

The logo for UCI Irvine, featuring the text "UCI" in a large, bold, serif font, followed by "IRVINE" in a smaller, all-caps, serif font. A vertical line separates the two words.The text "INTERNAL AUDIT SERVICES" in a serif font, arranged in two lines: "INTERNAL" on the top line and "AUDIT SERVICES" on the bottom line.

UCI Health Affiliations Phase 2 Review

Internal Audit Report No. I2024-208
June 4, 2025

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RE: UC Health Affiliations Phase 2 Review No. I2024-208

Internal Audit Services performed a review of the UCI Health's progress in implementing Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care (RP 4405), and the final report is attached.

We extend our gratitude and appreciation to all personnel with whom we had contact while conducting our review. If you have any questions or require additional assistance, please do not hesitate to contact me.

We have also attached a copy of the related systemwide audit report for your review.

Sincerely,



Mike Bathke
Director

Attachment

C: Audit Committee
George Choriatis, Health Sciences Counsel – UCIH General Counsel
Kieley Cockrell, Contracts Manager – UCI Health Contracting
Bradley Giafaglione, Director of UCI Experience - UCI Health
Peter Schneider, Chief Health Sciences Counsel – UCI Health General Counsel
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I. MANAGEMENT SUMMARY

As part of the University of California (UC) fiscal year 2023-24 audit plan, the systemwide Office of Ethics, Compliance and Audit Services (ECAS) requested that internal audit departments at all six UC campuses with academic health centers conduct a Phase 2 review. This review aimed to assess the UC's progress in implementing Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care (RP 4405).

An interim audit (I2023-203) was previously completed at UCI Health (UCIH), in coordination with similar audits at the other five affected UC campuses, to review initial steps taken to implement RP 4405. Audit reports for these interim audits, covering both UC Systemwide and each of the six UC campuses, were issued on November 15, 2023.

The results of the current audit test work indicate that UCI Health has made substantial progress in implementing the requirements of RP 4405. The following sections detail the specific areas of improvement and compliance.

1. Identification and Update of All Relevant Covered-Affiliate Contracts

A comprehensive review of over 400 contracts and associated documentation, maintained by both the UCI Medical Center and the UCI School of Medicine-Graduate Medical Education (GME), was conducted. This review confirmed that all active contracts involving healthcare affiliates (HA) covered under the policy appear to have been successfully identified and updated. The updates were conducted by UCI Health Contracting and the School of Medicine-GME, respectively, in compliance with the requirements set forth in RP 4405.

2. Required Communications Disseminated to Relevant Parties

A thorough review was conducted, encompassing relevant documentation, a dedicated website, and discussions with key UCI faculty physicians and staff members responsible for implementing the Healthcare Affiliates (HA) policy. This review revealed that a comprehensive document titled "Working and Training at Affiliated Organizations as a UC Trainee Enrolled in a UC-Sponsored Training Program" was disseminated to UCI Health faculty, staff, and trainees (including fellows, residents, interns, and medical students) in December 2023.

The primary objective of this document is to inform these groups about Policy 4405. Upon examination, it was determined that this document satisfies the Policy 4405 requirements for disseminating information to key employees, trainees, and students affected by its implementation.

3. Confirm Responsibility for Addressing Health Affiliation Concerns/Complaints

Discussions with the UCI Director of Experience (Patient Experience) revealed that specific UCI administrators have been designated with the responsibility to manage concerns and complaints from faculty, staff, trainees, and patients. These responsibilities include:

1. Receiving initial reports
2. Addressing concerns directly when possible
3. Escalating issues as necessary
4. Ultimately resolving all concerns and complaints

To support this process, UCI has established a dedicated website. This online resource provides comprehensive information about Healthcare Affiliates (HA)-related complaints and concerns for all relevant groups. Importantly, the website includes the names and contact information of the UCI administrators assigned to assist with these matters, ensuring clear channels of communication for all stakeholders.

4. Determine whether those complaints and concerns were handled appropriately

Interviews conducted with key UCI administrators revealed that since the implementation of 4405, no complaints or concerns have been reported by any individuals from the previously mentioned groups. This includes faculty, staff, trainees, and patients. The absence of reported issues suggests that the policy implementation and communication strategies may have been effective in addressing potential concerns preemptively. However, it is important to note that this lack of complaints does not necessarily indicate an absence of issues and continued monitoring, and open channels of communication remain crucial.

5. Assess the Evaluation of Covered Affiliates' Standardized Quality Indicators and the Completeness of UC Health's Reporting on Affiliations to the Regents

Regents Policy 4405 (RP 4405) mandates that each affected UC campus submit an annual report containing quality monitoring data that aligns with systemwide quality guidelines. Additionally, the UC interim policy on Affiliations with Certain Health Care Organizations stipulates that each UC campus must document the performance of covered affiliates that are licensed hospitals using standardized quality indicators. For fiscal year 2023, four specific quality indicators were defined for this purpose.

UCI Health has diligently collected and reported this data to UC Health as required. However, it is noteworthy that UCI Health currently lacks a process for comparing this data against established targets or benchmarks. This deficiency likely stems

from the absence of systemwide quality guidelines that would facilitate such comparisons.

A significant limitation of the current approach is that the quality indicators selected by UC Health are aggregate measures for the entire covered affiliate entity. This broad-based approach presents challenges because some agreements with covered affiliates pertain to specific service lines or types of services. Consequently, the selected quality indicators may have only a limited relationship to the specific services provided under individual affiliate agreements.

Given these circumstances, there is a potential risk that the current quality monitoring approach may not provide a sufficiently nuanced or accurate representation of the quality of care for specific services covered by individual affiliate agreements. This situation underscores the need for more targeted and service-specific quality indicators to ensure meaningful quality assessment and monitoring.

6. Determine whether UC Health and the six affected UC campuses have implemented corrective actions in response to the 2023 (interim) systemwide audit of UC Health Affiliations.

The UCI local audit report for the Interim Health Affiliations audit (I2023-103) instructed responsible UCI administrators to ensure comprehensive documentation of key processes in all areas affected by Policy 4405 by December 31, 2023. As a component of this review, the Internal Audit Services (IAS) conducted a review of the Healthcare Affiliates (HA) procedures documented on the Graduate Medical Education (GME) shared drive pertaining to Policy 4405.

The review revealed that most key HA processes have been documented to some extent. However, it is important to note that the level of detail and comprehensiveness of this documentation may vary across different processes. While this indicates progress in compliance with the documentation requirement, there may be opportunities for further refinement and standardization of the documentation to ensure consistency and completeness across all Policy 4405-affected areas.

Observation: IAS noted one observation that is summarized below.

IAS observed that all UCIH discharge paperwork includes a disclaimer regarding "Care at Affiliated Organizations" along with a website link providing additional information about affiliated organizations. This indicates a consistent effort to inform patients about potential care at affiliated facilities.

However, IAS identified opportunities for improvement in the content provided on the referenced website. Specifically, the information could be enhanced and clarified to more fully meet the patient notice requirements established in Policy 4405.

The current content, while informative, may not comprehensively address all aspects of patient notice as stipulated in the policy. Enhancing this information would ensure that patients receive complete and clear communication about care at affiliated organizations, thereby improving transparency and patient understanding.

For a more detailed analysis of this observation and recommendations for improvement, please refer to section IV of this report.

II. PURPOSE, SCOPE AND OBJECTIVES

The purpose of this review was to assess the final steps taken by the University of California Office of the President (UCOP) and its six affected campuses to implement and update all requirements stipulated in RP 4405. The audit scope included an evaluation of key processes and internal controls implemented to facilitate compliance with RP 4405 and its accompanying interim policy: "Affiliations with Certain Healthcare Organizations."

Key objectives for the UCI Health Affiliations (HA) review included the following:

1. Assess whether UCI Health has identified and updated all relevant HA-covered contracts.
2. Determine whether required communications included all necessary elements and were disseminated to the relevant parties.
3. Confirm the responsible party for addressing complaints and concerns related to covered affiliates' policy-based restrictions to care.
4. Obtain and review any reported complaints or concerns and determine whether they were handled appropriately.
5. Evaluate the process for transferring patients who need access to restricted services to another location.
6. Assess the evaluation of covered affiliates' standardized quality indicators and the completeness of UC Health's reporting on affiliations to the Regents.
7. Determine whether UC Health and the respective six UC Health locations have implemented corrective actions in response to the 2023 (interim) systemwide audit of UC Health Affiliations.

This comprehensive review aims to provide assurance that UCI Health has successfully integrated the requirements of RP 4405 into its operational framework,

thereby enhancing the quality and consistency of healthcare affiliations within the UCH system.

III. CONCLUSION

Based on the test work performed during this review, IAS has determined that UCI Health has successfully implemented most requirements stipulated in Regents Policy 4405. This indicates a strong commitment to compliance and effective management of healthcare affiliations.

However, during the review, IAS identified one area that warrants attention. This observation has been discussed with management to ensure a clear understanding of the issue and its implications.

The specific observation noted during the audit is outlined in detail below. This section provides a comprehensive analysis of the issue, including its potential impact and recommendations for improvement. Management's response and management action plan are also included to demonstrate UCIH's commitment to addressing the identified area of concern.

By addressing this observation, UCI Health can further enhance its compliance with RP 4405 and strengthen its overall management of healthcare affiliations.

IV. OBSERVATION & MANAGEMENT ACTION PLAN

1. Processes for Informing Patients Referred from UCIH to a Covered Affiliate Should Be Strengthened to Ensure Transparency

Background

The UC Policy on Affiliations with Health Care Organizations, specifically section III. D. Transparency and Reporting, mandates that each location develop a mechanism to inform patients of limitations on health care services provided at a Covered Affiliate's facility that might otherwise be available at a UC Health (UCH) clinical location. At minimum, such limitations must be published on any UC websites referencing the affiliation.

Furthermore, when UCH refers a patient 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, for example, by documenting the information in the patient's discharge paperwork.

Observation

IAS noted that all UCIH discharge paperwork contained a disclaimer about "Care at Affiliated Organizations" (as stipulated in the policy as an alternative option) and included a website link for additional information about affiliated organizations. However, IAS observed that the information provided on the website could be enhanced and clarified to better fulfill the patient notice requirements established in Policy 4405.

Specifically, IAS noted:

1. The website provided a URL stating that the list of covered affiliates is not exhaustive. If the website is intended to fulfill the requirements of Policy 4405, the list should be comprehensive to ensure all patients referred to a covered affiliate can determine if they have been referred to an entity with policy-based care restrictions.
2. The website states that patients will be informed if a UCIH provider refers them to an organization with service-restricting policies. However, the notification is provided to all discharged patients and does not specifically indicate referral to a covered affiliate.

Management Action Plan

UCIH management responsible for implementing Policy 4405 will make the following modification to the UCIH Health Affiliations website.

1. Update the URL list of covered affiliates on a recurring basis (at least annually).

This action will enhance transparency and ensure more accurate and comprehensive information for patients regarding affiliations and care options.

UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT
ETHICS, COMPLIANCE AND AUDIT SERVICES
INTERNAL AUDIT

SYSTEMWIDE UC HEALTH AFFILIATIONS AUDIT – PHASE 2
Project No. P24A001
June 2025

I. Executive Summary

Introduction

In accordance with the fiscal year 2023-24 University of California (UC) audit plan, the systemwide Office of Ethics, Compliance and Audit Services (ECAS) and the six campus locations with academic health centers (UC Davis, UC Los Angeles, UC Irvine, UC Riverside, UC San Diego and UC San Francisco) conducted the second phase of a systemwide audit to assess compliance with Regents Policy 4405: Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care (Regents Policy 4405). ECAS and the internal audit departments at the locations with academic health centers performed this audit using a standard systemwide audit program.

Objective and Scope

Objective

Evaluate UC’s compliance with Regents Policy 4405 and the accompanying systemwide Policy on Affiliations with Certain Health Care Organizations (the Systemwide Policy).

Scope

The scope of this audit included the design and implementation of the processes and controls UC has established to comply with Regents Policy 4405 and the Systemwide Policy.¹ Specifically, the processes, controls, and documentation associated with the following policy requirements:

- Identification of affiliation agreements
- Inclusion of required contract language
- Communication to UC patients, faculty, staff, and trainees
- Processes for receiving, evaluating, and resolving complaints or grievances
- Monitoring quality of care metrics and reporting required information to the Regents
- Composition of the Joint Clinical Advisory Committee and fulfillment of its responsibilities

Additionally, the scope included verification that management has appropriately remediated the internal control deficiencies and opportunities for improvement identified in the first phase of this audit conducted pursuant to UC’s fiscal year 2022-23 audit plan.

Audit fieldwork was conducted at the UC Office of the President and at all six campus locations with academic health centers (UC Davis, UC Los Angeles, UC Irvine, UC Riverside, UC San Diego and UC San Francisco).

Background

In July 2021, the Board of Regents approved Regents Policy 4405, which governs affiliations between the University—including UC Health’s academic health centers and health professional schools—and health care organizations that have policy-based restrictions on care.² Regents Policy 4405 expands and protects healthcare options for UC providers and patients at covered affiliates, requires that when providing care at affiliates with restrictive policies UC providers have the ability to offer patients a choice in reproductive and other types of care, and establishes methods for UC providers and patients to address barriers to the provision of the full spectrum of evidence-based care. Appendix A at the end of this report provides the full text of Regents Policy 4405.

¹ The final deadline to amend all agreements subject to Regents Policy 4405 was December 31, 2023.

² <https://regents.universityofcalifornia.edu/governance/policies/4405.html>

On September 22, 2021, the Office of the President issued an interim systemwide policy with more detailed direction on how to implement the requirements of Regents Policy 4405 (Interim Policy: Affiliations with Certain Healthcare Organizations) and on November 30, 2023 the Office of the President issued a final version of this systemwide policy.³ The purpose of this policy is to establish standards for affiliations with organizations that protect and advance the University’s values, and ensure such affiliations do not compromise the University’s commitment to evidence-based care for all patients.

Phase One Audit Results

This subject was previously audited pursuant to the UC fiscal year 2022-23 audit plan. At the completion of the prior audit’s fieldwork, Internal Audit observed that UC Health and the UC academic medical centers had taken actions to implement Regents Policy 4405. However, Internal Audit also observed that at that point UC Health had not finished developing some templates and establishing certain requirements, primarily in the areas of communication and performance metrics, and thus implementation was inconsistent between locations.

Further, campus internal audit departments observed opportunities for improvement in local internal controls related to Regents Policy 4405 at certain academic medical centers. These observations are described in the fiscal year 2022-23 systemwide report on this subject.⁴

Overall Conclusion

We found that UC Health has generally put in place processes to implement the requirements of Regents Policy 4405 and the Systemwide Policy. However, we identified two areas—described in Section II—where UC Health should clarify or provide additional guidance and support to the Academic Health Centers and some areas—described in section III—in which the Academic Health Centers should improve their internal controls and processes.

The systemwide observations and associated recommendations and management corrective actions are described in detail in this report. Additional details about the observations at each location are provided in reports produced by those location’s Internal Audit departments. The Internal Audit department at each location will also monitor and assess the corrective actions implemented at its respective location.

³ <https://policy.ucop.edu/doc/5000698/AffiliationHealthcareOrganizations>

⁴ https://auditreports.ucop.edu/?action=public_ar_display&id=46789fb039ba0b01

II. Systemwide Observations

A. Quality Indicator Monitoring

The Systemwide Policy states that “each UCH location must monitor the quality of care provided at a licensed hospital owned or operated by a Covered Affiliate related to services provided by UC Personnel or Trainees, consistent with existing systemwide quality guidelines for UCH affiliations generally.” As described later in this report, all the academic medical centers reported required quality metrics for covered affiliates to UC Health, but stated that they do not evaluate those metrics. For example, they have not defined thresholds for what constitutes acceptable performance as measured by the metrics. If these metrics are not evaluated, UC might refer patients to a Covered Affiliate whose quality of care differs significantly from that of a UC facility.

Recommendation to UC Health:

UC Health should either update the Systemwide Policy language regarding quality monitoring data to align with Regents Policy 4405 or facilitate the alignment of local processes at the Academic Health Centers with the Systemwide Policy’s current language which requires the monitoring of data related to the quality of care provided at hospitals owned or operated by a Covered Affiliate.

Management Corrective Action

As part of the audit, it was identified that the systemwide policy included language on quality data monitoring that was outside of the scope of Regents Policy 4405. In collaboration with stakeholders, UC Health obtained approval to align language on reporting on quality data in the Systemwide Policy with that of Regents Policy 4405. Accordingly, UC Health locations will continue submitting quality data annually to the UC Regents.

UC Health stated that it implemented this corrective action during the course of the audit. Internal Audit will validate the implementation through its standard corrective action follow-up process.

B. Communication to UC Faculty, Staff, and Trainees

Regents Policy 4405 states that “Each University location contracting with healthcare organizations that have adopted policy-based restrictions on care must develop and implement a process to inform UC patients, faculty, staff, and trainees [...] that such referrals or assignments are voluntary.” Systemwide UC Health provided the academic medical centers communication templates for faculty, staff, and trainees.⁵ The communication templates generally address the elements required by Regents Policy 4405 and the Systemwide Policy, including informing trainees about the process for requesting reassignment to another location. However, the communication templates do not disclose that such assignments are voluntary for UC faculty and staff. Thus, some faculty and staff may not know that an assignment to an affiliate with policy-based restrictions on care can be declined.

Recommendation to UC Health:

UC Health should facilitate the implementation of Regents Policy 4405’s requirement to establish a process to inform UC faculty and staff that assignments to healthcare organizations that have adopted policy-based restrictions on care are voluntary.

⁵ Communications to UC patients were assessed at each location and the observations related to those communications are described in the section III of the report related to observations at Academic Health Centers.

Management Corrective Action

To comply with Regents Policy 4405, UC Health will draft a model communication to be provided to all newly hired UC faculty and staff. The model will communicate the elements required by Regents Policy 4405—including that assignments to Covered Affiliates are voluntary. UC Health will then collaborate with the Academic Health Centers to ensure that this communication is incorporated into each location's onboarding processes.

III. Academic Health Center Observations

The following opportunities for improvement were observed during local internal audit fieldwork at the academic health centers. As a standard part of their processes, the internal audit departments at each of the campuses with an academic health center will conduct follow up work to monitor and verify the implementation of corrective actions addressing these observations.

A. Affiliation Agreements

One location determined that two affiliation agreements were executed before the affiliation checklist and accompanying documentation—which help ensure compliance with Regents Policy 4405 and the Systemwide Policy—were reviewed and approved by the Chancellor designee.

One location noted that an element in the required checklist was not selected although it should have been. Despite the procedural oversight the agreement included the necessary element.

One location determined that management does not maintain a current cumulative list of active covered affiliate agreements. Such a list is useful for performing a number of functions, such as monitoring quality data and identifying relevant complaints, and for reference when organization names differ from parent organization names.

One location determined that the UC Health Fiscal Year 2022-23 Report on Covered Affiliations listed an incorrect department for one agreement, and that the information reported to UC Health through 12/31/23 listed incorrect departments for five agreements.

Communications

Two locations noted that although a process has been developed to inform patients about the known restrictions on care at health care facilities when they are referred or transferred, certain elements present in the model communication template approved by UC Health were not included in the communications disseminated at the campus level.

The missing elements at one location were as follows:

- A complete list of the covered affiliate facilities with restrictions on care (because this communication is provided to all discharged patients)
- Information on how patients receiving care at covered affiliate facilities can share concerns or complaints regarding access to care

The missing element at the other location was:

- A complete list of the covered affiliate facilities with restrictions on care (because this communication is provided to all discharged patients)

Three locations determined that although a policy and a standard communication was created for dissemination to patients, about restricted care at the covered affiliates that they were transferred to, the policy was not being followed, and the information was not provided to all patients.

One location noted that a notice regarding working at covered affiliates was provided to existing health personnel, but in some departments new personnel did not receive this notice.

Complaints

One location noted that its current policy does not include a requirement to maintain a record of complaints and actions taken. Such a requirement would be useful to help ensure the completeness of the annual report summarizing complaints or grievances received.

One location noted that further detailing the roles, responsibilities, and criteria to be used during the complaint process could help relevant individuals better understand and fulfill their functions. Specifically, it determined that one individual was not aware that they were designated to receive complaints regarding this subject, another was not clear about relevant complaint types and which organizations were covered affiliates, multiple individuals may not be aware of which entities are relevant, some individuals did not indicate that they would report relevant complaints in accordance with the internal process, and one individual designated to receive complaints was not the individual listed in the internal process document.

Quality Indicators

One location determined that one quality indicator provided in the UC Health Annual Report was not calculated correctly.

All six locations noted that currently there is no procedure for evaluating quality indicators. However, they also noted that there is no guidance from the systemwide level on how to evaluate these indicators, and that such guidance would be helpful.

As described in Section II (Systemwide Observations—page 4), UC Health obtained approval to remove the Systemwide Policy’s requirement to monitor the quality of care provided at hospitals owned or operated by a Covered Affiliate, as this requirement is not present in Regents Policy 4405.

Appendix A

Regents Policy 4405

1. Advancing the University's Public Mission. Prior to approving or executing any new or renewed affiliation with a health organization that has adopted policy-based restrictions on care (a "covered organization"), the sponsoring location must: (i) document the rationale for the affiliation, including any anticipated benefits or risks to the University's education, research, and service missions and to the broader patient community; and (ii) verify that access to policy-restricted services such as abortions, contraception, assisted reproductive technologies, gender-affirming care, and end of life care will be maintained or improved as a result of the affiliation. Under no circumstances may such an organization be granted responsibility or authority to operate or manage any University facility or program on behalf of the University.

2. Documenting Adherence to University Policies and Standards in all Affiliation Agreements. Agreements with covered health organizations must recite the University's role as a public entity and commitment to non-discrimination and evidence-based care; and must require all parties to comply with all federal and state anti-discrimination laws, 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 to offer any procedure or service they choose to provide at their respective facilities or through their respective employees on a non-discriminatory basis. The University may not enter agreements with provisions that purport to require the University or its personnel or trainees to enforce or abide by policy-based restrictions on care including, but not limited to, religious directives, or that include any "gag clauses" interfering with their ability to counsel all patients on their treatment options. The University must retain the option to terminate such agreements if the University determines in its sole discretion that continued performance would be incompatible with its policies or values or that the affiliate has breached its promises to not restrict University providers' freedom to advise, refer, prescribe, or provide emergency items and services without restrictions, 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.

3. Strengthening Patient and Provider Protections. Each University location contracting with healthcare organizations that have adopted policy-based restrictions on care must develop and implement a process to inform UC patients, faculty, staff, and trainees: (i) about such restrictions at sites to which they may be referred or assigned; (ii) that such referrals or assignments are voluntary; and (iii) and that information about alternative sites for care, practice, and training will be provided upon request. Each location must also develop a process to transfer patients who need restricted services to a UC or other location where the services can be provided. Processes for receiving, evaluating, and resolving complaints or grievances must also be developed and implemented.

4. Ensuring Reporting and Transparency. Each University location (including the Office of the President with respect to systemwide or multi-campus agreements) must provide an annual report to the Regents Health Services Committee: (i) listing all new or renewed arrangements with covered organizations; (ii) summarizing complaints or grievances received from patients,

students, faculty, and staff, as well as their resolution; (iii) providing quality monitoring data consistent with systemwide quality guidelines; and (iv) reporting on any identified noncompliance with the above standards. The first report, due in June 2022, must list all current arrangements with such institutions.⁶

5. Implementation and Accountability. The President shall issue a systemwide policy to implement these requirements after consultation with the chancellors and representatives of the Academic Senate and UC Health. One year after implementation of that policy, the Office of Ethics, Compliance, and Audit Services shall conduct an audit of an appropriate sample of then-current contracts with covered affiliates to ensure their compliance with such policy. Thereafter, the frequency and scope of audits shall be determined by ECAS in consultation with the chairs of the Audit & Compliance Committee and the Health Services Committee. The University shall not enter into any new affiliation that fails to meet these requirements after July 1, 2021; any existing affiliation that does not meet these requirements must be amended to comply with this policy or phased out no later than December 31, 2023.

NO RIGHT OF ACTION

This policy is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the University of California or its Board of Regents, individual Regents, officers, employees, or agents.

⁶ UC Legal has interpreted this requirement to mean current arrangements that have been amended or negotiated to be in compliance with policy.