



City and County of San Francisco
London Breed
Mayor

San Francisco Department of Public Health

Greg Wagner
Acting Director of Health

Office of Policy and Planning

MEMORANDUM

DATE: January 10, 2019

TO: Dr. Edward Chow, President, San Francisco Health Commission and
Members of the Health Commission

THROUGH: Greg Wagner, Acting Director of Health
Naveena Bobba, Deputy Director

FROM: Sneha Patil, Director, Office of Policy & Planning
Maxwell Gara, Health Program Planner, Office of Policy and Planning

RE: SFDPH 2018 State and Federal Legislative Summary and 2019 State and Federal
Legislative Plans

This memo presents the San Francisco Department of Public Health (SFDPH)'s annual state and federal legislative plans to the Health Commission for review and approval. This memo provides 1) a brief background on the purpose and development of the legislative plans; 2) a summary of key state legislation that SFDPH and the City took a position on during the 2018 legislative session; 3) key federal updates; and 4) a draft of SFDPH federal and state plans for the 2019 legislative cycle.

1. Background
2. 2018 State Legislative Session and Emerging Issues in 2019
3. 2018 Key Federal Updates and Emerging Issues in 2019
4. Attachment: Draft 2019 SFDPH State and Federal Legislative Plans

BACKGROUND

The Department's state and federal legislative plans serve as guides for monitoring bills and budget proposals and identifying policy matters that may require City advocacy or action. These plans are intended to cover a broad range of health policy issues that may be addressed by state and federal lawmakers and agencies during the year. Additionally, the plans assist SFDPH staff who represent the Department on various professional associations or coalitions in presenting the Department's position on policy issues.

Aligned with the overall SFDPH priorities, the legislative plans are drafted with input from content experts across the Department. The 2019 draft legislative plans were emailed to department leadership in September-October 2018 for the opportunity to review and provide feedback. The department's Office

of Policy and Planning also collected input through meetings with department content experts, outside city agencies, and professional associations to identify emerging policy themes and issues for the upcoming legislative cycle. The Office will continue to meet with department staff and external content experts throughout the year to identify and update legislative priorities.

The draft 2019 State Legislative Platform was submitted to the Mayor's Office for review and incorporation into City-wide state and federal legislative plans December 11, 2018. Any changes made by the Health Commission will be incorporated into the final plan submitted to the Mayor's Office through an amendment process.

SUMMARY OF 2018 STATE LEGISLATIVE SESSION AND EMERGEING ISSUES IN 2019

The Office of Policy and Planning tracks many state bills throughout the legislative session. As bills are introduced, they are added to a tracking list if the topic area is relevant to SFDPH. The state and federal legislative plans are used to identify topic areas of importance and relevance across our branches. SFDPH Office of Policy and Planning also monitors positions taken by other City departments or key external organizations (e.g. CHEAC or CAPH). For bills that impact multiple City departments, we work with staff from those departments to understand areas of agreement or divergence and sometimes move forward jointly to recommend positions. Bills that SFDPH would like the City to take a position are presented at the Mayor's State Legislation Committee each month for approval. From there, our City-wide lobbyists advance the City's positions and/or we may write letters directly to legislators or provide expert testimony.

During the 2018 session, the legislature engaged in important health-related issues, including: Medi-Cal, conservatorship, overdose prevention sites, homelessness, EMS alternative destination transport, substance use disorder and treatment, sharps stewardship, hospital funding, maternal and child health, lead prevention, and food safety.

Throughout the 2018 session, SFDPH tracked over 100 state bills and recommended taking active positions on 11 bills, all of which were approved by the Mayor's State Legislation Committee (SLC). Table 1 lists the outcomes for bills where position recommendation by the Department were approved by SLC or DPH worked closely with the Mayor's Office on.

Table 1. Public Health Department Related Bills with Official City Positions, 2018

| Subject | Description | Position |
|---|---|---|
| Bills Passed and Signed into Law | | |
| SB 1045: Conservatorship: serious mental illness and substance use disorders (Wiener) | Expands and strengthens California's conservatorship laws with the aim of better meeting the needs of individuals who have serious mental illness and substance use disorders | Sponsored by Mayor's Office |
| AB 626: California Retail Food Code: microenterprise home kitchen operations (Garcia & Arambula) | Establishes "microenterprise home kitchens (MHKs)" as a new category of retail food facility, that cities or counties would have discretion to authorize and permit, to be operated by a resident in a private home, subject to specified requirements. | <i>Support if Amend position taken by DPH.</i> |
| AB-2363 Zero Traffic Fatalities Task Force (Friedman) | Requires the State Department of Transportation, by July 1, 2019, to convene the Vision Zero Task Force to evaluate whether an alternative to the current process for setting speed limits should be considered and make recommendations on other steps to increase pedestrian and bicyclist safety. | Support and Amend position taken by MTA and DPH |
| AB 2798: Hospitals: licensing (Maienschein) | Establishes specific timelines for the Department of Public Health (DPH) to approve applications from hospitals seeking to modify, add, or expand a service or program | Support position taken by DPH |
| Bills Vetoed by Governor | | |
| AB 11: Early and Periodic Screening, Diagnosis, and Treatment Program: screening services (McCarty and Bonta) | Requires screening services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program to include developmental screening services for individuals zero to 3 years of age. | Support position taken by DPH |
| AB 186: Controlled substances overdose prevention program (Eggman) | Authorizes the City and County of San Francisco to approve entities to operate an overdose prevention program for adults supervised by healthcare professionals or other trained staff where people who use drugs can safely consume drugs and get access to referrals to addiction treatment. Provisions would sunset January 1, 2022. | SF BOS passed resolution supporting bill |
| SB 937: Lactation accommodation (Wiener and Leyva) | Bill requires businesses to provide lactation facilities for their workers, requires that lactation facilities be built in new construction (as specified), and ensures employees receive information about their rights to a safe and comfortable lactation space at work. | Support position taken by DPH |
| SB 1125: Federally qualified health center and rural health clinic services (Atkins) | Allows community health centers, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC), to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. Bill's provisions contingent upon appropriation in the Budget Act (not included in the FY 2018-19 State Budget). | Support position to taken by DPH |
| Bills Died in Legislature | | |
| AB 587: State government: pharmaceuticals: procurement: collaborative (Chiu) | Requires the Department of General Services (DGS) to convene the California Pharmaceutical Collaborative to address the rising cost of pharmaceutical drugs and to coordinate the efforts of state and local government entities to identify and implement opportunities for cost savings with regard to the purchase of pharmaceuticals, particularly pharmaceuticals that are considered high-cost drugs. | Support position taken by DPH |
| AB 1795: Emergency medical services: community care facilities (Gipson) | Would authorize a local emergency medical services (EMS) agency to transport specified patients to a community care facility, including sobering centers, in lieu of transportation to a general acute care hospital. | Support position taken by DPH and Fire |

| | | |
|--|---|--|
| SB-944 Community Paramedicine Act of 2018 | Establishes the Community Paramedicine Act of 2018, which permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop a program to provide community paramedic services across five different specialties, including: providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. Bill provisions sunset January 1, 2025. | Support if Amended position taken by DPH and SF Fire |
| AB 2430: Medi-Cal: program for aged and disabled persons (Arambula) | This bill would raise the Medi-Cal Aged and Disabled income level to 138% FPL, an amount equivalent to most other Medi-Cal income levels for adults. Under current law, adults age 64 or younger qualify for Medi-Cal if income less than 138% FPL. For seniors living on their own, eligibility is limited to those below 100% FPL. | Support position taken by DPH |
| AB 2934 Residential lead-based paint hazard reduction program: local health departments: certification (Stone) | Authorizes the CA Department of Public Health to authorize a local health department to implement and administer a lead certification program for persons engaged in lead construction work. The bill would require persons engaged in lead construction work to have a certificate issued either by the department or by a county health department. | Support position taken by DPH |
| 2018 Trailer Bill: 340B Drug Billing Reimbursement Change | The Governor's 2018-19 Budget proposal included a provision, to be introduced via trailer bill, prohibiting the use of the 340B Drug Pricing Program in the Medi-Cal program beginning July 1, 2019. | Oppose position taken by DPH |

Emerging Issues

In November 2018, Lt. Governor Gavin Newsom was elected Governor of California and both the State Senate and Assembly retained their Democratic super majority composition. As Governor, Newsom is expected to follow and support many of the same policies as Governor Brown, and prioritize early childhood education, affordable housing, homelessness, and health care. On January 7, after being sworn in as Governor of California, Gov. Newsom unveiled several executive actions and budget proposals aimed at increasing access to health care, controlling prescription drug pricing, and reducing health related inequality. The plan includes reinstating the Affordable Care Act's individual mandate; expanding health care for undocumented immigrants up to age 26, consolidating the state's prescription drug purchases into a state-run program to create greater leverage and negotiate lower prescription drug costs, requesting permission from the Federal Administration for California to pursue a single payer government-funded health care system, and establishing a California surgeon general charged with reducing health-related inequality in the state. Some proposals will be included in Newsom's state budget and reviewed in the coming months by the Legislature, with details and costs to be filled in.

The upcoming 2018-19 state legislative marks the start of a new two-year session. Legislators are expected to take up many of the same issues addressed during the 2017-18 session. SFDPH will closely monitor, and take positions as needed, on proposals on health care, behavioral health, homelessness, overdose prevention sites, the Assisted Living Waiver, and other state issues of relevance to the Department as detailed in the 2019 State Legislative Platform.

KEY 2018 FEDERAL UPDATES AND EMERGING ISSUES IN 2019

In 2018, the Federal Administration engaged in various actions to undermine Affordable Care Act (ACA) related health reforms, immigration protections and rights, and women’s and LGBTQ health. SFDPH, along with other City agencies, focused its advocacy efforts on opposing these actions and supporting local and statewide efforts to mitigate and prevent any resulting harms.

Health Reform Updates: Federal-level attempts to weaken ACA-related health reforms were taken via legislative action, administrative ruling making, and renewed legal challenges. The most significant change was the repeal of the ACA’s individual insurance mandate penalty through the Tax Cuts and Jobs Act that was signed into law in December 2017. The repeal becomes effective January 1, 2019. The Congressional Budget Office and the Joint Committee on Taxation (CBO/JCT) estimate that four million fewer individuals will be insured nationwide by 2020, and individual health plan premiums will increase by 10 percent. In San Francisco, it is estimated that there will be an increase of 32,900 uninsured people by 2025 due to the repeal.¹ Due to local health care laws and Covered California consumer protections, the City may not experience this estimated increase in uninsured individuals. Other actions taken throughout the year included finalizing new rules to expand Short-term Limited Duration Health Plans and Association Health Plans (both are exempt from key ACA-requirements)², finalizing rules allowing employers to deny birth control coverage for religious reasons, and continuing to freeze Cost-Sharing Reductions (CSR).

Despite these actions, the national uninsured rate has remained steady at 8.8% in 2018.³ This rate is not significantly different from 2017 and represents 20.3 million fewer uninsured persons than in 2010. San Francisco’s uninsured rate has also remained at steady, year-to-year, at 3.6 percent, or about 31,480 residents.⁴ An estimated 35,010 residents (September 2018)⁵ were enrolled in the insurance marketplaces (Covered CA) and 74,016 (June 2018)⁶ were enrolled in the Medicaid expansion. San Francisco has a total 128,086 residents enrolled in the San Francisco Health Plan (October 2018)⁷, and 13,821 (October 2018)⁸ residents enrolled in Healthy San Francisco. As the impacts from the previous two years of federal actions begin to accumulate, the health care landscape could begin to change, resulting in changes to uninsured rates and quality of coverage.

Women’s Health Updates: SFDPH’s federal advocacy efforts included opposing the Federal Administration attempts to undermine the health of women. SFDPH submitted formal comments opposing regulations that would prohibit health care providers receiving Title X funds from being allowed to perform abortions or refer patients to abortion service.⁹ The Board of Supervisors also passed a

¹ Gee, Emily. “Estimates of the Increase in Uninsured by Congressional District Under the Senate GOP Tax Bill.” Center for American Progress, December 5, 2017. <https://www.americanprogress.org/issues/healthcare/news/2017/12/05/443767/estimates-increase-uninsured-congressional-district-senate-gop-tax-bill/>.

² CA legislation passed in 2018 prohibits the sale of STLD Plans in the states ([SB 910](#) - Hernandez) and places limitations on who can establish AHPs ([SB 1375](#) –Hernandez).

³ Cohen RA, Martinez ME, Zammitti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–March 2018. National Center for Health Statistics. August 2018. Available from: [https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf](https://www.cdc.gov/nchs/nhis/releases.htm..https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf)

⁴ U.S. Census Bureau, 2017 American Community Survey 1-year estimate

⁵ Covered CA September 2018

⁶ State of California, Department of Health Care Services Research and Analytics Studies Division, Medi-Cal Certified Eligible Data Table by County and Aid Code Groups for Month of Eligibility June 2018, Report Date: October 2018

⁷ State of California, Department of Health Care Services. Medi-Cal Managed Care Enrollment Report - October 2018

⁸ San Francisco Department of Public Health, Office of Managed Care. Healthy San Francisco Dashboard. November 2018

⁹ Department of Health and Human Services Proposed Rule, “Compliance with Statutory Program Integrity Requirements”

resolution reaffirming commitment to women's access to affordable reproductive, family planning, and sexual health services in San Francisco. Final rules for this change have not yet been released.

LGBTQ Updates: Throughout 2018, the Federal Administration took administrative actions that could negatively impact the LGBTQ community. SFDPH engaged in several of these issues, including submitting formal comments opposing proposed changes to protect employees who refuse to treat patients on the basis of religious and moral objections.¹⁰ In addition, both SFDPH and the Mayor publicly denounced a leaked proposal that would create a narrower definition of gender that excludes transgender and gender nonconforming individuals. The Department will continue to closely monitor both of these issue in the upcoming year.

Immigration Updates: SFDPH and the City focused advocacy efforts opposing the Federal Administration's attempts to undermine the health and safety of San Francisco's immigrant communities through continued challenges to San Francisco's sanctuary city status and targeting the health and social benefits used by the immigrant community via administrative changes to Public Charge rules. The Mayor's Office, in coordination with SFDPH, Human Services Agency, City Attorney's Office, and other city agencies, submitted formal comments opposing proposed changes to Public Charge rules. The rule is expected to result in significant disenrollment from social benefits program like Medi-Cal among immigrant households.

Budget Update: In March 2018, the President signed a \$1.3 trillion omnibus spending bill that funded the federal government through the remainder of the 2018 Fiscal Year (FY) following a series on stop-gap funding measures that had funded the government following the October 2017 budget deadline. Despite previous proposals, the bill didn't decrease funding for health and social services, continued to fully fund Planned Parenthood, and didn't attempt to defund "sanctuary cities". Key health-related funding provisions included:

- Children's Health Insurance Program (CHIP) renewed for ten years;
- Community Health Centers Funding for two additional years;
- Medicaid Disproportionate Share Hospital (DSH) Payment Reductions Delayed until FY 2020 (reductions in DSH funding were originally schedule to occur from FY 2014 through FY 2020).

In September 2018 the President signed into law five of twelve FY 2019 appropriations bills, including spending bills for Defense, Labor, Health and Human Services (HHS), and Education. The bills provide stable funding for HHS-related allocations through the upcoming fiscal year. Without approval of the remaining appropriation bills by December 21, 2019, the following government departments will shut down: Agriculture, Commerce, Justice, Homeland Security, Interior, State, Transportation, and Housing and Urban Development, as well as several smaller agencies.

Emerging Issues

The November 2018 election resulted in a Democratic majority in the House of Representative, and the Senate increasing its Republican majority. These changes make legislative actions to repeal and replace the ACA less likely in the upcoming year. Despite this shift in the congressional landscape, the impacts from federal-level administrative and legislative actions to weaken the ACA over the previous two years

¹⁰ Department of Health and Human Services Proposed Rule, "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority"

are expected to take more pronounced effect in 2019, especially with the mandate repeal going into effect. The upcoming year can also expect to see the continued administrative and legal action to undermine health reform, including new legal challenges to ACA's preexisting conditions protections and potential rule making on cost-sharing reduction subsidies. These actions will be closely monitored and analyzed for their impacts on SFPDH and the City's residents.

SFPDH will also closely monitor federal activity related to the budget, public charge and immigration, LGBTQ rights and protections, women's health and family planning, opioid epidemic, the IMD exclusion, and other federal issues of relevance to the Department as detailed in the 2019 Federal Legislative Platform.

ATTACHMENT

2019 SFPDH DRAFT STATE LEGISLATIVE PLAN

2019 SFPDH DRAFT FEDERAL LEGISLATIVE PLAN



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2019 SFDPH STATE LEGISLATIVE PLAN

San Francisco Department of Public Health's (SFDPH) 2019 State Legislative Plan organizes legislative issue areas based on their intersection with the department's two divisions, the San Francisco Health Network and Population Health. While issue areas are categorized under one SFDPH division, most issues impact both San Francisco Health Network and Population Health.

A. San Francisco Health Network Issue Areas

- 1) **Medi-Cal and Health Reform**
 - a) Eligibility
 - b) Services
 - c) 1115 Waiver
 - d) Equitable Value-Based Payment Models
 - e) Provider Reimbursement Rates
 - f) Federally Qualified Health Centers
- 2) **Mental Health and Substance Use Disorders**
 - a) Parity Gap
 - b) Opioid-Use Disorder
 - c) Drug Medi-Cal
 - d) MHSA
 - e) Adolescent Services
- 3) **Homelessness and Supportive Housing**
- 4) **Restorative Justice and Jail Health**
- 5) **Maternal, Child, and Adolescent Health**
- 6) **Family Planning and Contraception**
- 7) **Long-term Care**
 - a) Assisted Living Waiver Program
- 8) **Palliative Care**
- 9) **Hospitals and County Health Funding**
- 10) **Workforce Development**
- 11) **Health Information and Technology**

B. Population Health Issue Areas

- 1) **Population Health & Prevention**
- 2) **Health Equity**
- 3) **Chronic Disease Prevention and Health Promotion**
- 4) **Tobacco Control**
- 5) **Emergency Medical Services**
- 6) **Public Health Preparedness**
- 7) **Cannabis**
- 8) **Vision Zero**
- 9) **Food Security**
- 10) **Healthy Housing**
- 11) **Climate Change and Justice**
- 12) **Immigration**

I. San Francisco Health Network

- 1) **Medi-Cal and Health Care Reform:** SFDPH is committed to increasing access to health care for all San Franciscans and will support state legislation that combats any actions on a federal level to roll back the significant coverage gains that have been made in California. SFDPH will monitor and take positions as needed on the State's proposals on coverage expansion and affordability, Covered California eligibility and financing, and other Medi-Cal related issues.
 - a) **Eligibility:** Support proposals that protect the coverage gains from ACA's Medi-Cal expansion; Support proposals to increase enrollment and remove barriers to access for incarcerated individuals into Medi-Cal, prohibit automatic suspension of Medi-Cal for incarcerated individuals, and extend Medi-Cal eligibility to pre-adjudicated adolescents; Support proposals that expand health care services for undocumented residents.
 - b) **Services:** Support proposals that address the health needs for populations with complex, chronic conditions in the least restrictive settings and use case management approaches, including increased access to and funding for comprehensive home and community based services; Support proposals that enable individuals to easily determine their eligibility for, and enroll in, other social services (e.g. WIC) once qualified for Medi-Cal; Support funding for special services for refugees (e.g. patient navigators and translators) to improve health care access.
 - c) **1115 Waiver:** Monitor and take positions as needed on proposals for waiver implementation and renewal to ensure adequate funding for public hospitals and health systems; Protect the use of county funds as non-federal share for public providers; Monitor and take positions as needed on proposals seeking to adjust the 1115 waiver in response to federal changes to the Medicaid program; Monitor and take positions as needed on proposals to change PRIME and GPP.
 - **Whole Person Care (WPC):** support proposals that enhance integration of mental health and substance use treatment, primary care, and social services to create seamless care and support for patients. This may include supporting capacity to appropriately share data across systems in order to improve coordination and efficiency of care, and supporting payment reforms; Support proposals that ensure that counties can fully participate in the Whole Person Care pilots.
 - d) **Ensure Value-Based Payment Models Advance Equity:** Monitor and take positions as needed on proposals to change value-based and other alternative payment models; support proposals that advocate for locally-based socio-economic adjustments to payment models to ensure adequate funding for public hospitals and health systems that serve high-risk populations.
 - e) **Provider Reimbursement Rates:** Support proposals to increase Medi-Cal provider rates. Proposals could include supplementing county Medi-Cal expenditures through increased federal financial participation; Support funding for medical education programs.
 - f) **Federally Qualified Health Centers (FQHCs):** Support stabilizing funding levels for FQHCs to ensure their continued viability, ability to invest in access and prevention, and ability to meet increasing demand; Support expansion of state pilot programs testing capitated payment mechanisms for FQHCs; Monitor proposed changes to services rendered outside the FQHCs eligible for the Prospective Payment System (PPS) rate.

2) Mental Health and Substance Use Disorder Issues

- a) **Parity Gaps:** Support proposals that ensure parity in the health system between physical health and behavioral health services (e.g. ensuring emergency Medi-Cal includes SUD services, private plan coverage of methadone); support proposals for same day billing at FQHCs.
 - b) **Opioid-Use Disorder Prevention and Treatment:** Support proposals that fund opioid surveillance, expand emergency treatment resources, and increase capacity to provide long-term prevention and treatment services. Support proposals that enable qualified members of a patient's medical care team (in addition to primary care physicians) to access the CURES database to monitor drug prescriptions; Support proposals that allow for the continued expansion of medical assisted treatment and preventive harm reduction programs such as naloxone distribution. Support harm reduction services and monitor proposal for supervised consumption sites that aim to reduce the chance for HIV and Hepatitis C transmission and prevent overdose deaths.
 - c) **Drug-Medi-Cal:** Monitor proposed changes to, or funding for, the Drug Medi-Cal Program, and take positions as necessary; monitor proposals for waiver renewal related to the program.
 - d) **Mental Health Services Act (MHSA, Prop 63):** Advocate for additional MHSA funds for capital expenditures, housing supports, creation of permanent funding streams for crisis services currently funded by MHSA grants. Monitor and take positions as needed on implementation of the 2016 No Place like Home Initiative, especially as it relates to funding for support service planning for residents in newly developed housing. Support the removal of parolee exclusion within the MHSA.
 - e) **Adolescent Services:** Support proposals for funding adolescent behavioral health services; Support proposals that promote care and payment models that better integrate behavioral health in pediatric primary care settings.
- 3) **Homelessness and Supportive Housing:** Support proposals that enhance local entities' ability to provide safe and healthy housing and integrated services for homeless and at-risk populations that include increased access to behavioral and chronic healthcare services.
- 4) **Restorative Justice and Improved Jail Health:** 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 proposals that provide funding for re-entry and transition programs that serve formerly incarcerated individuals. Support proposals that allows jails and prisons to treat opioid addictions with medical assisted therapy. Support proposals that allow for presumptive Medi-Cal eligibility of individuals upon release from custody. Support proposals to fund treatment for Hepatitis C treatment and PrEP. Incarcerated people are not Medi-Cal eligible and are barred from patient assistance.
- 5) **Maternal, Child, and Adolescent Health:** Support proposals to reduce inequities in maternal, infant, and child health, and to maximize the health and quality of life for all women, infants, adolescents, and their families in San Francisco.
- **Women, Children, Adolescents, and Families:** Support proposals that maintain or improve counties' ability to address the health and prevention needs of women, children, adolescents, and families, including proposals aimed at addressing childhood obesity, expanding health education for youth, increasing access to doulas, and supporting sexual

and reproductive health of women and adolescents.

- **California Children’s Services Program:** Monitor and take positions as needed on proposals to change the California Children’s Services program, and support proposals that maintain flexibility for counties to administer the benefit according to local needs.
 - **Child Health and Disability Prevention Program:** Monitor and take positions as needed on proposals to change the Child Health and Disability Prevention Program.
 - **Children in Foster Care:** Support proposals that decreases health disparities among children in foster care, including ensuring coordinated health care services for children in out-of-home foster care or on probation in the juvenile justice system, particularly by adequately funding the Health Care Program for Children in Foster Care.
 - **Parental Leave:** Support proposals to expand paid parental leave at all business throughout the state in order to enable working families to care for their children and maintain a healthy and productive life.
- 6) Family Planning and Contraception:** Support access to comprehensive, low cost and readily accessible reproductive health services, including family planning, emergency contraception and abortion services. Support proposals that combat federal restrictions on reproductive health funding and services. Attention to be paid to proposals that 1) ensure range of options available; and 2) ensure access to accurate, unbiased information about reproductive and sexual health for youth and adults.
- 7) Long-Term Care:** Support proposals that expands access to community-based services as an alternative to inpatient care, including funding to increase public health nursing home visitation and pilot programs to develop residential care facilities as an alternative to psychiatric hospital and long-term care. Support funding to help younger adults that live with long-term disabilities outside inpatient care.
- a) Assisted Living Waiver Program (ALWP):** Support proposals to expand access to ALWP and increase the number of spaces available in the program to align the current need.
- 8) Palliative Care:** Support proposals that increase awareness of, provide funding for, and promote access to palliative care in all settings especially for persons of color. Monitor and take appropriate positions on the development of palliative care standards for Medi-Cal managed care plans. Monitor implementation of the End of Life Option Act.
- 9) Hospitals and County Health Funding:** Oppose proposals to reduce funding to public hospitals (e.g. removal of 340B program) and monitor and adopt positions as appropriate on issues impacting hospital operations, including proposals related to staffing ratios, charity care, workers’ compensation, disease reporting, or reporting of quality or performance indicators. Monitor and adopt positions as appropriate on proposals that modifies the current Realignment funding system. Support proposals for additional resources for alternative care programs, such as child and adolescent psychiatric hospitals and crisis residential, hospital diversion, and partial hospitalization programs, in order to reduce the burden on public hospitals. Support funding to automate and report data to prevent decreases in rate adjustments by CMS.
- 10) Workforce Development:** Support proposals that expand the use of nurse practitioners and other qualified medical professionals to the fullest extent of their training. Support proposals to increase the supply and diversity of primary care and mental health providers, including psychiatrists, to address primary care and behavioral health provider shortages. Support proposals that evaluate the

allocation of different types of health professionals in the workforce to assure access to high quality care.

- 11) Health Information and Technology:** Support proposals that improve methods of sharing health care data to enhance service provision while maintaining a balance with reasonable levels of patient privacy protection. Specifically, support proposals that allows for better information sharing while balancing the privacy rights for people seeking treatment for substance use issues. Support proposals for the integration of telemedicine into service provision, as well as new payment and service models that allow telemedicine expansion.

Population Health Issue Areas

- 1) **Population Health & Prevention:** Support proposals to increase funding for fully integrated core public health activities, including epidemiology, disease surveillance, communicable disease control and prevention, immunizations, public health laboratory services, environmental health, occupational health, tobacco control, healthy eating and active living, chronic disease prevention and management, violence and injury prevention, and prevention of health care associated infections.
- 2) **Health Equity:** Support proposals to create dedicated funding streams for preventive services and activities that improve community health outcomes and address health inequities. Support proposals that enable systems and providers to reduce health inequities (i.e. support infrastructure for the collection, analysis, and use of race, language, and ethnicity and disability data in planning efforts to reduce or eliminate disparities). Increase opportunities to include health implications into cross-sector policies outside the health arena to promote health, equity and sustainability.
- 3) **Chronic Disease Prevention & Health Promotion:** Support proposals to increase funding and policies that fully integrate and address population-based efforts for chronic disease prevention and health promotion, including efforts to reduce cancer, diabetes, obesity, oral health, heart disease and stroke. Support efforts to increase funding for community health, nutrition and physical activity services.
- 4) **Tobacco control:** Support proposals to increase tobacco taxes at the state and local levels and monitor proposals to ensure state tobacco laws are consistent with often-more stringent local laws.
- 5) **Emergency Medical Services:** Support proposals to adequately fund and enhance Emergency Medical Services (EMS) response systems and EMS disaster preparedness initiatives. Support proposals that authorizes a local EMS agency to approve transport appropriate individuals to alternative destinations, including sobering centers and other behavioral health centers.
- 6) **Public Health Preparedness:** Support efforts to adequately fund public health preparedness, including increased funding on preparing and responding to emerging infectious diseases, increased funding on preparing health care systems for disasters and stabilized funding for public health planning and response.
- 7) **Cannabis:** Monitor and take positions as appropriate on proposals related to medical and adult use cannabis with an emphasis on supporting safe access and minimizing youth exposure. Support funding for public health surveillance, research and monitor changes in drug use patterns

associated with cannabis use.

- 8) **Vision Zero:** Support proposals that helps achieve the City's Vision Zero goal (e.g. automated speed enforcement) and expands opportunities to develop safe, high-quality environments for biking and walking.
- 9) **Food Security:** Support proposals to enhance local entities' ability to provide healthy food for vulnerable residents.
- 10) **Healthy Housing:** Support healthy, safe and high-quality housing, particularly for low-income people.
- 11) **Climate Change and Justice:** Support proposals that aim to mitigate and adapt to the impacts of climate change and address climate justice issues, including efforts to increase ability for vulnerable communities to respond to climate-related hazards and other natural disasters.
- 12) **Immigration:** Support proposals that promote health and well-being, support family unity, remove barriers and protects access to health services, and foster civic engagement and support integration among immigrant communities.



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2019 SFDPH FEDERAL LEGISLATIVE PLAN

Legislative Issue Areas

- 1) **Health Care Reform**
- 2) **Medicaid and Medicare**
- 3) **Behavioral Health**
- 4) **Opioid Abuse Prevention and Treatment**
- 5) **Restorative Justice and Improved Jail Health**
- 6) **Disease Prevention and Treatment Strategies**
- 7) **Primary Care Services**
- 8) **Children's Health**
- 9) **Seniors and Persons with Disabilities**
- 10) **Contraception and Family Planning**
- 11) **LGBTQ Health**
- 12) **Immigration**
- 13) **Healthy Food**
- 14) **Climate Change and Justice**
- 15) **Public Health Preparedness**
- 16) **National Institutes of Health Funding**
- 17) **Health Information and Technology**

Legislative Issue Areas

1. **Health Care Reform:** 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 would reduce 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 Prevention and Public Health Fund (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.
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.
 - **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, which may include critical services such as chemotherapy and HIV treatments. 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 success for the severely mentally ill, and often dually diagnosed, adults.
- **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 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 care providers such as psychiatric nurse practitioners.**
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 and Improved Jail Health**
- **Support proposals to limit incarceration when rehabilitation or other means are available** and advocate for innovative healthcare models for behavioral health for the incarcerated.

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- **Support legislation that allows jails and prisons to treat opioid addictions with medical assisted therapy** by allowing the administration of methadone or buprenorphine.
6. **Disease Prevention and Treatment Strategies:** Support and increase funding for federal 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 SFPDH 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 and vaccination, for hepatitis surveillance in urban areas. Expedite Food & Drug Administration and Centers for Medicare and Medicaid Services approval of new treatment for HCV.
 - **STD:** Increase resources for STD prevention 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.

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- **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.
 - Telemedicine can provide access to care for high-risk and vulnerable individuals who cannot access traditional services. Support clear policies for the integration of Telemedicine into service provision, as well as new payment and service models that allow Telemedicine expansion.
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. As part of the January and March 2018 federal budget bills, funding for CHIP was renewed for the next ten years after having expired in October 2017.
- **Oppose proposals that reduce CHIP funding;** Support proposals that increase CHIP funding.
9. **Seniors and Persons with Disabilities:** Over the next two decades, it is estimated that 55 percent of the population will be over the age of 45, and the population over age 75 will increase from 7 percent to 11 percent. 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.
10. **Contraception and Family Planning:** Women are increasingly facing 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.

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 and obesity prevention, 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.
- **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. **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.

16. **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.**

17. **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.