

James M. Illig
President

Edward A. Chow, M.D
Vice President

Sonia E. Melara, MSW
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Mark Morewitz, MSW
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 7, 2010 4:00 p.m.

SAN FRANCISCO GENERAL HOSPITAL CARR AUDITORIUM
San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner James Illig, President
Commissioner Catherine Waters
Commissioner David J. Sanchez
Commissioner Steven Tierney, Ed.D.

Excused: Commissioner Sonia E. Melara
Commissioner Edward A. Chow, Vice President
Commissioner Margine Sako

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 16, 2010

Action Taken: The minutes of the November 16, 2010 Health Commission meeting were unanimously approved.

3) GENERAL PUBLIC COMMENT

(Speaker chose not to give his name)The speaker, a clinical social worker who works for a DPH contractor, stated that AVATAR is not effective as currently designed and requires too much administrative time for the agencies using it.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health gave the report on activities and operations of the Department.

Laguna Honda Moves into New Facility December 6 & 7

Laguna Honda residents and staff will move from the old facility into the new hospital on Monday and Tuesday of this week, December 6 & 7. The preparation, planning and logistics of a move this size is as impressive as it is daunting. Anyone who has relocated a family can understand the work involved to move 750 residents, many of whom bring an array of complex medical needs and mixed emotions about leaving their current location. Change is difficult for everyone, and I applaud the determination and commitment that is evident among the residents and staff to make the transition as easy as possible. I also wish to thank Commissioner Illig for his visit to Laguna Honda prior to this week's move.

Budget Instructions 2011-12

On Wednesday December 1, the Mayor's Budget Office issued budget instructions to Department Heads. The City is projecting a \$379.8M deficit for the coming year and has asked Departments to submit a General Fund reduction plan of 10% plus an additional 10% contingency reduction. In addition, 2.5% of the 10% base budget reduction should be current year savings to be identified by December 21.

Effectiveness of a new HIV Prevention Tool Released in New England Journal of Medicine

The New England Journal of Medicine released the results of a groundbreaking research trial on November 23, 2010 demonstrating that taking a pill a day reduces HIV infection. The results represent a breakthrough for HIV prevention and a cause for celebration. Thirty years since the first AIDS cases appeared in San Francisco, this study is the first to show a protective effect of a biomedical intervention for men who have sex with men. However, many questions remain to be addressed through future studies, including how best to support people taking pre-exposure prophylaxis, whether risk behavior will change now that efficacy is known, how to deliver the prophylactic pill safely and effectively to different communities, how long protective benefits may last, and who will pay for the pills. An Op-Ed piece about the results appeared in the *Chronicle* on World AIDS day. The link can be found at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/12/01/EDGV1GJ35S.DTL>.

World AIDS Day Open Forum

In keeping with the good news about HIV prevention and in observance of World AIDS Day, a community open forum about how to further reduce new HIV infections in San Francisco is scheduled for Thursday, December 9, 6:30 p.m., LGBT Center, 1800 Market St. The event is free, open to the public and is being sponsored by the San Francisco Department of Public Health, STOP AIDS and Project Inform. I urge the Commissioners and any member of the community who is interested in this topic to attend, listen, learn and become a part of the discussion.

Implementation of Minimum Staffing Days Plan

In accordance with the City's agreement with the Public Employees Committee, DPH identified its work units which could be closed or minimally staffed on November 24 and December 27 - 30, 2010, as well as the units which could not reduce staffing. DPH's Minimum Staffing Days (MSD) Plan was attached to the report. Employees represented by SEIU Local 1021 Misc, IFPTE Local 21, MEA, Teamsters Local 856 Misc, TWU Local 250-A Misc may be required to use Floating Holidays if their unit is designated for closure or minimum staffing on the MSD Plan. DPH's Nurses and Physicians are not subject to MSD Plan. DPH successfully observed the first MSD on November 24, 2010, while maintaining essential services to the public.

New Bilingual App Developed to Help Smokers Quit

A new bilingual mobile phone application aimed at helping smokers kick the habit was launched last month to coincide with the November 18th Great American Smokeout. The **UCSF/SFGH Stop Smoking** app for iPhone and iPod Touch is based on a successful cognitive behavioral therapy program developed by psychologists at SFGH. The methods used in the app have produced quit rates comparable to those reported for the nicotine patch. I am proud to report that it is the only smoking cessation app based on published scientific research with English and Spanish speakers world wide. A Chinese version is in

development now. A key feature of this bilingual app is that it links quitting smoking with managing one's mood. The app is based on methods developed over the past 10 years in an on-line stop smoking program. The UCSF/SFGH Stop Smoking app is available for purchase on iTunes. Proceeds will help fund further online and mobile health research at SFGH and UCSF.

Project Homeless Connect 37

The 37th Project Homeless Connect will take place on **Wednesday, December 8**, at Bill Graham Auditorium. Because of the cold weather and the holiday season, organizers expect this to be a big event and are looking for volunteers. The November 10th Veteran's Connect at the Veteran's Association was a very successful day. PHC staff planned for 200 - 300 people and, when the final numbers were tallied, 331 people had attended and were connected to services. Many thanks to the 216 volunteers who supported the event.

Alcohol-Related Premature Mortality in San Francisco

BMC Public Health, a peer-reviewed open access journal, has published a study by Brian Katcher, Randy Reiter and Tomás Aragón, DPH researchers in Community Health Epidemiology. The study, "Estimating alcohol-related premature mortality in San Francisco: use of population-attributable fractions from the global burden of disease study," can be found online at <http://www.biomedcentral.com/1471-2458/10/682>.

Shape Up SF Coalition Releases Policy Recommendations for Creating Environments that Encourage Physical Activity

On December 6, Shape Up SF released a set of policy recommendations intended to provide long term guidance to individuals and groups interested in creating environments conducive to physical activity. The recommendations were part of the Transportation Committee meeting of San Francisco's Planning and Urban Research Association (SPUR.) The Shape Up San Francisco's Physical Activity Council (PAC) identified a number of policies and programs that support physical activities and also recognized that some have the unintended effect of limiting opportunities to increase physical activity. The recommendations have the potential to make a real impact in creating environments that make it easy and fun to be physically active. Christina Goette, Senior Health Program Planner, staffs the Department on the Shape Up SF Coalition. The recommendations can be found at www.shapeupsf.org.

San Francisco's Food Security Work is profiled in New National Report

A new national report, "Strategies to Combat Childhood Hunger in Four U.S. Cities," released by the US Conference of Mayors, profiles San Francisco's work to improve food security. According to the report, "San Francisco's case study illustrates the use of legislation to bring public and private agencies together in a concerted effort to eliminate childhood hunger, and describes the roles of individual agencies in the city's attack on childhood hunger. The case study focuses on the role of a task force created through a 2005 ordinance to develop citywide strategies to reduce hunger and increase food security, and to increase participation in federal food assistance programs." The US Conference of Mayor's report is available at: <http://www.usmayors.org/pressreleases/uploads/2010USCMChildhoodHungerReportComplete.pdf>.

Annual Children's Holiday Party and Toy Giveaway at SFGH

For those who are looking to join in the holiday spirit, the SFGH Annual Children's Holiday Party and Toy Giveaway is scheduled for Thursday, December 9, 2 - 5 p.m. with events taking place in various parts of the hospital. The George Washington High School Symphony Orchestra is playing two shows in the Main Lobby at 2 p.m. and again at 3 p.m. The SF Mobile Zoo will be conducting lessons at 2 p.m. and 3 p.m. in Carr Auditorium. Finally, the Holiday Party in the cafeteria from 2-p.m. – 5 p.m. will feature arts and crafts, pictures with Santa, pictures in a life size sleigh, face- painting, juggling and magic. We are very grateful to the many staff who volunteer their time to plan and organize these events for our youngest patients.

BNA HealthCare Story on Avatar

A story about the Department’s transition to Avatar appeared recently in BNA HealthCare, a subscription-only on line legal and regulatory publication. The Commissioners will recall a presentation on this new software program at the November 16th meeting. I believe the BNA reporting fairly captures the challenges and successes associated with Avatar and the on-going work we are doing to solve problems as they arise.

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

December, 2010
Health Commission - Director of Health Report
(December 3, 2010 MEC)

	12/02	01/10 to 12/10
New Appointments	2	20
Reinstatements	0	0
Reappointments	6	43
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	21
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions		
Voluntary Relinquishments		
Proctorship Completed		
Proctorship Extension		

Current Statistics – as of 12/07/10	
Active Staff (includes 1 NP)	90
Applicants	2
TOTAL MEMBERS	92

Dr. Katz stated that Laguna Honda Hospital began moving patients earlier in the day and that the move was going well.

5) RESOLUTION: HONORING MITCHELL H.KATZ M.D.

Commissioner Illig read the full resolution which describes the activities and accomplishments of Dr. Katz during his tenure as the Director of Health at the DPH. Commissioner Sanchez commended Dr. Katz for his ability to deal with the complex problems of the job and thanked him for his many years of service.

Action: The resolution (Attachment A) was unanimously passed.

6) REPORT FROM THE FINANCE AND PLANNING COMMITTEE;

Commissioner Tierney, Chair of the Committee, stated that the Committee unanimously approved the Contracts Report and one additional contract. It also heard a presentation from Gregg Sass, Chief Financial Officer, on the Mayor's most recent budget instructions. The Committee discussed two resolutions which it recommends that the full Commission approve:

7) LONG TERM CARE COUNCIL RESOLUTION TO IMPROVE THE CITY-WIDE BUDGETING PROCESS;

Action: The resolution (Attachment B) was unanimously passed.

8) RESOLUTION TO APPROVE THE REVISED HEALTH CARE ACCOUNTABILITY ORDINANCE

Public Comment: Karl Kramer, of the SF Living Wage Coalition, stated that the proposed costs in insurance come at a time of economic hardship for many.

Commissioner Tierney stated that Mr. Kramer was a member of the Health Care Accountability Ordinance workgroup and that the group did not come to consensus on this issue.

Action: The resolution (Attachment C) was unanimously passed.

7. SFGH EMPLOYEE RECOGNITION AWARDS

Commissioners Waters and Sanchez gave out awards to the following SFGH staff members:

- Monnie Efross, RN
- Yolanda Porta, Patient Care Assistant
- The CareVue Team:
 - Kathleen Lynch, RN
 - Steve Smith, RN
 - Mary Bianchi, RN
 - David Vinson, RCS
- The eReferral Team
 - Kjeld Molvig, IS Manager
 - Julia Galletly, Nurse Practitioner
 - Nancy Omahen, RN
 - Fred Strauss, M.D.
 - Nance Parker, Nurse Manager

8) SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER ANNUAL REPORT

Sue Currin, SFGH Executive Administrator thanked all staff who work at SFGH and commended the leadership of hospital executive staff for the wonderful work done in 2010. She gave a presentation of the SFGH Annual Report which is viewable until 2/28/11 at the following link:

<http://www.sfdph.org/dph/comupg/aboutdph/hc/nextMeeting.asp>

Hal Yee, M.D., Chief Medical Officer, discussed the new standards for the number of hours in which medical residents are allowed to work. This change will impact SFGH's staff patterns and budget. SFGH leadership is currently considering a plan to use more non-physicians in addition to having physicians covering multiple services.

Commissioner Illig thanked all the SFGH staff for the awe-inspiring amount of quality work that is done on the SFGH campus.

9) SFGH REBUILD PROGRAM UPDATE

Terry Saltz, Rebuild Program Director; Mark Primeau, DPH Capital Projects; and Ron Alameida, Department of Public Works, made the presentation. Documents from the presentation can be viewed until 2/15/11 at the following link:

<http://www.sfdph.org/dph/comupg/aboutdph/hc/nextMeeting.asp>

Public Comment: Ed Warshauer, of SEIU 1021, stated that research shows use of patient lifts when moving patients reduces staff back injuries and should be considered as standard injury prevention.

10) APPROVAL OF THE GOVERNING BODY BYLAWS FOR SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

Kathy Murphy, Deputy City Attorney presented the SFGH Governing Body Bylaws.

Action: The SFGH Governing Body Bylaws were unanimously approved.

11) APPROVAL OF THE SFGH PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM (SFGH ADMIN. POLICY 17.1)

Iman Nazeeri-Simmons, SFGH Chief Quality Officer gave the Performance Improvement and Patient Safety Program Presentation.

Action: The SFGH Performance Improvement and Patient Safety Program was unanimously approved.

12) APPROVAL OF THE SFGH PLAN FOR PROVISION OF PATIENT CARE (SFGH ADMIN. POLICY 8.09)

Sharon Wicher, SFGH Chief Nursing Officer gave the presentation on the SFGH Plan for Provision of Patient Care.

Action: The SFGH Plan for Provision of Patient Care (SFGH Administrative Policy 8.09) was unanimously approved.

13) APPROVAL OF THE SFGH ENVIRONMENT OF CARE PLAN

Roland Pickens, SFGH Chief Operating Officer gave the presentation on the SFGH Environment of Care Plan.

Action: The SFGH Environment of Care Plan was unanimously approved.

14) OTHER BUSINESS

Commissioner Illig announced that at the end of the Health Commission meeting there would be an event in the SFGH cafeteria to honor and say goodbye to Dr. Katz.

FOR DISCUSSION:

JOINT CONFERENCE COMMITTEE REPORTS

No reports were discussed.

FOR DISCUSSION AND

COMMITTEE AGENDA SETTING

POSSIBLE ACTION:

This topic was not discussed.

15) ADJOURNMENT

The meeting was adjourned at 5:42pm.

**Health Commission
City and County of San Francisco
Resolution No. 19-10**

**RESOLUTION HONORING MITCHELL H KATZ, MD FOR HIS 24 YEARS OF DEDICATED SERVICE
AND FOR THE TREMENDOUS CONTRIBUTIONS HE HAS MADE TO THE RESIDENTS OF THE CITY
AND COUNTY OF SAN FRANCISCO**

WHEREAS, Mitchell H. Katz, MD served the City and County of San Francisco with dedication and loyalty for 24 years starting as an intern in the emergency department of San Francisco General Hospital; and

WHEREAS, during his tenure at DPH, Dr. Katz worked as Director of the AIDS Office from 1992 through 1997 when he was appointed Director of Public Health; and

WHEREAS, throughout his career, in addition to his duties as an administrator, he has continued to practice medicine, seeing patients with an emphasis on those with HIV/AIDS; and

WHEREAS, he consistently has shown himself to be thoughtful, persistent and intelligent when leading the Department of Public Health focusing on how to provide quality care, how to support healthy communities, and how to prevent disease; and

WHEREAS, under Dr. Katz's leadership, Healthy Kids was created making public health insurance for children and youth available to low and moderate income San Francisco residents ineligible for other public programs; and,

WHEREAS, the successful implementation of Healthy San Francisco (HSF) exemplifies his thoughtful approach to problem solving, working with policy makers to craft a non-insurance health benefit program for the City's approximately 60,000 uninsured individuals that was a model for the National Health Care Reform; and,

WHEREAS, HSF restructured the existing safety net system costing substantially less for the county to run than an insurance program and enrolling more than 53,500 members or nearly 90 percent of the estimated 60,000 to date; and,

WHEREAS, under his tenure, Dr. Katz advocated for public health interventions to promote healthful behavior and prevent chronic disease including: banning tobacco sales in pharmacies, promoting smoking bans in public areas of San Francisco, developing successful STD prevention campaigns, expanding access to healthy foods for all communities including increasing the number and hours farmers markets operate, supporting the Soda Free Summer campaign, and campaigning to prevent and eliminate obesity in children, banning sodas and candy in school vending machines; and,

WHEREAS, under his leadership, the Direct Access to Housing program has become a national model placing more than 1,000 homeless persons with medical problems directly from the street into supportive housing; and,

WHEREAS, during Dr. Katz's tenure, the Laguna Honda Hospital rebuild bond was approved and the new state of the art facility will be opening December 2010 and become home to 780 seniors and adults with disabilities; and

WHEREAS, with Dr. Katz's leadership, Proposition A, the \$887 million San Francisco General Hospital obligation bond passed by an amazing 84 percent, paving the way for the construction of a new seismically sound hospital; and

WHEREAS, Dr. Katz is an innovative public health leader with a wealth of knowledge and experience; and

WHEREAS, Mitch is leaving City employment in January to become the Director of the Los Angeles County Health Services Department; now, therefore be it

RESOLVED, that the San Francisco Health Commission honors Mitchell H Katz, MD for his outstanding service and leadership on this 7th day of December 2010.

I hereby certify that the San Francisco Health Commission at its meeting of December 7, 2010 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

**Health Commission
City and County of San Francisco
Resolution No. 20-10**

**IN SUPPORT OF LONG TERM CARE COORDINATING COUNCIL (LTCCC) RESOLUTION TO IMPROVE
THE CITY-WIDE BUDGETING PROCESS**

WHEREAS, in June 2009, the Human Services Agency and the Department of Public Health sponsored an analysis by the City Services Auditor division of the Controller's Office of home and community-based long term care services spending administered by the City and County of San Francisco; and

WHEREAS, the Controller's Office worked with the LTCCC's Long Term Care Financing and Public Policy Workgroup to develop basic definitions for "home and community-based long term care services"; and

WHEREAS, the Controller's Office worked with city departments and programs to identify budgeted spending summaries for fiscal years 2007/08, 2008/09, and 2009/10 for home and community-based long term care services; and

WHEREAS, in March 2010, the Controller's Office completed its final report, entitled: *Fiscal Analysis of Home and Community-Based Long Term Care Services*; and

WHEREAS, the LTCCC has reviewed the Controller's Office final report, and compared it to existing data on growing target populations; and

WHEREAS, the LTCCC has found that: (1) spending trends across the three years of analysis are erratic; (2) three years of analysis are not enough to be confident about long term trends; (3) no mechanism exists for making strategic decisions about community-based long term care services spending as a whole; and (4) service planning often does not reflect cross-departmental impacts of increasing or decreasing services; and

WHEREAS, the LTCCC has recommended that:

- I. The LTCCC, the Health Commission, the Human Services Commission, the Aging and Adult Services Commission and all other relevant governing bodies should adopt the report's definitions for home and community-based long term care services, as well as the broad definitions of immediate need and continuum services, as a framework for use in future research or analysis across departments.
2. Working with the Controller's Office, the Mayor should develop a cross-departmental budgeting and tracking process for home and community-based long term care services mirrored after previous citywide budgeting efforts (e.g., Children's baseline, Violence Prevention, Children's System of Care, Better Streets, Family Resource Centers). Specifically:
 - A. The Mayor should use the information from the Controller's Office report to establish a home and community-based long term care services baseline level of City funding.
 - B. The Mayor should require departments to track budgeted investments in home and community-based long term care services, as well as continuum versus immediate need categorization in future budgeting cycles, based on the Controller's Office report's definitions. (The Controller's Office would be a valuable resource in helping to develop a plan to implement departmental mechanisms for tracking these investments, potentially as a part of departments' annual audit plan).

- C. The Controller's Office should continue to update this three-year analysis with information from future budgets to better identify long-term spending trends and compare them against the baseline.
 - D. The Controller's Office's analysis should incorporate a comparison of spending trends to growth rates in the target populations and the intensity of consumer needs over time.
 - E. The LTCCC should review the analysis annually before city departments submit budgets to their respective Commissions (November or December), and provide recommendations to the Mayor's Office where appropriate.
3. The LTCCC should create a new membership seat for the Mayor's Office to facilitate understanding of the implications of community-based long term care issues and growing target demographics for budgeting.
 4. HSA and DPH should conduct a coordinated analysis to assess the fiscal impact of known future changes in related program eligibility (e.g., health care reform) in order to maintain total spending levels that keep pace with growing target populations.
 5. The Controller's Office should work with all departments that fund home and community-based long term care services to systematically analyze additional cross-departmental opportunities to leverage state or federal revenue (e.g., Leno waiver, CSBG-HR, Prop 63, ADRC). This effort may assist in maintaining total spending levels that keep pace with growing target populations.
 6. The LTCCC should seek research opportunities that assess the benefits and impact of services in order to provide balance to the "cost-focused" approach of this fiscal analysis.
 7. HSA/DAAS, in collaboration with the Mayor's Office, should initiate a strategic discussion about the role of IHSS now and in the future, given: (a) the enormous role that the program plays in the city's home and community-based long term care services budget; and (b) that the program continues to be targeted for significant funding cuts at the state level. The city will need to be prepared for any programmatic restructuring that may be necessary to ensure that the program remains a viable linchpin service.
 8. The Mayor should require cross-departmental service planning when service investments offer opportunities to predict future service needs. For example, the city's significant capital investments in housing may result in future target populations for support services at the same time that support services have been cut. When future residents of this housing move from other community living arrangements, service providers should be actively involved in reorganizing existing services to ensure access. If residents move from institutional settings, service expansions may be necessary. This may require a structured periodic review of relevant departmental plans.
 9. The LTCCC should identify and develop funding and policy mechanisms that address silo programming to improve service coordination for home and community-based long term care services. When necessary, the LTCCC may request an executive order and/or staff support from the Mayor to facilitate implementation and accountability tracking of these mechanisms.

WHEREAS, the LTCCC has adopted these findings and recommendations concerning the need for improving citywide planning and budgeting, and for improved service planning in San Francisco;

WHEREAS, the Human Services Commission and the Aging and Adult Services Commission have endorsed these findings and recommendations;

NOW, THEREFORE, BE IT RESOLVED, that these findings and recommendations be endorsed by the San Francisco Health Commission.

Attachment C

**Health Commission
City and County of San Francisco
Resolution No. 21-10**

AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

WHEREAS, On May 29, 2001, the Board of Supervisors passed the Healthcare Accountability Ordinance (HCAO), requiring that employers doing business with the City provide health insurance coverage for their employees or pay a fee to offset costs for health care provided by the City and County of San Francisco to the uninsured; and

WHEREAS, The HCAO provides the Health Commission with the authority and responsibility to determine Minimum Standards for health plan benefits offered by City contractors and lessees, as well as certain subcontractors and subtenants; and,

WHEREAS, the HCAO requires that the Health Commission review the Minimum Standards every two years and make changes as necessary to ensure that they are consistent with the current health insurance market; and

WHEREAS, In September 2010, DPH convened the Minimum Standards Work-Group, with representatives from various entities including health insurance broker firms, employers, advocates, and others, with the task of making recommendations for a revised set of Minimum Standards; and

WHEREAS, This Work-Group met four times and the majority agreed to certain revisions, as detailed herein, that would balance the needs of employers and employees, by making it a goal to increase the health insurance plan options for employers, retain comprehensive benefits for employees, and consider affordability for both; and

WHEREAS, With the help of the Work-Group's guidance, DPH produced a written report to be presented to the Health Commission on December 7, 2010, with an explanation of the process and description of the recommendations; and

WHEREAS, DPH supports the proposals developed by the HCAO stakeholders group, as described fully in an attachment to this resolution, and is respectfully requesting approval from the Health Commission;
THEREFORE, BE IT

RESOLVED, The revised Minimum Standards will allow for any type of plan to be acceptable, rather than just an HMO as the Minimum Standards stipulated in the past; and be it

FURTHER RESOLVED, The maximum annual out-of-pocket amount for which the plan enrollee is responsible may not exceed \$4,000, including deductibles of any kind, copayments, and coinsurance for in-network services; and be it

FURTHER RESOLVED, Coinsurance is set at a maximum enrollee contribution of 20 percent for in-network services and 50 percent for out-of-network services; and be it

FURTHER RESOLVED, The plan must follow the new health reform provision effective on September 23, 2010, requiring the coverage of emergency room and ambulance services at in-network cost-sharing amounts, regardless of the facility, with no exception for grandfathered plans; and be it

FURTHER RESOLVED, The plan must follow the new health reform provision requiring preventive care-related visits and services with no enrollee cost-sharing, with no exception for grandfathered plans; and be it

FURTHER RESOLVED, Certain benefit requirements in the 2008 Minimum Standards will remain the same, as follows: list of covered services; no specified copayment amount for covered services; no specified copayment amount for prescription drugs; and maximum of \$30 copayment for non-preventive care primary care visits and maternity-related visits; and be it

FURTHER RESOLVED, Effective January 1, 2011, that the Health Commission approves the revised Minimum Standards, as detailed in Attachment 1 to this resolution.

(Attachment 1)

Health Care Accountability Ordinance:
Recommendations for New Minimum Standards

#	Benefit Requirements	Current Min. Standards ('08)	Recommendations (2010)
1	Type of Plan Required	The plan that meets these standards must be an <u>HMO</u> .	Any type of plan that meets the Minimum Standards as described below.
2	Employee Premium Contribution	The employer must pay 100% of the employee's health coverage premium.	The employer must pay 100% of the employee's health coverage premium.
3	Annual Out-of-Pocket (OOP) Maximum	No higher than a \$3,500 maximum, which may include a prescription drug deductible.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified. OOP maximum has to include any employee cost-sharing in the plan (deductible, copayments, coinsurance, etc.).
4	Prescription Drug Deductible	Allowed, but may not exceed \$3,500 when added to the plan's OOP maximum.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified.
5	Regular (Medical Services) Deductible	Not allowed.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified.

#	Benefit Requirements	Current Min. Standards ('08)	Recommendations (2010)
6	Prescription Drug Copayments	Not specified.	Not specified. Coverage of non-formulary drugs not required.
7	Coinsurance Percentages	Not specified.	20% in-network 50% out-of-network
8	Copay for Preventive Care Visits & Services ¹	\$30 maximum.	In-Network services are not subject to a deductible, copay, or coinsurance (per health reform rules). Preventive care services from an out-of-network provider are subject to the plans out-of-network requirements.
9	Copayments for Physician Office Visits for Primary Care, Perinatal/Maternity	\$30 maximum.	\$30 maximum. Out-of-Network: Not specified.
10	Services: <ul style="list-style-type: none"> • Hospital inpatient, physician & hospital service • Rehabilitative therapies, outpatient and inpatient • Outpatient services and procedures • Surgery & anesthesia • Organ transplants • Cancer clinical trials • Outpatient diagnostic services (x-ray, labs, etc.) • Perinatal and maternity care, including delivery services and postpartum care • Physical, Occupational, and Speech Therapy • Skilled nursing services • Home health services • Durable medical equipment • Hospice care 	These services must be covered, but a copayment amount is not specified.	These services must be covered. When coinsurance is applied to services: 20% in-network 50% out-of-network When copayments are applied for these services: Not specified.
11	Mental Health Services	These services must	These services must be covered.

¹ Applies to plans beginning on 9/23/2010 and after: non-grandfathered plans must provide coverage for certain preventive items and services with no cost-sharing allowed.

#	Benefit Requirements	Current Min. Standards ('08)	Recommendations (2010)
	<ul style="list-style-type: none"> ◆ Inpatient & Outpatient Alcohol & Substance Abuse Services ◆ Inpatient & Outpatient 	be covered, but a copayment amount is not specified.	<p>When coinsurance is applied to services: 20% in-network 50% out-of-network</p> <p>When copayments are applied for these services: Not specified</p>
13	Emergency Room Services & Ambulance ²	These services must be covered, but a copayment amount is not specified.	Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.

² Applies to plans beginning on 9/23/2010 and after: non-grandfathered plans must cover Emergency Services at in-network rates regardless of the provider and without prior authorization.