Post-Election
Supporting DPH patients, clients, and staff
Barbara Garcia’s message to patients & clients

- The election has not changed our commitment to you to provide quality health care.

- Please continue to seek services with your San Francisco Department of Public Health providers, including care at our clinics and hospital services at Zuckerberg San Francisco General and Laguna Honda.

- We will continue to provide health care to all San Franciscans in need, regardless of immigration or insurance status.

These statements from Barbara will be put on the back of these postcards, which can be distributed to patients and clients.
• Given the uncertainty right now, we will be providing information for patients, clients, and staff.
• We will be providing tools, like this presentation, to keep staff updated and informed.
• We want to share what we know and what we don’t and we commit to ongoing updates as we learn more.
• We will be providing staff with communication tools to assure patients and clients that they can rely on us and can continue to receive their care and services here.

• We are also preparing for possible change.
• We are working closely with the Mayor’s Office to assess where our programs may be at risk.
• We are staying connected with our national associations and coalitions, such as America’s Essential Hospitals, the National Association of City and County Health Officials, and the Big Cities Health Coalition, to stay abreast of the latest developments.
• As we learn more, we will be convening internal planning groups, as necessary, to do scenario planning.
What we know now

No changes have been implemented yet.

We are not sure what changes are coming.

There is speculation about changes that could impact SFPDH and those we serve, including:

- Sanctuary City and federal grants
- Affordable Care Act

• What we know now is that no changes have been implemented as of yet.

• We do not know what changes are coming, though there has been much speculation about changes that could impact SFPDH and those we serve.

• The two key areas to highlight relate to San Francisco’s Sanctuary City status and the Affordable Care Act.
The incoming administration has indicated its intention to defund sanctuary cities.

**Mayor Lee has reinforced his commitment to ensuring that San Francisco is and always will be a sanctuary city.**

- It is unclear what “defunding” would look like.
- Sanctuary City is not a program that receives federal funds, but rather a policy position taken by cities across the country to support and protect immigrants.
- Federal funds San Francisco currently receives strengthen programs that the new administration supports -- such as veterans’ housing and health, public safety, infrastructure, and education.

• The incoming administration has indicated its intention to defund sanctuary cities.

• What is a sanctuary city?
  • A sanctuary City is not a program that receives specific federal funding that can be taken away; Rather, it is a policy position taken by cities across the country to support and protect immigrants.
  • It means that a city has committed not to use local resources to enforce federal immigration laws.
  • These commitments can be formal (declared via ordinance) – or informal (operationalized in policy and practice).
  • At least 30 cities across the country – including Los Angeles, New York, Chicago, Dallas, Houston, Newark, Miami, and Detroit – have declared themselves to be Sanctuary Cities.

• **Mayor Lee has reinforced his commitment to ensuring that San Francisco is and always will be a sanctuary city.**

• Practically, it is unclear what “defunding” of sanctuary cities would look like.
  • Is it all federal funds that a sanctuary city receives?
• Some of these funds would be for individual entitlement programs, like Medicaid, and it is unclear whether these entitlements can be withheld.
• Additionally, federal funds that sanctuary cities receive support programs that are also supported by the new administration – such as veterans’ housing and health, public safety, infrastructure, and education – which they may be reluctant to cut.
• Finally, federal funding comes from a variety of federal sources – some directly to cities and some passing through the state – for a wide variety of projects, making it logistically complex to implement a full defunding.

• Whether defunding of sanctuary cities would occur and, if it did, what it would look like, is still unclear.
The incoming administration has indicated its intention to repeal and replace the ACA. The situation is fluid and likely to keep changing. It is unclear what “repeal and replace” would look like. The new administration supports some of the ACA’s existing provisions:
- coverage for pre-existing conditions
- extension of dependent coverage to age 26

Medicaid expansion could be reversed, but it is also possible that expanded eligibility could be retained with states and counties assuming a greater share of the cost.

- The incoming administration has also indicated its intention to “repeal and replace” the Affordable Care Act.
- Like the sanctuary city position, how and to what extent this could occur is also unclear.
- It is unlikely that a wholesale repeal of the ACA would occur.
  - The new administration supports some of the provisions in the ACA – coverage for pre-existing conditions and extension of dependent coverage to age 26.
  - Teasing these and other supported components out of the much larger ACA would be complex
  - Also, there is not universal agreement among the majority party about what would replace a repeal of the ACA.
- The Medicaid expansion is a significant element of the ACA that impacts many of our patients and clients.
  - 92,000 San Franciscans gained Medi-Cal coverage as a result of the ACA expansion of Medicaid to single adults with incomes up to 138% of the
federal poverty level.

- It is possible that the Medicaid expansion could be reversed.
- However, there is not unilateral agreement to rescind the Medicaid expansion among those that support a repeal of the ACA.
- It is also possible – and perhaps more likely – that the expanded eligibility would be retained as a state option but that the cost of the expansion would be shifted from the federal government to states and counties.
At the state and local level, ballot initiatives brought some good news, but also some additional budget challenges.

STATE
• At the state level, three initiatives provide dedicated funding to stabilize the existing Medi-Cal program structure. These include:
  • **Prop 52**: The private hospital quality assurance fee, which provides the state’s matching funds reimbursing hospitals for Medi-Cal patients.
  • **Prop 55**: This extended the existing tax on individuals earning over $250,000, allocating these revenues to education and Medi-Cal.
  • **Prop 56**: The $2/pack cigarette tax funds also dedicates funds to existing Medi-Cal programs, as well as other tobacco-related programs.
  • While these initiatives support existing Medi-Cal programs, their passage bolsters California’s financial position in the event of changes to Medicaid.

LOCAL
• Unfortunately, **Prop K** failed. It would have raised the city’s sales tax by .75% to raise $50 million to fund homeless services and $100 million to fund transportation.
• Because the City included Prop K revenues in its current two-year budget, the city’s budget is currently out of balance and will have to be adjusted.

• Proposals V and W, the soda tax and property transfer tax measures, passed, providing additional general fund revenues starting in the current year.

• Passage of Proposition V – the soda tax – is great news for health and public health.

• However, these new revenues fall short of covering budget imbalance created by Proposition K.

• Additionally, though Propositions V and W are not mandated to support specific services, their campaigns supported dedicating these revenues to health programs and free city college, respectively.

• Finally, Proposals E and I also passed.

• These initiatives establish general fund set-asides to support street tree maintenance and services for seniors and people with disabilities, respectively.

• General fund set-asides mandate that a specified portion of the city’s general fund be allocated to certain programs and services.

• This removes some of the city’s flexibility to re-prioritize and re-balance the budget.
In light of all of this uncertainty, the good news for San Franciscans is that Healthy San Francisco remains in place.

San Francisco has long supported access to health care and health insurance for our residents.

Before there was the ACA, there was Healthy San Francisco, Healthy Workers, and Healthy Kids to provide health care to our residents.

These programs will still be there in the event of changes to the ACA.

San Francisco promotes inclusiveness, diversity, and respect in all of our public services and programs and we will continue to provide health care to all San Franciscans in need, regardless of immigration or insurance status.

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• San Francisco has long supported access to health care and health insurance for our residents.

• Before there was the ACA, there was Healthy San Francisco, Healthy Workers, and Healthy Kids to provide care to our residents.

• These programs are open today and will continue to be available in the event of changes to the ACA.

• We are committed to ensuring that all San Franciscans have access to health care services, regardless of their immigrant or insurance status.
So what can you do?

SUPPORT EACH OTHER
• Continue to support your patients, your clients, and your colleagues
• Understand that they can represent a variety of different views and perspectives, which may or may not be the same as yours.

USE ONLY SFDPH APPROVED MATERIALS
• Use SFDPH-approved communication materials to make sure that we are communicating accurate and consistent messages across the department.
• Post the You’re Safe Here flyer, pictured on this slide, in patient/client areas.
• This flyer communicates five key messages:
  • you’re safe here
  • your health coverage has not changed
  • you can continue to receive your care here
  • San Francisco is and always will be a sanctuary city
  • we are here for you
• The three statement message from Barbara will be printed on postcards.
• These postcards can be meant to communicate assurance and support and can be
provided to patients and clients.
• The postcards and the flyer will be available in English, Spanish, Chinese, and Tagalog.
• Materials will be updated regularly.

SEEK ANY SUPPORT YOU MAY NEED
• For yourselves and your staff, remember that EAP resources are available for anyone that would like to talk individually to a counselor.
• [Add info re debrief counselor, if available at this meeting]

LET US KNOW IF YOU HAVE QUESTIONS
• If you have any questions or topics you would like to see covered in future updates, please email us at post-election@sfdph.org.

WEBSITE
• A webpage under About DPH should be live by the end of the week with this presentation and other materials as they become available.
• We will also compile frequently asked questions and make that information available online as well