between the University of California (UC) Health and faith-based hospital systems, including Dignity Health. Helping people stay healthy requires access to an array of specialized health and social services. The academic medical centers, public health departments, and state health agencies that partner with Dignity Health hospitals and other faith-based health providers help thousands of patients each year, including underserved populations, receive timely access to many important services including cancer care, mental health, trauma, LGBTQ health, and several others. Many of these partnerships have resulted in life-saving services or public health programs that would not otherwise be available. I urge you to continue to support these crucial partnerships, to ensure continued access to critical care and health services for the people who need them most.

From a member of the general public:

I applaud the WGCA's careful and thoughtful report, which clearly represents hundreds of hours of deliberation. In addition, the WGCA shows its commitment to the public, its staff and students, and its patients by offering both options for our consideration. Prior to reading the report, I felt strongly that UC should not allow affiliations with hospitals and clinics that allow policy restrictions on care due to religious beliefs. However, I now understand that while policy restrictions on care exist in many facilities, the larger purpose of serving the interests of all patients, especially including the underserved, should be valued at least as importantly in considering whether to affiliate. Therefore, I have become convinced that UC can best accomplish its goals by selecting Option 1, that is to express strongly its values of inclusivity and its policies of offering care to all, while allowing affiliations with hospitals that do have policy restrictions. Perhaps Option 1 can be beefed up, so that it is clear when such hospitals chose affiliation, they are also tacitly agreeing to abide by the ethical policies of UC Health. This might allow some compromise, whereby entities such as St. Vincent de Paul might be an affiliate in an underserved area by merely signing an agreement to allow UC personnel to operate in the ways that they deem fit. If Option 2 is selected, then the door is firmly closed to such needed affiliations.

From a (non-UC) professional association:

I am writing in support of partnerships between the University of California (UC) Health and faith-based hospital systems, including Dignity Health. As the second largest community college district in the state (serving 70,000 students annually), Los Rios Community College District plays a vital role in training health care professionals across the Sacramento region. Our numerous allied health programs serve hundreds of students each semester, and these students depend on our local hospital systems to provide access to clinical placements, so they can learn and practice the skills necessary to be outstanding health care professionals. We are concerned about the long-term implications on allied health students' access to clinical placements of any proposal that would end or otherwise limit public-private partnerships in health care. Training the next generation of health care professionals requires public-private partnerships in health care. The academic medical centers, public health departments, and state health agencies that partner with Dignity Health hospitals and other faith-based health providers increase access to health care training for allied health students in our regions. Partnerships between public health agencies, academic medical centers, social service organizations, and private providers, including faith-based providers, are common across the state and the country and are a key part of the public health system in the Sacramento region. I urge you to support these crucial partnerships and vitally needed services, so that allied health students across our region can continue to have access to vital training opportunities.

Ensure Restricted Procedures/Promote Evidence Based Medicine: 478 responses

From a UC faculty/staff:
I understand the need to expand care to underserved populations across California, but from my understanding, it seems there will always be a chance that the rights of women and LGBTQ+ people -- and the most current science-based standards of practice -- may be compromised at Catholic-affiliated hospitals. It also seems we are discussing the underserved, women, and LGBTQ+ people as distinct groups, and ignoring the lived reality of intersectional identities. Why do we need to sacrifice our commitment to evidence-based standards of practice in order to expand clinical care? If UC has been able to divest its assets from tobacco and fossil fuels, lead the way in providing benefits to same-sex partners, and defend undocumented Dreamers, can UC be a leader on this issue as well? I also feel that despite the months-long dialog and the dedicated work of the systemwide WGCA, that it still may be too soon to make a final decision on this complex issue.

From a UC student:
After reviewing the report, I believe that a combination of Option 1 and 2 would best serve the UC Health priorities of providing high quality and evidence-based care to a wider community, managing resources, and providing training. The principles from Option 1 may be #1, #5, and #7 would allow UC to work with religious affiliates, while adhering to their standard of care through information and referrals. I recommend that principles #2, #3, and #4 be adopted from Option 2 due to their stronger and clearer language. Principle #2 would include an express statement that UC personnel and trainees will not abide by religious directives, as opposed to simply not having religious directives included as a provision. There needs to be an explicit, signed agreement laying out this understanding. Principle #3 (Option 2) should also be included because it states that UC sees restricting health services based on religious beliefs as discriminatory. Finally, an important piece of language in Principle #4 (Option 2) is that access to services does not decreased in the facilities that the receive care. I did not take "facilities where they receive care" to mean one affiliate/hospital, but the whole UC system as a whole. It is imperative that if UC enters into partnerships with religious affiliates that they are able to provide services to their patients (either at the current or referral facility). "Maintaining services" allows for patients who normally don't have access to certain health services to continue to go without. There was no difference in language for Principle #6. I am not clear on the hierarchy of medical staff. In what cases do the affiliate roles supersede UC ones? Regardless of all the monitoring, before accepting a course of action, it needs to be clear that UC will always be able to carry out their duties outlined in Principle #1 (Option 1). Thank you for your time, consideration, and commitment to patient care.

From a member of the general public:
Women are entitled to an abortion if they want one. Everyone should be able to die with dignity if they want. No one should be denied proper health care. No one.

From a non-UC medical professional:
Option 1 will lead to a lower level of care and psychological harm, with high risk for sequelae of physical harm secondary to poor care, if it is enacted. As a California physician I cannot support affiliations with groups or hospitals that prohibit full spectrum care of women (including abortion, assisted fertility such as IVF, contraception) and encourage psychological harm of transgender individuals by refusing to provide gender-affirming care (both hormonal and surgical). These institutions have a long track record of discrimination against LGBTQ, women who have values that don't perfectly align with their religious doctrine and individuals who disagree with their view - which further raises concerns. In addition to the risk to patients, there is risk to any students or physicians whose own existence violates Catholic doctrine policies. While religiously affiliated hospitals may have done some good in the past, and serve many people, their open discrimination (and failure to provide medical procedures and prescriptions considered standard of care) is a violation of the oaths physicians swear upon graduation from medical school. California's public university system must remain unequivocal it its support of contraception, abortion and gender affirming care.

Reject Option 1: 535 responses

From a UC faculty/staff (includes text issued as part of a campaign):
As one of the 900,000 members of Equality California, the nation's largest statewide LGBTQ+ civil rights organization, I'm calling on the University of California to reject proposal 1 of the Working Group on Comprehensive Access's report. It's time for the UC System to end affiliations that discriminate against members of the LGBTQ+ community and women. No one should be denied care because of religiously-imposed limits. As a public healthcare institution, UC has an obligation to ensure that patients receive care without discrimination. I strongly oppose Proposal 1 and urge the UC system to uphold our California values.

From a UC alumnus (includes text issued as part of the ACLU campaign):
I am a sexually queer, transgender, and pro-choice alumnus and former adjunct faculty at UC Davis. I believe in separation of church and state and that religious ideology and bigotry has no place in medicine. As a public institution, the University of California should never engage in any affiliations that subject its providers, staff, or patients to religious restrictions on care. Reject Option 1 provided in this report and find a way to serve Californians that doesn't harm and discriminate against patients by denying them comprehensive reproductive and LGBTQ-inclusive health care.

From a UC patient:
My daughter has been a patient of the UCSF pediatric cardiology department since her birth 18 years ago. I was horrified to learn that University of California is still engaged in an affiliation that subjects its providers, staff, and patients to religious restrictions on care. For the dignity of our state, you must reject Option 1 and find a way to serve Californians that doesn't harm and discriminate against patients and deny them comprehensive reproductive and LGBTQ-inclusive health care. An injustice to one is an injustice to all. Not only as a parent of a patient, also as a tax payer of the state of California. You've done so much good work, why taint it with discriminatory behavior based on religion? Thank you for your time.

From a member of the general public *(includes text issued as part of the ACLU campaign)*:
As a public institution, the University of California should not engage in any affiliations that subject its providers, staff, or patients to religious restrictions on care. Reject Option 1 provided in this report and find a way to serve Californians that doesn't harm and discriminate against patients by denying them comprehensive reproductive and LGBTQ-inclusive health care.

From a non-UC professional association:
The National Center for Transgender Equality (NCTE) is one of the nation's leading social justice organizations working for life-saving change for transgender people at the federal, state, and local levels, including the transgender community in California. Thank you for allowing us to provide feedback on UC Health's affiliations with selected health systems throughout California. We are concerned that adopting Option 1 would exacerbate deep inequities in the delivery of healthcare services. Though Option 1 purports to prohibit discrimination, it institutionalizes it. Under the proposal, UC would place its providers and patients in hospitals where patient care is restricted by religious doctrine. These restrictions often discriminate against patients and harm them by denying them reproductive and gender-affirming health care. These policies can affect patient care across a broad spectrum of services, including mental health, primary care, cancer care, and cardiology. Healthcare providers would also be harmed by Option 1. Staff and students who are transgender should not be forced to work in environments where their gender identities are not respected. No clinician should be asked to refrain from providing the medically appropriate, evidence-based advice and treatment all patients deserve. The type of affiliation permitted under Option 1 violates UC's obligation to be free of religious influence and undermines UC's commitment to evidence-based medicine. It also stands in stark opposition to UC's professed values of equity and inclusion. We ask you to adopt guidelines that draw a clear line and affirmatively prohibit religious restrictions on UC health care. At a time when reproductive health care and the transgender community are under attack, it is all the more critical that UC strengthen its commitment to its principles, not compromise them at the expense of its patients' health and rights. Sincerely, The National Center for Transgender Equality

Support Option 2/End Affiliations/No Religious Restrictions to Care/Not Aligned with UC Values: 2956 responses

From a UC faculty/staff (includes text issued as part of a campaign)
The University of California must not affiliate with health systems that use religious directives to prohibit essential medical care for women and LGBT people. I support OPTION 2 in this report because UC patients should not receive care that is restricted based on Catholic religious doctrine. UC doctors, nurses, and students should not be asked to work in hospitals where religious policies prevent them from providing scientifically-based standard of care services. While other states are working to decrease access to women's reproductive services and lack protections for LGBT people, California's public university system must be strong and unequivocal it its support of contraception, abortion and gender affirming care.

From a UC faculty/staff:
Although I sympathize with the arguments presented with Option 1, as a public institution, Option 2 seems right to me. Especially in a state as diverse as California, UC can lead the way into a world where all people can receive or be referred to the care they need , and be treated respectfully for their values, at any site that has UC affiliation. Having worked at an institution in the past where medical students were unable to learn clinical skills related to abortion and similar procedures, which should be taught regardless of whether the student makes a choice to include such practice in their practice after graduation, is fundamental to upholding the rights of all humans to receive the care they need without bias and judgement. I support and appreciate the discussion UC is having around this and especially support Option 2. For sites where particular training is only available at institutions with more restrictive practices (e.g., Dignity burn unit), I would encourage UC to explore other options or to better utilize the entire UC enterprise for alternative solutions or options in the system so that trainees can gain exposure and experience without compromising on the values that UC sets for equal comprehensive care. Thank you for providing the opportunity to provide feedback.

From a UC patient:
I strongly support OPTION 2 as I am adamantly against UC Health affiliating with organizations (i.e. religiously affiliated organizations) that would restrict the range of science based, safe, medically approved, and widely used medicines, procedures, and standard care services. This is against everything that I think of when it comes to UC Health, which I have been a patient at for over ten years.

From a UC retiree:
I am a retired UCSF RN, who also worked at St. Mary's (now part of Dignity Health) in the more distant past. I strongly support Option 2. I am opposed to UCSF affiliating with Dignity Health because UCSF should not participate in training or providing care that discriminates against the LGBTQ community, does not allow women control over their bodies and will not honor the legal right to death with dignity. When I worked in the adolescent psychiatric unit at St. Mary's, high risk adolescents were not given access to birth control or anonymous HIV testing. Religion has no place in determining standards of healthcare. UCSF is a public institution. As a nurse and a taxpayer I urge UCSF not to affiliate with Dignity Health.

From a non-UC medical professional
I support Option 2 regarding the affiliation with religious hospitals. I believe doctors, nurses and patients must not be subject to religious restrictions that deny women the right to care, as well as terminally ill patients requesting legal end-of-life treatments. As a gynecologic oncologist, I am very concerned about the restrictive ERD's and standard of care. Many cases have been reported of women with complications of impending miscarriages and ectopic pregnancies becoming seriously ill or even dying after being admitted to a Catholic hospital, due to improper treatment caused by these restrictive doctrines. These women often had no choice of hospital due to the emergency status of the situation or lack of hospital options in their area. Most patients admitted to a Catholic hospital do not even know about these restrictions. Other restrictions I am concerned about include inability to perform a tubal ligation during a C-section. This restriction requires a new mom to get an outpatient sterilization procedure - forcing her to leave her newborn for the day and submit to the additional costs, anesthesia and risks of a second surgical procedure. As an oncologist who treats terminally ill cancer patients, I am concerned about patients suffering from

severe end-of-life conditions. Even though we have an Aid In Dying law in California, patients being treated by physicians who work in Catholic hospitals cannot obtain the needed medications from their physicians due to the ERD restrictions, even as out-patients. As stated in the Directives: "Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of "Redemptive Suffering(!)" I strongly believe any affiliation between the UC system and Catholic hospitals without strong firewalls protecting against restrictive care is wrong.

From a non-UC medical professional (includes text issued as part of the NARAL campaign)
As a member of NARAL Pro-Choice America and part of the 8 in 10 Californians who support reproductive freedom, I'm calling on you to reject religiously imposed limits outlined in this report. It's time for you to end affiliations that discriminate against women and members of the LGBTQ+ community. No one should be denied care because of religious interference. As a public healthcare institution, UC has an obligation to ensure that patients receive appropriate care. Failure to provide this care puts Californians' health in real jeopardy.

From a member of the general public:
No one should be denied care because of religious interference. As a public healthcare institution, UC has an obligation to ensure that patients receive appropriate care. Failure to provide this care is not only wrong, it puts Californians' health in real jeopardy.

From a member of the general public:
No religious restrictions on medical care!

Separate Church and State: 180 responses

From a UC alumnus:
Do NOT enter into any agreement with any religious organizations. When religion dictates the type and level of care that will be given, the patients lose. UC is a government entity, and even though the religious fundamentalists want to do away with science everywhere, UC needs to maintain the separation of church and state. Entering into any agreement with religiously run medical groups breaks that separation and endangers people's lives.

From a UC patient:
Please act within the guidelines of the separation of church and state which is the basis of this country. Keeping in mind that UC is a public entity, there should be no religious interference in any treatment.

From a member of the general public:
Separation of Church and State was so important to the Founding Fathers that they put it in the First Amendment. There is no room for discrimination in health care. The concept is against everything the Hippocratic Oath stands for.

From a non-UC professional association:
As an organization committed to evidence-based, bias-free health care for Californians, California Nurse-Midwives Association is deeply concerned by Option 1 proposed in the Working Group on Comprehensive Access report. This option does not firmly state that UC must never permit religious influence on the care it provides. Instead, Option 1 would still allow UC to place its providers and patients in hospitals where patient care is restricted by religious doctrine. The type of affiliation permitted under Option 1 violates UC's obligation to be free of religious influence and undermines UC's commitment to evidence-based medicine. It also stands in stark opposition to UC's professed values of equity and inclusion. The religious health care restrictions often discriminate against patients and harm them by denying them reproductive and LGBTQ-inclusive care, and these restrictions can affect patient care across a wide spectrum of services, including mental health, primary care, cancer care, and cardiology. We ask you to adopt guidelines that draw a clear line and affirmatively prohibit religious restrictions on UC health care. At a time when reproductive health care and LGBTQ people are under attack, it is all the more important that UC strengthen its commitment to its principles, not compromise them at the expense of its patients' health and rights.

Other Comments: 181 responses

From a UC faculty/staff:
As a UCD physician, I am appalled that UC would consider partnering with a health system that does not universally advocate for the best, evidence-based care for all patients, period. That being said, the issues that exist are partially related, at least at UCD, to limited insurance contracts. Patients can be fully served at UCD offices but the fact that UCD fails to accept many insurances, especially for the underserved in our community, means they have no choice but to go to health systems like DIgnity. Choices like this, on the part of UCD, create the problem in the first place. The answer is to ensure that UCD can open its doors to all who need the best care and not force them to receive care at facilities where care is restricted. A reasonable alternative is for UC to enter into service contracts to provide care in partnership with faith-based hospitals, as long as the independence of the physician is protected. Within UC, we have academic freedom to do what is right in our own minds - we deserve the same if we are acting on behalf of UC in a contract situation as well. Accordingly, I am in favor of allowing contracts as long as the independence of the UC clinician is protected. More importantly, I feel that the best way for UC to minimize the issue is to expand the insurances accepted so that the patients can be seen at UC in the first place. The report states "More generally, given that many HMO patients are unable to access care outside of the HMO's established network, affiliation agreements help optimize the care available to patients across California and extend the care that can be delivered from UC owned and operated facilities. These arrangements also lower costs for the health system and our health plans." Well, expand your HMO contracts and invest in the UC system. Look at growth from large east coast systems. Such growth can be very successful. In general, the problem is that UC is looking at this all through the wrong lens.

From a UC faculty/staff:
The letter from the Academic Senate Representatives to the Working Group on Comprehensive Access raises essential questions regarding whether affiliation with Catholic and other religious medical institutions is actually the best way to expand competent, inclusive, quality healthcare to vulnerable populations currently being served at those institutions. Are there other networks of outreach that either exist now or can be developed? Are there means of transportation that could be utilized? Are there new facilities that could be created? And in prioritizing the goal of expanding fully accessible healthcare to our state's most vulnerable people, is a binary choice between no affiliation or full affiliation denying us a broader spectrum of approaches? Could certain affiliations, or aspects of them, be phased out as new resources for patients are developed?

From a UC student:
I am a medical student at UCSF. There has been a lot of student advocacy against UC affiliation with health systems that use religious directives to prohibit medical options for women and LGBTQ+ people. While I agree that we must move towards implementing evidence-based medical care that is free from restrictions, it is unwise to disengage from organizations such as Dignity Health entirely. Isolation is a short-sighted response. UC doctors, nurses, and students should be exposed to ethically challenging situations because they should be competent at working in imperfect systems that reflect the real world. "My way or the highway" stances are leading to increasing divisiveness and exacerbating the very disparities women's and LGBTQ health advocates want to eliminate. I am not usually one to post a public comment, but given the extremely one-sided and vocal support for option 2 among students, I feel compelled to share that there are students who want a more nuanced approach than an outright ban on working with groups we may have moral disagreements with.

From a non-UC medical professional:
I have worked for Dignity Health for more than five years and have not witnessed institutional limitations that prevented patients from receiving any care.

From a member of the general public:
I'm concerned about publicly trained doctors and nurses gaining their experience in clinics that prevent the practice of certain skills. I expect a doctor with a degree from a public university to be fully trained in an unbiased way.

APPENDIX B: Summary of Letters and Sentiment

#	Affiliation	Sentiment	Submitted By
1	Non-UC Association	Support Option 1	America's Essential Hospitals (AEH)
2	Non-UC Association	Support Option 1	CEO Adventist Health
3	Non-UC Association	Expand Care Options	Association of American Medical Colleges
4	Non-UC Association	Expand Care Options	California Association of Public Hospitals and Health Systems
5	Non-UC Association	Expand Care Options	California Hospital Association
6	Non-UC Association	Expand Care Options	CEO Dignity Health
7	Non-UC Association	Expand Care Options	Self-Help for the Elderly
8	Non-UC Association	Expand Care Options*	Community Against Sexual Harm
9	Non-UC Association	Expand Care Options*	Greater Sacramento Economic Council
10	Non-UC Association	Expand Care Options*	Peach Tree Health
11	Non-UC Association	Expand Care Options*	Sacramento Asian Pacific Chamber of Commerce
12	Non-UC Association	Expand Care Options*	San Mateo County Economic Development Assoc.
13	Non-UC Association	Reject Option 1	American Civil Liberties Union Northern California
14	Non-UC Association	Reject Option 1	California Women's Law Center's
15	Non-UC Association	Reject Option 1	Reproductive and LGBTQ Groups
16	Non-UC Association	Support Option 2	Compassion and Choices
17	Non-UC Association	Support Option 2	NARAL Pro Choice
18	Non-UC Association	Other Comments	California Medical Association
19	Non-UC Association	Other comments	Dignity Health CMO and Physicians
20	Non-UC Association	Other Comments	Planned Parenthood Affiliates of California
21	Non-UC Association	Other comments	World Professional Association for Transgender Health
22	Non-UC Medical Professional	Expand Care Options	redacted
23	Non-UC Medical Professional	Expand Care Options*	redacted
24	Non-UC Medical Professional	Expand Care Options*	redacted
25	Non-UC Medical Professional	Other Comments	redacted
26	Non-UC Member of Public	Ensure restricted procedures	redacted
27	Non-UC Member of Public	End affiliations	redacted
28	Non-UC Member of Public	No religious restrictions to care	redacted
29	Non-UC Member of Public	No religious restrictions to care	redacted
30	UC Academic Senate: OVERVIEW	Other Comments	UC Academic Senate and Systemwide Committees
31	UC Academic Senate	Support Option 1	UCD Division Council
32	UC Academic Senate	Support Option 1	UCLA David Geffen School of Medicine FEC
33	UC Academic Senate	Support Option 1	UCR School of Medicine Faculty Executive Committee
34	UC Academic Senate	Support Option 1	UCSF Clinical Affairs Committee
35	UC Academic Senate	Expand Care Options	UCM Committee for Diversity and Equity
36	UC Academic Senate	Expand Care Options	UCR Committee on Planning and Budget

#	Affiliation	Sentiment	Submitted By
37	UC Academic Senate	Expand Care Options	UCSF Committee on Academic Personnel
38	UC Academic Senate	Expand Care Options	UCSF Committee on Academic Planning and Budget
39	UC Academic Senate	Expand Care Options	UCSF Division of the Academic Senate
40	UC Academic Senate	Reject Option 1	UCLA Academic Senate
41	UC Academic Senate	Reject Option 1	UCR Committee on Academic Freedom
42	UC Academic Senate	Support Option 2	UC Committee on Affirmative Action, Diversity, and Equity
43	UC Academic Senate	Support Option 2	UC Committee on Planning and Budget
44	UC Academic Senate	Support Option 2	UCFW Health Care Task Force Sub-Committee
45	UC Academic Senate	Support Option 2	UCI Division Council
46	UC Academic Senate	Support Option 2	UCLA Faculty Executive Committee
47	UC Academic Senate	Support Option 2	UCR Committee on Diversity, Equity and Inclusion
48	UC Academic Senate	Support Option 2	UCSB Committee on Diversity and Equity
49	UC Academic Senate	End affiliations	UCB Committee on Faculty Welfare
50	UC Academic Senate	No religious restrictions to care	UC Committee on Academic Freedom
51	UC Academic Senate	No religious restrictions to care	UCB Division Council (DIVCO)
52	UC Academic Senate	No religious restrictions to care	UCM Committee for Faculty Welfare and Academic Freedom
53	UC Academic Senate	No religious restrictions to care	UCSB Council on Faculty Welfare, Academic Freedom and Awards
54	UC Academic Senate	Not Aligned with UC Values	UC Committee on Research Policy
55	UC Academic Senate	Not Aligned with UC Values	UCLA Luskin School of Public Affairs FEC
56	UC Academic Senate	Not Aligned with UC Values	UCR CNAS Executive Committee
57	UC Academic Senate	Other Comments	UCLA Committee on Diversity, Equity and Inclusion
58	UC Academic Senate	Other Comments	UCLA Council on Planning and Budget
59	UC Academic Senate	Other Comments	UCLA Council on Research
60	UC Academic Senate	Other Comments	UCLA Faculty Welfare Committee
61	UC Academic Senate	Other Comments	UCLA Fielding School of Public Health FEC
62	UC Academic Senate	Other Comments	UCLA Graduate Council
63	UC Academic Senate	Other Comments	UCLA GSIES FEC
64	UC Academic Senate	Other Comments	UCLA Undergraduate Council
65	UC Academic Senate	Other Comments	UCM Committee for School Executive Committees
66	UC Academic Senate	Other Comments	UCR Committee on Faculty Welfare
67	UC Academic Senate	Other Comments	UCR Division of the Academic Senate
68	UC Academic Senate	Other Comments	UCR Executive Council
69	UC Academic Senate	Other Comments	UCSF Committee on Educational Policy
70	UC Academic Senate	Other Comments	UCSF Committee on Equal Opportunity
71	UC Academic Senate	Other Comments	UCSF Committee on Faculty Welfare
72	UC Academic Senate	Other Comments	UCSF School of Dentistry Faculty Council

#	Affiliation	Sentiment	Submitted By
73	UC Academic Senate	Promote Evidence Based Care	UC Committee on Faculty Welfare
74	UC Academic Senate	Support Option 1	UCSF Academic Senate
75	UC Academic Senate	Expand Care Options	UCI SOM Academic Senate Executive Committee
76	UC Academic Senate	Other Comments	UCI College of Health Sciences Executive Committee
77	UC Alumni	No religious restrictions to care	redacted
78	UC Alumni	No religious restrictions to care	redacted
79	UC Alumni	No religious restrictions to care	redacted
80	UC Association	Support Option 1	UC Cancer Center Presidents and UC Cancer Consortium
81	UC Association	Support Option 1	UCLA SOM Chairs
82	UC Association	Support Option 1	UCSF Clinical Chairs
83	UC Association	Support Option 1	UCSF Health Executive Council
84	UC Association	Support Option 2	UC Student Association
85	UC Association	No religious restrictions to care	Associated Students of UC, UCB
86	UC Faculty/Staff	Support Option 1	redacted
87	UC Faculty/Staff	Support Option 1	redacted
88	UC Faculty/Staff	Support Option 1	Designated Institutional Officials UC Health
89	UC Faculty/Staff	Support Option 1	redacted
90	UC Faculty/Staff	Support Option 1	redacted
91	UC Faculty/Staff	Support Option 1	redacted
92	UC Faculty/Staff	Support Option 1	redacted
93	UC Faculty/Staff	Support Option 1	redacted
94	UC Faculty/Staff	Support Option 1	redacted
95	UC Faculty/Staff	Support Option 1	redacted
96	UC Faculty/Staff	Support Option 1	redacted
97	UC Faculty/Staff	Support Option 1	redacted
98	UC Faculty/Staff	Support Option 1	UC Health Leadership
99	UC Faculty/Staff	Support Option 1	UCD Department Chairs
100	UC Faculty/Staff	Support Option 1	UCI Department Chairs
101	UC Faculty/Staff	Support Option 1	UCSD Health Sciences Department Chairs
102	UC Faculty/Staff	Support Option 1	redacted
103	UC Faculty/Staff	Expand Care Options	redacted
104	UC Faculty/Staff	End affiliations	redacted
105	UC Faculty/Staff	No religious restrictions to care	redacted
106	UC Faculty/Staff	Other comments	redacted
107	UC Patient	Expand Care Options	redacted
108	UC Patient	Expand Care Options	redacted

#	Affiliation	Sentiment	Submitted By
109	UC Patient	Expand Care Options	redacted
110	UC Patient	Expand Care Options	redacted
111	UC Patient	Expand Care Options	redacted
112	UC Student	Other Comments	redacted

APPENDIX C: Response Sentiment Coding Key & Examples

The following codes were used to review and categorize sentiment of public comment on the Chair's Report on the Working Group on Comprehensive Access. When sender explicitly cited support/opposition to Option 1 or Option 2 - along with other comments – the code reflected the option number. If sender did not cite a specific option number, then a code was applied that best described the submitter's sentiment.

<table>
<tr><td colspan="2">Support Option 1
To be used only when sender explicitly states support for Option 1 by number</td></tr>
<tr><td>Without Dignity Health, I would have had to use an emergency room for non-emergency situations. … While I very much disagree with religious based limitations on healthcare, I even more disagree with not providing healthcare. People still need care and, often, they are seeking care for routine conditions. I would opt for Option 1 and have a plan for people to be able to receive the care they need if it is outside of the scope of the healthcare organization.</td><td>As a practical matter I see adopting option 1 with its principles clearly stated in affiliation agreements as serving the best interests of California patients as well described. …. However, all affiliations must agree that emergency care such as bleeding from a miscarriage in which delays in transfer to another hospital would risk the life of the individual based on the judgement of the attending physician must be available at any affiliated hospital.</td></tr>
<tr><td colspan="2">Support Option 1* (with asterisk)
To be used only when sender explicitly states support for Option 1 by number using identical language</td></tr>
<tr><td colspan="2">I support Option One, which would allow UC Health to continue its relationships with faith-based institutions. Option One is the only way to ensure that we can live out UC's strong public service mission: to take care of all people, regardless of gender, sexual orientation, gender identity, religion, or geography. Option Two would conflict with these UC values, and limit care to some of the Californians who need it most. We at the University of California need to be able to work with all healthcare providers who share our deep commitment to high-quality, equitable care to the many diverse communities we serve.</td></tr>
<tr><td colspan="2">Expand Care Options
To be used when sender does not expressly state support for Option 1 but favors patients having more access points</td></tr>
<tr><td>To whom it may concern: As a Dignity Health employee and resident in an area with a significant UC presence, I must express my support for partnerships between the UC system and faith-based hospital systems. In many cases, Dignity Health hospitals provide specialized services that UC hospitals don't have space to provide. If we couldn't partner, how would those patients get care? These two systems have partnered for many years without issue, and I don't see a compelling reason for that to end.</td><td>I believe our responsibility as a health care system is to provide as many options to our patients as possible. By eliminating health care systems from our patients just because they don't perform some services is counter-productive to our ever-expanding overflow of patient needs. If people are opposed to the views of a particular medical center, they have the option to go to other locations that do provide these services. …</td></tr>
</table>

Expand Care Options* To be used when sender does not expressly state support for Option 1 but favors patients having more access points using identical language
I am writing in support of partnerships between the University of California (UC) Health and faith-based hospital systems, including Dignity Health. Helping people stay healthy requires access to an array of specialized health and social services. The academic medical centers, public health departments, and state health agencies that partner with Dignity Health hospitals and other faith-based health providers help thousands of patients each year, including underserved populations, receive timely access to many important services including cancer care, mental health, trauma, LGBTQ health, and several others. Many of these partnerships have resulted in life-saving services or public health programs that would not otherwise be available. I urge you to c**ontinue to support these crucial partnerships, to ensure continued access to critical care and health services** for the people who need them most.
Ensure Restricted Procedures To be used when sender does not refer to an option number but comments indicate harm when services not available or states UC should ensure such services are available

UC Health **must not reduce critical healthcare services, such as gender affirming, end-of-life and reproductive services**. UC is a public school system and should not be influenced by religious or other organizations seeking a non-health-based agenda. Thank you for your consideration.	Support affiliates that provide **ALL reproductive health services, end-of-life options, gender-affirming procedures** and other types of care. Do NOT support those that deny the care.
Promote Evidence-based Care To be used when sender refers to importance of 'best' medicine or role of science.	
I am surprised and upset to learn that UC Health embraces institutions which impose religious restraints on medical care. UC should be vigilant in **providing the best in health care, not in applying non-medical criteria to such provision.**	Medical care needs to be **based on the best possible science** we have and not be defined or limited by religious beliefs that are not based on science and often prejudice against good scientifically based care.
Reject Option 1 To be used when sender explicitly cites opposition to Option 1	
Health care should be chosen between the provider and their patient. It is the provider's responsibility to inform the patent of all the choices. They should not be constrained by religious biases. They should not be constrained by prejudices and exclusionary biases regarding their lifestyle choices. These most personal decisions are the patient's own alone. **Option One should be rejected**.	I am both a UC alumna and a UC patient, and I urge you not to permit religious restrictions on care at UC or its affiliates. **Please do not adopt Option 1**.

Reject Option 1 * (with asterisk) To be used when explicit cites opposition to Option 1 using identical language
"As a public institution, the University of California should not engage in any affiliations that subject its providers, staff, or patients to religious restrictions on care. **Reject Option 1** provided in this report and find a way to serve Californians that doesn't harm and discriminate against patients by denying them comprehensive reproductive and LGBTQ-inclusive health care."

Support Option 2 To be used when sender explicitly states support for Option 2 by number	
I believe UC entities should protect the values and diversity of all patients. Most importantly UC entities and any Non-UC affiliations should provide medically appropriate care to everyone including women and LGBTQ+ persons irrespective of various religious views or non-medically based views. I hope and urge UC to **select OPTION 2**: PROHIBIT AFFILIATIONS WITH NON-UC ENTITIES THAT PROHIBIT CERTAIN SERVICES FOR WOMEN AND LGBTQ+ PEOPLE.	I **support option 2.** California's PUBLIC university system must be strong and unequivocal in its support of contraception, abortion, and gender-affirming care.
Support Option 2* (with asterisk) To be used when sender explicitly states support for Option 2 by number using identical language	
"The University of California must not affiliate with health systems that use religious directives to prohibit essential medical care for women and LGBT people. I **support OPTION 2** in this report because UC patients should not receive care that is restricted based on Catholic religious doctrine. UC doctors, nurses, and students should not be asked to work in hospitals where religious policies prevent them from providing scientifically-based standard of care services. While other states are working to decrease access to women's reproductive services and lack protections for LGBT people, California's public university system must be strong and unequivocal it its support of contraception, abortion and gender affirming care."	
End Affiliations To be used when sender does not mention an option number but includes 'end affiliations' or 'not affiliate' or similar statement	
I am a UCSF physician, and I would strongly prefer that UC **not affiliate** with healthcare organizations that deny care to their patients for religious reasons. To me, that makes us complicit, and sets medicine and society backward far more than it benefits anyone.	UC absolutely **should NOT!!!!! affiliate** with any health care system that does not allow the full range of women's health options. The Catholic church needs to get out of the health care business-it is incompetent and unethical. I personally will not practice in any place that does not uphold women's rights.
End Affiliations* (with asterisk) To be used when sender does not mention an option number but includes 'end affiliations' or 'not affiliate' or similar statement using identical language	
As a member of NARAL Pro-Choice America and part of the 8 in 10 Californians who support reproductive freedom, I'm calling on you to reject religiously imposed limits outlined in this report. It's time for you to **end affiliations that discriminate** against women and members of the LGBTQ+ community. No one should be denied care because of religious interference. As a public healthcare institution, UC has an obligation to ensure that patients receive appropriate care. Failure to provide this care puts Californians' health in real jeopardy.	I'm a member of Indivisible East Bay. I'm calling on you to reject religiously imposed limits outlined in this report. The University of California needs to **end affiliations that discriminate** against women and members of the LGBTQ+ community. No one should be denied care because of religious interference. UC is a public healthcare institution and has an obligation to ensure that patients receive appropriate care. You put Californians' health in real jeopardy by failing to provide this care.

No Religious Restrictions to Care To be used when sender objects to religious restrictions to care or inappropriate combination of religion in health care	
I urge you to draw a clear line to **prevent religious restrictions** on the care that you provide.	Medical decisions should be made by the patient with advice from their doctor. **Religious organizations have no business being in the middle of the doctor patient relationship**. Period.
Not Aligned with UC Values To be used when sender indicates incompatibility of affiliation with perceived UC values or that affiliations are discriminatory	
Health care should be provided without any form of **discrimination**.	No more **discrimination!**!
Separate Church and State To be used when sender specifically references separation of church and state or refers to state organizations not aligning with religious organizations	
What ever happened to **separation of church and state**? Why is UC using taxpayer doctrine to enforce religious doctrine? Yes, this is the age of Trump, but must UC be so zealous in doing the work of the current administration and denying women constitutionally guaranteed rights?	As a **state run institution**, you must treat everyone, and follow the dictates of the US Constitution. **No official religion or religious regulations**!
Other Comments To be used when senders' comments could be misinterpreted, are vague, or are on another topic.	
What your doing is unacceptable but enough is enough	I'm concerned about publicly trained doctors and nurses gaining their experience in clinics that prevent the practice of certain skills. I expect a doctor with a degree from a public university to be fully trained in an unbiased way.
No Comments To be used only when submission field is blank; response omitted from analysis	
Duplicate To be used when exact language is provided from the same respondent; response omitted from analysis	