



# ~~Interim Policy:~~ Affiliations with Certain ~~Healthcare~~Health Care Organizations

<b>Responsible Officer:</b>	EVP – University of California Health
<b>Responsible Office:</b>	UCH – University of <del>California</del> <u>California</u> Health
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<b>Scope:</b>	All University of California locations and programs that operate medical centers or that procure, provide, manage, administer, or otherwise arrange for the provision of <del>healthcare</del> <u>health care</u> services; or that educate health professions students, residents, fellows, or other trainees.

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**I.** **POLICY SUMMARY**

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The University of California is a public trust established by the California Constitution whose mission is “to serve society as a center of higher learning, providing long-term societal benefits through transmitting advanced knowledge, discovering new knowledge, and functioning as an active working repository of organized knowledge. That obligation, more specifically, includes undergraduate education, graduate and professional education, research, and other kinds of public service, which are shaped and bounded by the central pervasive mission of discovering and advancing knowledge.”

~~The~~To advance this public mission, the University’s ~~medical~~health centers, clinics, and health professional schools regularly enter into Affiliations with ~~other~~public and private health care organizations to improve quality and access for members of the University community and the people of the State of California, particularly those in medically underserved communities, and to support the University’s education and research mission. ~~Some of those organizations have instituted Policy-Based Restrictions on care that restrict doctors and other health professionals from providing evidence-based prevention, diagnosis, and treatment.~~

The purpose of this policy is to establish standards for ~~affiliation~~engagement with such ~~organizations~~Affiliates that protect and advance the University’s public mission and values, ~~as well as~~including its commitment to inclusion, diversity, equity, and accountability, and to ensure such Affiliations do not compromise the University’s commitment to evidence-based care for all patients. The policy implements Regents Policy 4405. Consistent with Regents Bylaw 13, in the event of any inconsistency between Regents Policy 4405 and this policy, the requirements of Regents Policy 4405 prevail.

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**II.** **DEFINITIONS**

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**Accreditation Standards:** Standards adopted and enforced by an organization responsible for accrediting University of California-owned or -sponsored academic or clinical programs (**Accreditation Organization**). See **Appendix A** for a current list of Accreditation Organizations.

**Affiliate:** A health care provider, health plan, or other entity that owns or operates an organization that provides Health Care Services in the United States and with which the University has established an Affiliation.

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**Affiliation:** A contract or other arrangement between: (i) the University or any of its components (e.g., campus, ~~medical~~health center, clinic) and; (ii) ~~a Covered~~an Affiliate, through which the University, directly or through its Personnel or Trainees, provides ~~or purchases health care services. For purposes of this policy, health care services refer to any services provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code 1206; by a health care provider (HCP) licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow under a licensed HCP's supervision.~~Health Care Services, educates health professional trainees, or conducts research that involves the performance of Health Care Services. See Appendix B for additional explanation and examples.

**Core Rotation:** A learning experience mandated by an Accreditation Organization, a professional organization, or the University to meet a required competency or to receive credit for program completion or graduation.

**Covered Person or Organization:** A health care provider, health plan, or other person or organization owning or operating locations where Health Care Services are provided in the United States, that has adopted or operates pursuant to Policy-Based Restrictions on Health Care Services. A Covered Person or Organization with which the University has established an Affiliation is a **Covered Affiliate** and the arrangement is a Covered Affiliation. Public Affiliates are not Covered Organizations under this policy.

**Emergency Services and Emergency Medical Conditions:** Emergency Services include medical screening, examination, and evaluation by a health care provider to determine if an Emergency Medical Condition or active labor exists and, if it does, the items and services necessary to relieve or eliminate the emergency medical condition, within the logistical capability of the facility. An Emergency Medical Condition is a condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part. The California Department of Managed Health Care states that it is an emergency if waiting to get care could be dangerous to a patient's life or a part of their body; and that a bad injury or sudden serious illness can be an emergency, as can severe pain or active labor. See Appendix C for additional explanation and examples.

**Health Care Services:** Items and services reimbursable by the Medi-Cal program or by any Federal Health Care Program (as defined in 42 U.S.C. § 1320a-7b(f))~~;~~ or services otherwise provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code § 1206; by a health care provider licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow functioning under a licensed health care provider's supervision.

**Limited Affiliation:** An arrangement with a Covered Affiliate that is limited to any combination of the following activities: (i) incoming affiliations, through which a Covered

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Affiliate's personnel or trainees perform services or receive training at UCH Clinical Locations, subject to University policies, or through which the University agrees to receive patient referrals from a Covered Affiliate site; (ii) observational clinical trials and other research that do not involve the performance of Health Care Services by UC Personnel or Trainees; (iii) space and equipment leases and licenses that do not impose Policy-Based Restrictions on Health Care Services; (iv) incoming transfer agreements with repatriation provisions; or (v) administrative agreements, so long as they do not involve the delivery of or payment for Health Care Services (e.g., an electronic health record service agreement through which the University hosts a Covered Affiliate's medical records system). A Limited Affiliation is not subject to the requirements of Sections III(C)(2-3) or III(D) below.

**Personnel:** University-employed faculty and staff (the term does not refer to voluntary faculty who support the University's academic mission but who are self-employed or employed by a third party).

**Policy-Based Restrictions:** Restrictions imposed by a Covered Affiliate, directly or through its governing body ~~or sponsors (or, in the case of a government agency or subdivision, as a matter of law, regulation, or agency directive), on evidence-based, sponsors, or other non-governmental authority,~~ on Health Care Services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate: (i) is barred from performing as a matter of federal or state law, federal or state agency directive, or applicable Accreditation Standard; (ii) is unable to provide to ANY patient due to absence of necessary equipment, ~~or~~ qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources; or ~~that the Covered Affiliate~~ (iii) limits or restricts as a result of credentialing, privileging, and utilization review policies or processes consistent with California Law~~law~~ and Medicare Conditions of Participation.

**Public Affiliation:** An Affiliation with an Affiliate that is owned or operated by a Federal, State, or Local government agency or unit. For purposes of this policy, Federal Public Affiliates include the Veterans Administration, the Indian Health Service, and other Tribal Health Programs. State and Local Public Affiliates include members of the California Association of Public Hospitals (University of California and County public health systems across the State), as well as health care providers owned or operated pursuant to the Local Hospital District Law. In other States, Public Affiliates include academic medical centers owned and operated by State governments and land-grant universities. Public Affiliates are not Covered Organizations for the purposes of this policy.

**Sponsoring Location:** A University campus or academic health system that initiates, approves, or manages an Affiliation.

**Trainees:** ~~Medical, nursing, and other health~~ Health professional students ~~and,~~ residents, and fellows enrolled in ~~University-sponsored~~ UCH-operated or -sponsored educational programs (UCH Training Programs).

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**UCH Clinical Location:** A collection of University buildings and personnel that service a University academic health system, student health or counseling center, or other health delivery site including hospitals, ambulatory surgery centers, outpatient centers, clinics, or other locations where preventive, diagnostic, therapeutic, or other interventional physical or behavioral health care services are provided to UC patients, students, employees, or research participants.

**UCH or University of California Health (UCH):** The University's ~~medical~~health centers, clinics, faculty practice plans, and schools of dentistry, medicine, nursing, pharmacy, public health, and ~~dentistry~~optometry.

**UCH Training Program:** An undergraduate, graduate, post-doctoral, or professional educational program offered or sponsored by a UC human health professions school (dentistry, medicine, nursing, pharmacy, public health, optometry) or a UC hospital or health system.

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### **III. POLICY TEXT**

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#### **A. Affiliation Priorities and Accountability**

1. *Support for Public Affiliations.* Consistent with its public identity and in support of its public mission, the University acknowledges the critical role that Public Affiliates play in partnering with the University in teaching Trainees, performing research and clinical trials, and improving access to high-quality health care services to all of the people of the State of California.
2. *Approval Authorities.* The Regents have broadly delegated authority for University operations to the President of the University subject to certain retained authorities. The President, in turn, has broadly delegated authority to the Chancellors and the Executive Vice President-UC Health. The appropriate approval authority for an Affiliation in any circumstance depends on the nature and size of the affiliation.
3. *Primary Accountability.* Primary accountability for Affiliations rests with the Sponsoring Location(s), subject to approval and oversight authority reserved to The Regents or vested in applicable University assurance units (e.g., compliance, internal audit, risk services) and external oversight agencies. Sponsoring Locations are responsible for assuring such Affiliations meet the requirements of applicable laws, regulations, Accreditation Standards, and University policies.

**Statement of Nondiscrimination.** The University prohibits discrimination against any person employed; seeking employment; applying for or engaged in a paid or unpaid internship or training program leading to employment; volunteering; or providing services to the University pursuant to a contract; as well as any person participating in a University-sponsored health education, training, or clinical

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program, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans, or any other basis prohibited by Federal or State law.

## B. ~~B.~~ **General Requirements for Affiliations with Covered Persons or Organizations**

1. University Autonomy for University Facilities and Programs. Under no circumstances may a Covered Organization be granted responsibility or authority to operate or manage a ~~UC facility or program~~ UCH Clinical Location or a UCH Training Program on behalf of the University, or the right to interfere in any way with the University's plenary authority to operate and manage its facilities and programs.
2. Quality Monitoring. Each UCH location must monitor the quality of care provided at a licensed hospital owned or operated by a Covered ~~Affiliate's facility~~ Affiliate related to services provided by UC Personnel or Trainees, consistent with existing system-wide quality guidelines for UCH affiliations generally. ~~A sample of such guidelines is~~ Such quality monitoring is not required in connection with a Limited Affiliation. Current quality measures are attached as ~~Appendix A~~ Appendix D: Quality Guidelines ~~Measures~~.
3. Documentation. A guiding principle for all arrangements with Covered Affiliates is the University's commitment to its public service mission, including its commitment to improve health and health care for all people living in California. To that end:
  - a. Each location must document for consideration in the approval process the rationale for the Affiliation, including:
    - (1) any risks and anticipated benefits to the University's public education, research and service missions; (2) any risks and anticipated benefits to the broader patient community; and (3) the consequences of not proceeding with the Affiliation.
  - b. Each location must verify that access to services like abortion, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the Affiliation.
  - c. Each location must develop a process to facilitate timely access by University patients or patients receiving care from University Personnel or Trainees at Covered Affiliates to University facilities (or other non-Covered Organizations, as may be appropriate) ~~facilities~~ for services that are not provided at a Covered Affiliate's facility.

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**C. ~~C.~~ Requirements for Affiliation Agreements with Covered Organizations.**

Every Affiliation with a Covered Affiliate, other than a Limited Affiliation, must:

1. Include provisions: (i) reciting UC’s non-discrimination policy, as described in Section III(~~AB~~) above; (ii) requiring that all parties certify compliance with all laws, regulations, and accreditation standards regarding non-discrimination, including Cal. Civ. Code § 51 (prohibiting discrimination on the basis of sex [including pregnancy and childbirth as well as gender, gender identity, and gender expression], race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status); and (iii) requiring that all parties offer any procedure or service that they choose to provide at their respective facilities or through their respective employees or contractors on a non-discriminatory basis. Model language to address these requirements is included in ~~Appendix B: Non-Discrimination~~ Appendix E: Non-Discrimination Addendum.
2. Document that the University’s evidence-based standards of care govern the medical decisions made by its Personnel and Trainees.
3. Explicitly confirm that UC Personnel and Trainees working or training at a Covered Affiliate’s site will have the ability and right to: (i) make clinical decisions consistent with the standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient; (ii) inform patients of all of their health care options; (iii) prescribe any interventions that are medically necessary and appropriate; (iv) transfer or refer patients to other facilities whenever they determine it is in the patient’s interests; and (v) provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services where referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient’s condition.
4. Recite that, under the California Constitution, UC must be “entirely independent of political or sectarian influence in the ... administration of its affairs.”
5. Be free of any provision that purports to require the University or its Personnel or Trainees to enforce or abide by any Policy-Based Restrictions on care, ~~including, but not limited to, religious directives.~~
6. [For new or restated Covered Affiliate agreements executed on or after January 1, 2024.] Require the parties to the agreement to exercise reasonable efforts to exchange quality and performance data relevant to the services or programs that are subject to the agreement.

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7. ~~6.~~ Permit the University to terminate the agreement if the University determines, in its sole discretion, that continued performance of the agreement would be incompatible with the University's policies or values or that the Covered Affiliate has breached the agreement's terms relating to ~~University providers~~ UC Personnel and Trainees' freedom to make clinical decisions, counsel, prescribe for, and refer or transfer patients, or to provide any emergency item or service, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition, as described above.
8. ~~7.~~ Be approved by the applicable Chancellor(s). Chancellors may delegate this authority, but it may not be redelegated thereafter.

#### D. ~~D.~~ **Protections for University Personnel, Trainees, and Patients**

~~1. No UC Personnel or Trainees will be compelled to work or train at a facility that has adopted Policy-Based Restrictions on care. UCH locations must inform any Personnel or Trainees who are invited to staff or train at a Covered Affiliate's site: (i) of the site's Policy-Based Restrictions on care; (ii) of any requirements the site has adopted that such individuals certify adherence to Policy-Based Restrictions on care and the contractual agreements that nevertheless protect their rights to make clinical decisions, counsel, prescribe, and refer or transfer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition; and (iii) that working or learning at the Covered Affiliate site is entirely voluntary and that if they have an objection, alternative sites will be identified.~~

#### 1. Assignments to Covered Affiliates are voluntary.

- a. Personnel. UCH locations must inform any Personnel who are invited to staff a Covered Affiliate's site: (i) that the site has adopted Policy-Based Restrictions on care; (ii) that some sites have adopted requirements that individuals staffing a Covered Affiliate site certify adherence to Policy-Based Restrictions on care, but that the contractual agreements the University has established with these sites nevertheless protect the rights of UC Personnel described in Section III.D.3 above; and (iii) that working at the Covered Affiliate site is entirely voluntary.
- b. Trainees. UC Training Programs shall inform applicants to programs with Core Rotations scheduled at a Covered Organization about this policy and the fact that such required rotations will occur at a Covered Organization. A Sponsoring Location's designated institutional official (DIO), program director (PD), or designee shall, upon receipt of a UC Trainee's objection to assignment at Covered

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Affiliate sites, attempt to identify alternative sites with the necessary faculty, resources, and clinical/educational experiences to comply with applicable Accreditation Standards, specialty board, and institutional requirements while maintaining a consistent training experience for all UC Trainees and consistent program funding. If an alternative site is found, the Trainee will be reassigned to the alternative site. If an alternative site is not found, the DIO, PD, or designee shall inform the Trainee and the relevant Dean. The trainee must be given the option to train at that Covered Affiliate site, or to find another program if possible.

2. Each UCH location must document and communicate to its Personnel and Trainees ~~voluntarily~~ performing services or training at such facilities the expectation that they adhere to evidence-based standards of care and their professional judgment wherever they are providing services.

### **E. ~~E.~~ Process for Collecting and Responding to Concerns and Complaints**

1. Each UCH location must identify for all of its Personnel and Trainees working at a Covered Affiliate a contact at the UCH location to whom they can reach out for assistance if they believe that their professional judgment or freedom to ~~counsel patients, prescribe medication or services, refer or transfer them to UC or other alternative locations for care, or provide emergency items and services, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition~~ exercise any of the rights described in Section III.D.3 above, is being impeded in any way at the Covered Affiliate's facility.
2. Each UCH location must establish a formal process for ~~UCH~~ patients of UCH Personnel receiving care at Covered Affiliate facilities to share concerns or complaints regarding access to ~~comprehensive health care services~~ Health Care Services or discrimination in the provision of such services.
3. Each UCH ~~location~~ Clinical Location must identify an individual employed by the University and charged with reviewing and promptly resolving patient, Personnel, and Trainee concerns or complaints related to care received or provided through Covered Affiliates. Any concerns raised about perceived impediments to accessing comprehensive reproductive health care, ~~gender-affirming~~ gender-affirming services, or end-of-life care must be reported promptly to the UCH location's Chief Executive Officer or designee.

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**F. ~~F.~~ Transparency and Reporting**

1. Each UCH ~~location~~Clinical Location must develop a mechanism to inform its patients of limitations on ~~services~~Health Care Services provided at a Covered Affiliate's facility that might otherwise be offered if the patient were at the ~~UC facility~~UCH Clinical Location. At a minimum, such limitations must be published on any UC websites that reference the Affiliation.
2. In the limited circumstances where ~~a UCH provider~~ refers a patient ~~to a facility with known restrictions, the provider~~from a UCH Clinical Location to a Covered Affiliate, the facility, clinic, or clinician must proactively inform the patient about the restrictions and alternative options at UCH Clinical Locations or other facilities (for example, by documenting the information in the patient's discharge instructions).
3. ~~Beginning in August 2022, each~~Each UCH location must provide a written report annually to the Regents Health Services Committee for the previous fiscal year:
  - (i) documenting performance by Covered Affiliates that are licensed hospitals on standardized quality indicators described in Appendix D;
  - (ii) listing all new-~~or,~~ renewed, expanded, and terminated arrangements with ~~institutions that have adopted Policy-Based restrictions on care~~Covered Affiliates; (iii) summarizing complaints or grievances received from patients, Personnel, and Trainees receiving Health Care Services, working, or training at Covered Affiliates, as well as their resolution; and (iv) reporting on the outcome of any audits and any identified non-compliance with the above standards. ~~The first report on standardized quality indicators will be due in August 2023, covering the 2022-2023 fiscal year.~~

**G. ~~G.~~ Compliance and Enforcement**

1. Each UCH ~~location~~Clinical Location must adopt the attached Non-Discrimination Addendum and Affiliations Checklist and fully implement them in all ~~current Affiliations with~~applicable Covered OrganizationsAffiliation agreements no later than December 31, 2023. See Appendices **BE**: **Non-Discrimination Addendum** and **CF**: **Affiliations Checklist**.
2. ~~Agreements~~Covered Affiliate agreements that use the standard language of the Non-Discrimination Addendum and meet all elements of the ~~checklist~~Affiliations Checklist must be reviewed by the appropriate ~~local~~Sponsoring Location's contracting office or other office designated or approved by the Chancellor; any deviation from the standard language must be escalated to ~~local~~the Sponsoring Location's health system counsel and the Vice Chancellor for Health Sciences or designee for further review to confirm that the non-standard language substantively

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adheres to all requirements of ~~Regents Policy 4405~~[Regents Policy 4405](#) and this policy. On campuses without a Vice Chancellor for Health Sciences, the escalation shall be made to the Chancellor or Chancellor's designee.

3. Any new ~~or~~, renewed, or expanded Covered Affiliation must be submitted with accompanying documentation of the rationale and impact to the Chancellor or designee for review and approval prior to execution. An expanded affiliation is one where new services are added (for example, where UCH contracts with a Covered Affiliate to provide Family Medicine services, and then adds Internal Medicine or Pediatrics).
4. The Office of Ethics, Compliance, and Audit Services (ECAS) may audit implementation of and compliance with this policy at any time. At a minimum, however, following expiration of the December 2023 deadline, ECAS is requested to conduct an audit of an appropriate sample of then-current contracts with Covered Affiliates to ensure their adherence to the contracting guidelines. Thereafter, the frequency and scope of such audits will be determined by ECAS in consultation with the Chairs of the Regents Compliance & Audit Committee and Regents Health Services Committee.
5. ~~The University must not enter any new Affiliation that fails to meet these requirements after July 1, 2021.~~ Any existing Covered Affiliation that does not meet these requirements must be amended to comply with this policy or be phased out no later than December 31, 2023.

#### **H. ~~H.~~ Joint Clinical Advisory Committee**

The Executive Vice President for UCH and the Chair of the Academic Senate will establish and co-chair a joint clinical advisory committee to review the above reports when issued, solicit feedback from stakeholders, and provide input on UCH's policies on Affiliations with institutions that have adopted Policy-Based Restrictions on care. The committee will be comprised of: (i) the Executive Vice President for UCH or designee, (ii) the Academic Senate Chair or designee, (iii) the Chief Medical Officer of each UC academic health system or designee, (iv) an Academic Senate appointee who is an active (at least 0.5 FTE) clinician from each campus with an academic health system; and (v) three additional members selected by the President not representing either UCH or the Academic Senate.

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## **IV. COMPLIANCE / RESPONSIBILITIES**

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See [Section III\(A\)\(3\)](#) and [Appendix DG: ~~Policy Compliance Checklist~~POLICY COMPLIANCE CHECKLIST](#)

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## **V. PROCEDURES**

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- A. ~~A.~~ Each location may establish local procedures to facilitate implementation of this policy

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## **VI. RELATED INFORMATION**

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1. [Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care](#)
2. [Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct](#)
3. ~~A. Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care~~ [Regents Bylaws and Appendix E, Charter of the Health Services Committee](#)
- ~~B. Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct~~
4. ~~C.~~ University of California – Policy on Discrimination, Harassment, and Affirmative ~~Action in the Workplace~~ [Action in the Workplace](#)
5. ~~D.~~ University of California – Whistleblower Policy and Whistleblower Protection Policy
6. [University of California – Delegations of Authority, including DA0916 \(delegation for execution of certain affiliation agreements to the Chancellors\), DA1013 \(delegation for execution of certain affiliation agreements to the EVP-UC Health\), DA1058 \(plenary delegation for execution of agreements to the Chancellors\) and DA2594 \(plenary delegation for execution of documents to the EVP-UC Health\)](#)

~~E. Delegations of Authority DA0916, DA1013, and DA2594.~~

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## **VII. FREQUENTLY ASKED QUESTIONS**

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~~[RESERVED]~~

1. [Does this policy guarantee that patients giving birth at a Covered Affiliate who desire long-term contraception will receive it at the Covered Affiliate if prescribed by a physician there? No. The policy does not require any organization to place long-term contraception on its formulary or to carry long-term contraception in its pharmacy. However, the non-discrimination provisions of the policy and the University's agreements with Covered](#)

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Affiliates required by the policy would not permit distinguishing between patients already on birth control at the time of admission and those who are not.

2. Is observational research performed at a Covered Affiliate site regulated by this policy? No, this policy regulates clinical operations within the United States but not research and not international arrangements. However, a clinical trial that requires UC faculty, staff, or trainees to provide related health care services at the Covered Affiliate site would be regulated and any related subawards or other agreements would be required to comply with .

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## **VIII. ~~REVISION HISTORY~~ REVISION HISTORY**

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**[DATE]:** Finalized policy issued, following the standard University notice and comment process, with the following changes:

- Enhanced the policy summary statement
- Added new definitions and revised existing ones to clarify the policy and facilitate substantive changes described below, including an updated definition of “emergency services” to include the DMHC definition
- Added language to explicitly address the importance of affiliations with government agencies including the Veterans Administration Health System, state and local public hospitals, and tribal organizations, and to clarify the role of University locations in assuring compliance with the policy
- Added and revised language throughout to reduce administrative burden while maintaining consistency with Regents Policy 4405; new language distinguishes “Covered Affiliations” from “Limited Affiliations,” which do not implicate the concerns underlying the Regents Policy, and from “Public Affiliations,” which the University affirmatively prioritizes consistent with its public mission.
- Clarified that the quality monitoring requirement applies to Covered Affiliations involving hospitals
- Differentiated between University-employed faculty and staff, on one hand, and trainees, on the other, in implementation of the voluntariness requirement to assure continuity and consistency of University training programs
- Expressly defines “expanded” affiliations as a separate category for reporting purposes
- Includes new attachments to: (1) identify UC accreditation bodies that regulate University facilities and health professions education programs; (2) provide

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examples of Covered Affiliations and Limited Affiliations to avoid confusion; and (3) describe University of expectations regarding how the policy will be interpreted in different emergency and non-emergency situations

- Updated attachments

**August XX**September 22, 2021: New interim policy issuance date.

This Policy is formatted to meet Web Content Accessibility Guidelines (WCAG) 2.0.

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## **IX. APPENDIX APPENDICES**

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- A. Accreditation Organizations & Licensing Boards
- B. Covered Affiliations/Limited Affiliations
- C. Emergency Services and Emergency Medical Conditions
- D. ~~A. SAMPLE~~ Quality Guidelines **[RESERVED]** Measures
- E. ~~B.~~ Non-Discrimination Addendum
- F. ~~C.~~ Affiliations Checklist
- G. ~~D.~~ Policy Compliance Checklist

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<b>Summary report:</b> <b>Litera Compare for Word 11.2.0.54 Document comparison done on</b> <b>8/30/2023 2:04:08 PM</b>	
<b>Style name:</b> Default Style	
<b>Intelligent Table Comparison:</b> Active	
<b>Original filename:</b> Interim Policy on Affiliations with Certain Healthcare Organizations.docx	
<b>Modified filename:</b> DRAFT Final Policy on Affiliations with Certain Healthcare Organizations.8.30.2023clean-no appendices.docx	
<b>Changes:</b>	
Add	263
Delete	154
<del>Move From</del>	0
Move To	0
Table Insert	0
<del>Table Delete</del>	0
Table moves to	0
<del>Table moves from</del>	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	1
Embedded Excel	0
Format changes	0
<b>Total Changes:</b>	<b>418</b>