



City and County of San Francisco  
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Mayor

## San Francisco Department of Public Health

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### Office of Policy and Planning

#### 2020 SFDPH FEDERAL LEGISLATIVE PLAN

##### Legislative Issue Areas

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## Legislative Issue Areas

1. **Health Care Reform and Access:** SFDPH is committed to ensuring that all San Franciscans have access to affordable health care and will continue to support key provisions and funding for the ACA.
  - **Oppose legislation that reduces the benefits or programs created by the ACA or withdraws funding for implementation.**
  - **Monitor for legislation that modifies funding or responsibilities related to the City's role in implementing the ACA.**
  - **Support maintaining key ACA provisions that improve access to health insurance,** including the Medicaid expansion, health insurance market reforms, and the state health insurance exchanges.
  - **Protect Funding Appropriated to the Prevention and Public Health Fund (PPHF)** and ensure that PPHF resources are allocated in a manner that enhances counties' efforts to prevent disease and injury, promote health and ultimately reduce healthcare costs. The PPHF is the nation's first dedicated mandatory funding stream for public health and prevention activities. Despite being appropriated in the ACA, the PPHF is routinely threatened for reduction or elimination as an offset to other spending priorities or for deficit reduction.
  - **Promote increased use of Electronic Health Records (EHR) and availability of incentives for safety net hospitals.** Safety net hospitals should be granted access to accelerated Medicaid incentive payments upon documentation of plans to adopt, implement, upgrade, or meaningfully use certified EHR technology, and subsequent payments upon meeting agreed-upon milestones.
  - **Support proposals that preserve and improve veterans' health and social services. Monitor, and take positions as needed on proposals that impact the Department of Veterans Affairs (VA) health care delivery system.** Military veterans are disproportionately impacted by mental health issues, substance use disorders, and homelessness. Eligible veterans are provided healthcare services through the VA. Increasingly, there are efforts to change how this care is delivered.
2. **Medicaid and Medicare:** Medicaid provides health care coverage for a significant portion of SFDPH's patients and clients, ensuring that that low-income San Franciscans have access to needed health care services.
  - **Oppose Federal efforts to place a per-capita cap on funding or limiting the ability of states to leverage funds through assessments on provider.**
  - **Support public hospitals in caring for the uninsured and expanded Medicaid populations** through the maintenance of sufficient Disproportionate Share Hospital (DSH) payments.
  - **Support Federally Qualified Health Centers.** Support stabilizing funding levels for Health Centers to ensure continued viability, invest in access and prevention, and meet increasing demand. Ensure that federally qualified health centers (FQHCs) maximize their ability to provide quality health care services to low income San Franciscans. This includes increased grants that fund insurance enrollment services and adequate renewal of the Community Health Centers Fund.
  - **Support Medicaid funding for jail inmates.** Medicaid does not cover inmate health care costs. Medicaid coverage for jail inmates would not only provide for improved health care access in the jail, but also provide for a smoother transition into needed services in the community upon reentry.

- **Support Increased Medicaid Access for Immigrants:** Undocumented immigrants, and certain “newly qualified status” immigrants are only eligible for emergency Medicaid. Oppose efforts to change public charge rules to limit access to public benefits (e.g. Medicaid).
  - **Plan for Improved Long-Term Care and Increased Community-Based Capacity.** Given the aging U.S. population, capacity-building efforts under Health Reform should include long-term services and community-based initiatives that are critical to maintaining health and building capacity in the workforce.
  - **Oppose cuts to the federal 340B program that would jeopardize enable covered entities that serve the poor to obtain discounted medications that would offset the uncompensated care for this population.** This program is essential to many hospitals’ ability to provide care to uninsured and underinsured patients. The discounts received through the program not only enable patient access to free or low-cost medications, but they also help offset the total cost of uncompensated care. Hospitals, such as Zuckerberg General Hospital serving the poor shoulder more of the financial burden of caring for patients who are uninsured or underinsured.
  - **Support increased access of Medicaid coverage for low-income adults without children.**
3. **Behavioral Health:** San Francisco is committed to supporting recovery and wellness for individuals with mental illness substance use disorder and those with dual diagnoses.
- **Permanent and Complete Repeal of Institute for Mental Disease (IMD) Exclusion.** Under federal law, Medicaid cannot cover treatment provided to individuals in mental health and substance use disorder residential treatment facilities with over 16 beds - IMDs (referred to as the IMD exclusion). In California, nine out of 10 addiction treatment beds are in programs too large to get Medicaid reimbursement, presenting a significant barrier to treatment for low income populations. Recent Federal actions have begun to partially reverse these exclusions. The SUPPORT Act, signed into law October 2018, permits Medicaid, for the next five years, to provide payment for 30-day inpatient addiction treatment at IMD facilities. In November 2018, CMS announced that states will be able to apply for a waiver allowing Medicaid to cover up to 30 days of mental health treatment at IMD facilities.
  - **Support modification to federal regulations to reduce barriers to sharing critical health information, including substance use data among clinicians.** Federal law, CFR 42 Part 2, restricts disclosure of clinicians sharing information about substance-use diagnoses and medications. This jeopardizes coordinated care and health outcomes to patients. CFR 42, Part 2 should be fully aligned with HIPAA and allow for substance use disorders, mental health and physical care data to be shared across providers in a health system.
  - **Expand federal funding criteria to include harm reduction housing for chronic inebriates.**
  - **Increase capacity to provide behavioral health services by enabling the utilization of alternative providers,** including, psychiatric nurse practitioners, social workers, and peers.
4. **Opioid Use Disorder Prevention and Treatment:** Limited resources are available to address the growing epidemic of opioid use disorder and resulting deaths.
- **Support proposals that fund opioid surveillance, expand emergency treatment resources, and increase capacity to provide long-term prevention and treatment services,** including fully appropriating the funding authorized under the Comprehensive Addiction and Recovery Act for the implementation of the Department of Justice’s Comprehensive Opioid Abuse Grant Program.

5. **Restorative Justice, Improved Jail Health, and Violence Prevention:**

- **Support proposals to limit incarceration when rehabilitation or other means are available** and advocate for innovative healthcare models for behavioral health for the incarcerated.
- **Support legislation that allows jails and prisons to treat opioid addictions with medication assisted therapy** by allowing and funding the administration of methadone or buprenorphine.
- **Support proposals that fund and strengthen violence prevention efforts**, including those that address street violence, gun violence and violence against women through coordinated and data driven approaches.

6. **Disease Prevention and Treatment Strategies:** Support increased funding for fully integrated infectious disease prevention, control, and treatment strategies, including:

- **HIV/AIDS:** San Francisco is working to achieve the UNAIDS vision of “Getting to Zero”: zero new HIV infections, zero HIV deaths, and zero HIV stigma by 2020.
  - **Increase funding to achieve full integration citywide of the goals of the National HIV/AIDS Strategy**, including surveillance, care, treatment, prevention, and housing. If total federal funding remains flat, San Francisco will see a decrease of 25 to 50 percent for HIV prevention, surveillance, treatment, and housing in the next five years.
  - **Increase funding for Ryan White programs and oppose efforts to reduce funding.** Ryan White programs provide funding for local HIV/AIDS outreach and treatment, including programs that specifically target minority populations. Current funding enables SFDPH to provide outreach, medical care, behavioral health supports, and substance use counseling services to more than 500 San Franciscans living with HIV/AIDS
- **Hepatitis:** Ensure adequate funding for viral hepatitis and implement the National Viral Hepatitis Action Plan, including reimbursement for hepatitis C (HCV) screening and treatment, funding for HCV linkage and treatment in marginalized populations, for hepatitis B education, treatment, screening and vaccination, and for hepatitis surveillance in urban areas. Expedite Food & Drug Administration and Centers for Medicare and Medicaid Services approval of new treatment for HCV.
- **Sexually Transmitted Diseases (STDs):** Increase resources for prevention of STDs, such as congenital syphilis, as outlined in the National Prevention Strategy. Advocate for continued CDC funding for STD control in San Francisco, as reduced funding directly equates to reduced ability to respond to this important public health issue. CDC’s Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) program supports disease investigators and epidemiologists, who are responsible for monitoring and curbing the spread of STDs in San Francisco.
- **Tuberculosis:** San Francisco’s case rate of TB is amongst the highest in the nation, while Federal funding to fight TB has been cut disproportionately at CDC, and infrastructure for direct clinical services and core public health functions has deteriorated. Local public health TB programs rely on federal funding to support public health activities like contact investigation, field services, and legal enforcement. Twenty percent of California’s TB cases are among undocumented residents who are eligible to receive care only at their local health department.
- **Racial and Ethnic Approaches to Community Health (REACH):** REACH is a national program administered by the CDC to reduce racial and ethnic health disparities. Oppose reductions in this

program and support increase funding for chronic disease prevention.

7. **Primary Care Services:** Access to high quality primary care is essential to health and wellness. Research has associated patients with access to a regular source of primary care have better management of chronic diseases, lower overall healthcare costs, and a higher level of satisfaction with their care. Primary care capacity is also one of the biggest challenges facing the San Francisco Health Network in the implementation of the ACA. The health system is also moving toward a team-based approach, utilizing a combination of primary care physicians, nurses, medical assistants, and other professionals to provide care.
  - **Utilize Nurse Practitioners and Other Qualified Medical Professionals to Increase Capacity.** In order to increase the primary care capacity of the safety net system, nurse practitioners and other qualified professionals such as medical assistants, should be utilized to the fullest extent of their education and training, and options for expanding training for advance practice nurses should be adopted.
  - **Increased Clinical Pharmacist Use and Funding in Primary Care.** Support the Pharmacy and Medically Underserved Areas Enhancement Act to include pharmacists on the list of recognized healthcare providers.
  - **Increase Supply of Primary Care Providers.** Graduate Medical Education (GME) slots should be increased with an emphasis on increasing the numbers of primary care providers as appropriate. In addition, federal investments in the National Health Services Corps and other loan repayment programs for primary care providers should be reinstated as recruitment incentives for San Francisco. These programs provide a critical pipeline of providers to the nation’s safety net health care system.
  - **Support clear policies for the integration of Telemedicine into service provision,** as well as new payment and service models that allow Telemedicine expansion. Telemedicine can provide access to care for high-risk and vulnerable individuals who cannot access traditional services.
8. **Children’s Health:** Children’s Health Insurance Program (CHIP) is a federal and state partnership designed to provide low-income children with health insurance coverage. The program improves access to health care services and quality of life for nearly 1.3 million California children less than 19 years of age. Currently, funding for CHIP is renewed through 2027.
  - **Oppose proposals that reduce CHIP funding;** Support proposals that increase CHIP funding.
9. **Seniors and Persons with Disabilities:** San Francisco is expected to see a 38% increase in the number of residents 65 years and over between 2018 and 2030 – more than any age group. The projected growth in San Francisco’s aging population has implications on the need for more long-term care options moving forward.
  - **Support efforts to expand community-based living options.** Support legislative and budget proposals that promote and expand access to community-based living options and services that enable the elderly and persons with disabilities to avoid institutionalization and receive appropriate levels of support and care in the community.
  - **Adjust physician training to emphasize care for seniors and persons with disabilities and other special needs populations.** Graduate Medical Education in primary and specialty care should emphasize training to provide accessible care for seniors and persons with disabilities (SPDs) to reflect the needs of the aging and disabled U.S. population, including substance use disorders,

psychiatric disorders and patients that require close observation.

- **Support policies that increase access to and coordination of services for children and youth with special healthcare needs**, with specific attention to policies that ensure adequate access to hospital dental services for Medicaid patients.

10. **Contraception and Family Planning:** People increasingly face challenges to their reproductive freedom. Ensuring access to comprehensive, low cost, reproductive, prenatal and primary care – including family planning and abortion services, and case management continue to be critical.

- **Oppose any proposal that would limit access to comprehensive, low cost and readily accessible reproductive health services, including family planning, emergency contraception and abortion services.** Special attention should be paid to policies that 1) limit the range of options available and 2) limit access to accurate, unbiased information about reproductive and sexual health for youth and adults.
- **Support proposals that ensure all people’s access to unbiased, noncoercive sexual and reproductive health care that acknowledges the whole individual**, including policies that support all people’s right to seek parenthood, prevent parenthood, and have and raise children in safe, healthy and equitable environments.

11. **LGBTQ Health:** The LGBTQ community continues to face significant health inequities, and increasingly, Federal action is being taken to remove protections for LGBTQ people.

- **Support full human rights for LGBTQ people, especially people of color, low-income people, and formerly incarcerated LGBTQ people;** strongly oppose proposals that remove protections for LGBTQ people.
- **Support sufficient access to full spectrum of transgender health services through increased Medicare provider rates.** Medicare recently amended payment policies to cover gender reassignment surgery as medically necessary. However, Medicare reimbursement rates for the procedure are too low to ensure sufficient provider participation. This problem is compounded for persons dually eligible for Medicare and Medicaid, due to Medicare/Medicaid first payer rules.
- **Data Collection.** Promote the use of consistent methods to accurately collect gender, identity, and sexual orientation data through the National Institutes of Health

12. **Immigration:** Support immigration proposals that promotes health and well-being, ensures family unity, removes barriers and protects access to health services, fosters civic engagement, and facilitates integration for immigrants.

13. **Healthy Food:** Science links health conditions such as heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet. However, the healthy choice is not always the easy choice, particularly for San Francisco’s most vulnerable residents.

- **Support food security:** Support policy goals in the Farm Bill that promote food security, healthy eating, and active living , including sufficient funding for Supplemental Nutrition Assistance Program (SNAP) benefits and the SNAP-Ed nutrition education program, the Emergency Food Assistance Program (TEFAP), Commodity Supplemental Assistance Program (CSFP), and other nutrition programs such as expansion of the Fresh Fruit and Vegetable Program and the Food Insecurity Nutrition Incentive Program. Oppose efforts to restrict access to these programs (i.e.

create barriers based on individual's immigration or employment status).

- **SNAP benefits should be adjusted for high housing costs**, and the SNAP Restaurant Meals program for participants without the ability or means to cook, such as the elderly, disabled, and homeless should be protected and expanded.
- **Promote regional food systems** and economic growth by supporting the Farmers Market Promotion Program, the Healthy Food Development Fund, the Healthy Food Financing Initiative, the Food Hub initiative, Community Food Projects, and the Beginning Farmers and Ranchers Development Program.
- **Support Childhood Nutrition Efforts.** Oppose efforts to subvert the provisions of the Hunger-Free Kids Act of 2010 designed to improve school meals. Support funding to help finance improvements to school lunch facilities, train school food service personnel and for other purposes.
- **Protect the Women, Infant, and Children's (WIC) Supplemental Nutrition Program.** Support legislation that protects and enhances annual funding for the Women, Infant, and Children's (WIC) Supplemental Nutrition Program, including adequate funding.

#### 14. Climate Change and Justice

- **Support efforts to mitigate and adapt to climate change and support climate justice**, including efforts to increase ability for vulnerable communities to respond to climate change and other natural disasters; Support proposals to sustain and/or increase funding to address climate change health issues.

15. **Transportation and Vision Zero:** Support proposals that help achieve the City's Vision Zero goal, as stated in the [Mayor's Vision Zero SF 2019 Action Strategy](#) and expand opportunities to develop safe, high-quality environments for biking and walking – including funding for Vision Zero Projects. This includes monitoring emerging issues like Autonomous Vehicles and Automated Driving Systems, E-Scooters, E-Bikes, and other emerging mobility issues with implications for health, safety and equity.

16. **Public Health Preparedness:** Local health departments prepare communities for disasters, respond when emergencies occur, and lend support throughout the recovery process. SFDPH works with community sectors —government officials, law enforcement, emergency management, health care — to plan, train, and prepare for emergencies so that when disaster strikes, everyone is prepared.

- **Increase Public Health Emergency Preparedness Funding:** Local health departments play a vital role in maintaining National Health Security. They perform multiple functions to ensure the safety and well-being of America's communities in the face of potential public health emergencies.
- **Increase Funding for the Hospital Preparedness Program:** The Hospital Preparedness Program provides leadership and funding through grants and cooperative agreements to improve surge capacity and enhance community and hospital preparedness for public health emergencies.
- **Support proposals that ensure emergency programs and planning are inclusive of the needs of vulnerable populations**, including those with access and functional needs, people with disabilities, those unable to be self-sufficient for 72-hours following an emergency, as well as other groups disproportionately impacted in emergencies.

17. **National Institutes of Health Funding (NIH):** The NIH is a global leader in medical research which

supports new knowledge to help prevent, detect and diagnose and treat disease and disability. There has been a decline in NIH funding over the last decade.

- **Support legislative and budget proposals to increase funding for the NIH and protect federal support for the NIH.**

18. **Health Information and Technology:** Inability to share patient information across programs and services can be a barrier to providing high-quality whole person care. Patients and providers must also be assured of data confidentiality.

- **Support proposals that foster improved methods of sharing health care data to enhance service provision while maintaining a balance with reasonable levels of patient privacy protection.** Specifically, support legislation that allows for better information sharing while balancing the privacy rights for people seeking treatment for substance use issues.