



## San Francisco Department of Public Health

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City and County of San Francisco  
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**Office of Policy and Planning**

## **MEMORANDUM**

**DATE:** December 30, 2014

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

**THROUGH:** Barbara A. Garcia, MPA, Director of Health  
Colleen Chawla, Deputy Director of Health and Director of Policy & Planning

**FROM:** Aneeka Chaudhry, Health Program Planner, Office of Policy & Planning

**RE:** SFDPH 2015 Federal and State Legislative Plans

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The San Francisco Department of Public Health (SFDPH) is pleased to present its annual federal and state legislative plans to the Health Commission for review and approval. This memo provides a brief background on development and purpose of the plans, key federal and state updates for 2014, and draft SFDPH federal and state legislative plans for 2015. A draft resolution approving the legislative plans is attached for your consideration.

### **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 the broad range of health issues that may be addressed by state and federal lawmakers 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 various content experts within the Department. Such input is gathered throughout the year, often through conversations regarding the current year's legislative proposals. Most recently, the SFDPH Office of Policy and Planning and the Population Health Division's Office of Equity and Quality Improvement convened a department-wide Policy Forum in early December 2014, which provided opportunity for SFDPH staff to comment on the draft legislative plans as well as to identify emerging policy themes and issues for the upcoming legislative cycle.

**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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SFDPH plans approved by the Health Commission are submitted to the Mayor's office for incorporation into citywide state and federal legislative plans. The citywide state legislative plan is submitted to the Mayor's State Legislation Committee for approval. The Mayor's State Legislation Committee is directed by the San Francisco Administrative Code (Article III, Sections 5.5 – 5.11) to make recommendations for endorsement, opposition, or neutrality with respect to specific pieces of legislation pending before the State Legislature that would affect the City. The State Legislation Committee includes representatives from the Mayor's office, the Board of Supervisors, the City Attorney, the Controller, the Treasurer, and the Assessor. Issues identified in the approved citywide state legislative plan may be acted upon by the City without further consideration by the State Legislation Committee. Issues not identified in the state legislative plan must be calendared and considered individually.

As health policy and funding responsibilities rest largely with the State, SFDPH is actively involved with the Mayor's Office, the City's contracted Sacramento lobbyists, and the State Legislation Committee. SFDPH also participates in federal policymaking through the Mayor's Office in accordance with the federal legislative plan.

## **KEY 2014 FEDERAL UPDATES & EMERGING ISSUES FOR 2015**

2014 was a banner year for the Affordable Care Act (ACA), as the requirement for most U.S. residents to carry health insurance went into effect alongside the implementation of the Medicaid expansion and the launch of the state health insurance marketplaces. Nationally, over ten million previously uninsured persons gained coverage through the new ACA insurance options.

In mid-December, President Obama signed a \$1.1 trillion budget to fund the federal government through September 2015, at essentially the same levels as FY 2014. Health highlights include:

- \$156.8B overall for the Department of Health and Human Services
  - No new funding for ACA implementation
  - Flat funding for the Centers for Medicare and Medicaid Services (CMS)
- \$5.4B in emergency funds for domestic and international Ebola response
- \$6.9B for the Centers for Disease Control and Prevention (CDC), including
  - \$1.2B for Chronic Disease Prevention and Health Promotion (\$30M increase from previous year)
  - \$1.4B for the CDC Office of Public Health Preparedness and Response (\$25M reduction from previous year)
  - \$1.1B for HIV, Viral Hepatitis, STD, and TB prevention (same as previous year)
- \$6.1 billion for the Health Resources and Services Administration (HRSA), including
  - \$1.5B for Community Health Centers (\$4M reduction from previous year)
  - \$2.3B for Ryan White AIDS Programs (same as previous year)
  - \$637M for Maternal and Child Health Block Grants (\$3M increase from previous year)

The November elections returned a Republican majority to both the House of Representatives and the Senate. As the ACA is likely to remain politically contentious, an important issue to watch is the requirement for large employers to offer affordable health insurance to their full-time employees, which is due to be phased-in beginning in 2015. SFDPH will also closely monitor federal activity related to Community Health Centers, HIV and infectious disease, public health and prevention,

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CMS actions regarding 1115 Medicaid Waivers, Disproportionate Share Hospital payments, and efforts to change the Medicaid program.

***Attachment 1 includes the Draft 2015 SFDPH Federal Legislative Plan.***

## **KEY 2014 STATE UPDATES AND EMERGING ISSUES FOR 2015**

SFDPH followed 145 state bills in 2014, the second year of the two-year 2013-14 legislative session. Sixty-two of these bills passed both houses of the legislature, of which 11 were vetoed by the Governor and 51 became laws. None of the enacted laws have a major impact on SFDPH.

The final state FY2014-15 budget was also largely as expected for SFDPH; some Health highlights:

- \$437 million for expansion of Medi-Cal under the Affordable Care Act
- Retention of the 10% Medi-Cal provider reimbursement cuts as proposed in the Governor's original proposal and requires the State Department of Health Care Services to monitor any impact of rates on access to care. The retroactive Medi-Cal cuts for distinct part nursing facilities such as Laguna Honda Hospital were not restored.
- Extension of full-scope Medi-Cal eligibility for pregnant women earning up to 138% of the federal poverty level (FPL)
- Creation of a "wrap program" that allows Medi-Cal eligible pregnant women and lawfully present recent immigrants earning between 139-213% FPL to enroll in Covered California health plans with Medi-Cal covering the costs of premiums, co-pays, and services not offered by the health plan
- A requirement for Medi-Cal to cover behavioral health services when required by federal rules
- \$3 million for HIV demonstration projects, and \$26 million for the Office of AIDS to add new Hepatitis C drugs to AIDS Drug Assistance Program formulary
- \$4 million for restoration of the Black Infant Health Program
- Redirection of \$7 million for suicide nets on the Golden Gate Bridge

The state legislature reconvenes on January 5, 2015 for the first year of the 2015-16 legislative session. SFDPH plans to closely monitor bills related to the state's 1115 Medicaid Waiver renewal, implementation of the Affordable Care Act, AB 97 realignment adjustments, medical cannabis regulation, implementation of the recently passed Proposition 47, Medi-Cal reimbursement, the behavioral health expansion, including the Drug Medi-Cal program, tobacco cessation efforts, and housing and supportive services.

***Attachment 2 includes the Draft 2015 SFDPH State Legislative Plan.***

***Attachment 3 provides a final status and brief summary of 2014 bills most relevant to SFDPH.***

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## **Attachment 1: DRAFT 2015 FEDERAL LEGISLATIVE PLAN**

For the Health Commission's consideration and review, below is a draft of SFDPH's portion of the City's federal legislative plan.

**1115 WAIVER.** California's 1115 Medicaid Waiver, expiring October 2015, provides essential funding for the SF Health Network – SFDPH's comprehensive system of health care services. A renewed waiver must ensure that low income, Medi-Cal and uninsured San Franciscans have access to high quality care by maintaining adequate funding for the SF Health Network.

**HEALTH CARE REFORM.** To ensure all San Franciscans have access to affordable health care, we must fully implement all provisions of the Patient Protection and Affordable Care Act (ACA) of 2010, including:

- **Support Public Hospitals in Caring for Expanded Medicaid Populations.** Ensure sufficient Disproportionate Share Hospital (DSH) payments for public hospitals to ensure continued care for the uninsured and expanded Medi-Cal populations.
- **Support SFDPH's Federally Qualified Health Centers.** Ensure that SFDPH's federally qualified health centers (FQHCs) maximize their ability to provide quality health care services to low income San Franciscans.
- **Protect Funding Appropriated to the Prevention and Public Health Fund.** 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 has repeatedly been threatened for reduction or elimination as an offset to other spending priorities or for deficit reduction.
- **Renew the Community Health Centers Fund.** The Community Health Centers Fund provides a significant boost to FQHCs, which are instrumental in implementing the Medicaid expansion and providing care to the uninsured. This fund is currently not appropriated past FY 2015.
- **Fully Fund All Health Reform Initiatives.** Important, transformative initiatives have been authorized but not yet appropriated by the federal government. These initiatives include but are not limited to: Community Transformation Grants; Community-Based Collaborative Care Networks; Epidemiology-Laboratory Capacity Grants; Healthy Aging, Living Well Grants; Grants to Promote Positive Health Behaviors and Outcomes, and Primary Care Extension Program. Fully funding these initiatives will greatly assist in providing innovative, effective care and while helping to lower long term health costs.
- **Renew the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program.** MIECHV has been rolled out through competitive grants across the country, and is currently funded through March 2015. In San Francisco, the Nurse Family Partnership is being newly implemented with a federal grant from MIECHV.

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- **Promote Increased Use of Electronic Health Records (EHR).** Safety net hospitals should be granted access to accelerated Medicaid incentive payments upon documentation of plans to adopt, implement, upgrade, or meaningfully use certified electronic health record (EHR) technology, and subsequent payments upon meeting agreed-upon milestones.
  - **Plan for Improved Long-Term Care and Increased Community-Based Capacity.** Given the aging U.S. population, capacity-building efforts under Health Reform should be more broadly defined so as to include long-term services and community-based supports that are critical to maintaining health and building capacity in the workforce.

**RYAN WHITE PROGRAMS FOR PEOPLE LIVING WITH HIV/AIDS.** San Francisco has been a leader in HIV prevention, care, and treatment from the start of the epidemic in the United States. Providing high quality HIV care has long been a top priority for San Francisco. As of December 31, 2012, there were 15,705 San Francisco residents diagnosed and living with HIV infection. This accounts for 13% of California's HIV living cases and 2% of persons living with HIV reported nationally.

- **Reauthorize the Ryan White Treatment Extension Act (RWTEA).** In the absence of reauthorization continue to support the appropriation of the RWTEA funding levels to ensure there are no service gaps between the expiration of the RWTEA and implementation of the ACA. Ensure a population health approach to ensure adequate care for categorically ineligible populations.
- **Increase Funding for Ryan White Programs and Oppose Any Efforts to Reduce Funding.** The latest available CDC data (2008) show San Francisco has the ninth highest number and the highest rate of total living AIDS cases in the U.S., and there continue to be more people living with HIV in our Eligible Metropolitan Area (EMA), which includes San Mateo and Marin Counties, than at any point in the history of the epidemic.
- **Create a Comprehensive Essential Benefits Package within Health Care Reform.** Ensure that benefits packages within the ACA for HIV-infected individuals include services comparable to current Ryan White program services. If the benefits package is not comparable, ensure the continuation of RWTEA funding to offer wrap-around services.

**BEHAVIORAL HEALTH SERVICES.** In an effort to ensure recovery and success for this population, in 2013 Mayor Lee tasked the San Francisco Department of Public Health to convene a community process to determine how to engage and maintain in appropriate behavioral health treatment severely mentally ill, and often dually diagnosed, adults that current programs have failed to successfully treat or adequately engage. This process resulted in the following federal policy recommendations.

- **Remove the IMD Exclusion.** Under a 50-year-old federal law, Medicaid covers residential addiction treatment in community-based programs only if they have 16 or fewer beds. In California, nine out of 10 addiction treatment beds are in programs too large to get Medicaid reimbursement. This presents a significant barrier to substance abuse treatment for San Francisco's low income population.

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- **Continue the Social Security Administration (SSA) Presumptive Disability Pilot Project for Schizophrenia and Schizoaffective Disorders.** Under this pilot, program participants receive benefits while SSA makes a final disability determination.
  - **Expand federal funding criteria to include harm reduction housing for chronic inebriates.**

**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 Affordable Care Act.

- **Utilize Nurse Practitioners to Increase Capacity.** In order to increase the primary care capacity of the safety net system, nurse practitioners should be utilized to the fullest extent of their education and training, and options for expanding training for advance practice nurses should be adopted, as recommended by the Institute of Medicine (IOM).
- **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. 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.

**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.

**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 through the Farm Bill.** Support policy goals in the Farm Bill that promote food security and obesity prevention, including ensuring sufficient funding levels for and access to for Supplemental Nutrition Assistance Program (SNAP) benefits and the

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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; allow SNAP benefits to be adjusted when high housing costs consume more of a family's income; and protect and expand SNAP Restaurant Meals program for participants who do not have the ability or means to cook, such as the elderly, disabled, and homeless.

- **Support Regional Food Systems through the Farm Bill.** 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, and the Beginning Farmers and Ranchers Development Program.
- **Support Childhood Nutrition Efforts.** Implement strong nutrition standards through rule-making required by the reauthorized Child Nutrition Act – Healthy Hunger-Free Kids Act of 2010, including:
  - Oppose efforts to subvert the provisions of the Hunger-Free Kids Act of 2010 designed to improve school meals, including issuing strong nutrition standards for foods sold in competition to the National School Lunch Program (NLSP).
  - Support funding to help finance improvements to school lunch facilities, train school food service personnel, and for other purposes.
- **Issue Final Rules for the Menu Labeling Requirements for Restaurants and Vending Machines.** Under Section 4205 of the ACA, the FDA is required to issue rules for menu labeling for restaurants or similar food establishments and vending machines.
- **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:
  - Exempt WIC from sequestration and assure adequate funding to meet caseload.
  - Support the President's proposal to fund WIC at \$7.04 billion, allowing local agencies assure adequate services to all eligible families.
  - Support unencumbered state infrastructure funding at \$14 million and management information systems (MIS) at \$60 million to enable state and local agencies to continue to provide quality nutrition services and to make the transition to Electronic Benefits Transfer (EBT) nationwide.
  - Support continued funding for Breastfeeding Peer Counseling at \$83 million.

**DISEASE PREVENTION AND TREATMENT STRATEGIES.** Support federal fully integrated infectious disease prevention, control, and treatment strategies, including:

- **HIV/AIDS:** 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.
- **Hepatitis:** Ensure adequate funding for viral hepatitis and implement the National Viral Hepatitis Action Plan, including reimbursement for hepatitis C (HCV) screening and treatment and for hepatitis B vaccination, and funding for hepatitis surveillance in urban

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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. Support the Generating Antibiotic Incentives Now (GAIN) Act to encourage the development of new antibiotics for resistant organisms, which are likely to first emerge in California and other west coast states. Advocate for continued CDC funding for STD control in San Francisco – we anticipate losing 1.0 FTE federal assignee as well as a five-year step down of 25 percent of direct CDC funding support beginning in January 2014.
- **Tuberculosis:** Restore categorical funding to the Division of Tuberculosis (TB) Elimination at the CDC to that of a decade ago. Federal funding to fight TB has been cut disproportionately at CDC, and infrastructure for direct clinical services and core public health functions has deteriorated dramatically. Local public health TB programs rely on federal funding to support unique public health activities like contact investigation, field services, and legal enforcement. The ACA will expand the pool of insured residents, but 20 percent of California's TB cases are among the undocumented who will only be able to receive care at their local public health department. In San Francisco, where the case rate of TB is amongst the highest in the nation, federal funding cuts for TB over the next two years will eliminate 20 percent of the City's TB program's employees. TB case numbers are increasing for the second year in a row, an indication that the infrastructure at present is not sufficient to control TB in the city. Loss of TB control will require a sustained expansion of infrastructure for at least a decade, as happened in the 1990s, costing federal, state, and city sources \$55 million.

**PUBLIC HEALTH PREPAREDNESS.** Support funding for San Francisco 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.

- **Continue Public Health Emergency Preparedness Funding at Current Levels.** 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.
- **Continue Current Funding Levels 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.

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## Attachment 2: DRAFT 2015 STATE LEGISLATIVE PLAN

For the Health Commission's consideration and review, below is a draft of SFDPH's portion of the City's state legislative plan. Due to a request by the Mayor's Office of Legislative Affairs, this plan was presented to and approved by the Mayor's State Legislation Committee earlier than usual, in November 2014. Should the Health Commission require any changes, SFDPH will submit a revised version to the State Legislation Committee.

**1115 Waiver Renewal.** Support the advancement of a proposal that maintains or enhances funding streams for public hospitals systems, promotes FQHC payment reform, offers state or federal funding opportunities for providing whole person care, secures Medi-Cal funding for respite and supportive housing, and rewards performance based improvements in health outcomes.

**Drug Medi-Cal (DMC).** Support legislation that strengthens DMC programs, expands covered services, or reduces barriers to DMC program access. Monitor proposed changes to funding streams or program benefits through legislation or state waivers, and protect the voter-approved intent of Proposition 63 (Mental Health Services Act). Support efforts that extend the availability of alcohol and drug treatment services to adolescents.

**Behavioral Health Expansion.** Support full implementation of parity of coverage for mental health and substance abuse disorders, alongside efforts that adequately fund counties for administering and delivering related programs. Support legislation that enhances mental health and substance abuse services available to vulnerable individuals based on local needs, including full funding of Proposition 63, Realignment, treatment for non-violent drug possession, and Medi-Cal.

**Proposition 47 Implementation.** Monitor and ensure that Proposition 47 is implemented in a manner that does not disadvantage pioneer mental health/substance use counties during the grant-making process, and includes housing and supportive services as valid recidivism reduction efforts. Passed in 2014, Proposition 47 reclassifies certain non-violent crimes as misdemeanors rather than felonies. The law is expected to save the state hundreds of millions of dollars from reduced state prison costs; 65% of those savings will be available as grants to counties for mental health and drug abuse treatment services in an effort to reduce recidivism.

**Health Reform Implementation.** Monitor and support all efforts for full-scale enrollment in ACA coverage, including measures that seek to reduce churn among Medi-Cal and Covered California enrollees or enable local premium support. Support measures that strengthen the safety net and ensure that counties have sufficient funding streams to cover uncompensated care for the residually uninsured.

### **Medi-Cal**

- *Provider payments:* Oppose further reductions to Medi-Cal provider rates, and support efforts that supplement county Medi-Cal expenditures through increased federal financial participation. Support legislation that promotes pilot programs for testing capitated payment mechanisms for FQHCs.
- *Coverage:* Support measures that enable or fund the enrollment of incarcerated individuals into Medi-Cal, and advocate for Medi-Cal coverage for pre-adjudicated adolescents in the

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Juvenile justice system. Support efforts to implement Medi-Cal's Affordability and Benefit Program for pregnant women and newly qualified immigrants.

- **Access:** Support case management approaches for populations with complex, ongoing medical needs, and support policies that efficiently address their health care needs in the least restrictive settings. Monitor and adopt positions as appropriate on the ongoing transition of dually eligible persons from fee-for-service to Medi-Cal managed care, including access to home and community based services and supports.

**Realignment.** Monitor and adopt positions as appropriate on legislation that modifies the current Realignment funding system, and support the elimination of AB97 retroactive cuts to distinct part nursing facilities.

**Hospitals.** Oppose efforts to reduce funding to public hospitals, including shifting Safety Net Care Pool (SNCP) funds away from public hospitals to other programs. Monitor and adopt positions as appropriate on issues impacting hospital operations, including legislation related to staffing ratios, charity care, workers' compensation, disease reporting, or reporting of quality or performance indicators. Support legislation that would fund hospital infrastructure enhancements. Support legislation to enhance regional planning for compliance with hospital seismic safety standards and efforts to expedite Office of Statewide Health Planning and Development (OSHPD) reviews and approvals for facility development.

**Long-Term Care.** Support legislation 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.

**Public Health & Prevention.** Support legislation to increase funding and program support for fully integrated core public health activities, including epidemiology, disease surveillance, communicable disease control & prevention, immunizations, public health laboratory services, environmental health, occupational health, tobacco control, healthy eating & active living, chronic disease prevention & management, violence & injury prevention, health industry workforce development, and prevention of health care associated infections. Support legislation that would fund infrastructure enhancements for public health programs. Support a dedicated funding stream for preventive health services or activities that improve community health outcomes, and advocate for funding opportunities for programs seeking to reduce health disparities.

**Communicable Disease Prevention & Control.** Support legislation to increase funding and policies that fully integrate and address communicable disease control and prevention, including efforts to reduce HIV and other sexually transmitted infections, viral hepatitis, tuberculosis, influenza, and food-borne diseases. Interventions may include research, increased access to treatment and medication, immunization, and health insurance or Medi-Cal coverage for clinical preventive services.

**Emergency Medical Services.** Support legislation that enhances emergency medical and trauma services, and ensures hospitals and local public health systems are equipped to respond appropriately in the event of emergency or disaster.

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**Homeless/Housing.** Support legislation that enhances local entities' ability to provide housing and integrated services for homeless and at-risk populations, including veterans, pregnant women, children, transitional-aged youth, and their families.

**Immigrant Access to Health Care/Multicultural Care.** Support legislation to ensure continued eligibility of undocumented residents for primary care, community mental health services, long-term care, California Children's Services, and other supportive services. Support legislation to ensure quality medical interpreter services through Medi-Cal. Oppose legislation that would attempt to limit health care services for undocumented residents or newly qualified immigrants.

**Maternal, Child, and Adolescent Health.** Support legislation that maintains or improves counties' ability to address the health, oral health, behavioral health, and prevention needs of women, children, adolescents, and families, including legislation aimed at addressing childhood obesity, and sexual and reproductive health of women and adolescents. Monitor policy and programmatic changes to California Children's Services program. Support legislation 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.

### Attachment 3: SUMMARY OF RELEVANT 2014 STATE BILLS

<b>Bill Number &amp; Sponsor</b>	<b>Health Area</b>	<b>Content</b>	<b>SFDPH Staff Recommendation</b>	<b>Final Status</b>
AB 1535 Bloom	Pharmacy	Allows trained pharmacists to furnish naloxone hydrochloride pursuant to standardized procedures and protocols developed and approved jointly by the California Board of Pharmacy and the Medical Board of California. Would also require pharmacist to provide a consultation to the person to whom the drug is furnished, would prohibit the pharmacist from allowing that person to waive the consultation, and would require the pharmacist to notify the patient's primary care physician of the drugs/equipment furnished.	Support	Chaptered
AB 1577 Atkins	Vital Records	Requires person filling out death certificate to record gender to reflect the decedent's preferred gender identity. In the event that family members disagree, a legal document reflecting the decedent's preferred gender would supersede.	Support	Chaptered
AB 1743 Ting	Disease Control	This bill would delete that January 1, 2015, date of repeal and would authorize until Jan 1, 2021, a pharmacist or physician to provide an unlimited number of hypodermic needles and syringes to a person 18 years of age or older solely for his or her personal use. Would also exempt (from paraphernalia prohibitions) the possession of any amount of hypodermic needles acquired from an authorized source.	Support	Chaptered
AB 1805 Pan, Skinner	Medi-Cal	Repeals 2011 prospective 10% reimbursement cuts to Medi-Cal providers, as long as Federal financial participation is available. Would also remove claw-back provisions.	Support	Failed
AB 1951 Gomez	Vital Records	Changes birth certificate to list Parent 1 and Parent 2, rather than Father/Mother; effective 2016	Support	Chaptered
AB 2025 Dickinson	Medi-Cal	Changes eligibility requirements for Medi-Cal to 138% of FPL (from 100%) for those who qualify based on age or disability	Support	Failed
AB 966 Bonta	Communicable Disease Control	Develops a five year plan for distribution of condoms in state prisons	Support	Chaptered
SB 1005 Lara	Undocumented Health Coverage	Would create the California Health Exchange for All Californians (administered by CovCA board), which would offer participants access to health insurance and financial assistance regardless of immigration status, by January 1, 2016. Would also create the California Health Trust Fund for All Californians as a continuously appropriated fund, to be funded at least partially by fees on insurers participating in new Exchange. Would also expands full-scope Medi-Cal benefits to all persons meeting eligibility guidelines, regardless of immigration status.	Support	Failed
SB 1150 Hueso	Medi-Cal	FQHC reimbursement. Would require state to submit a SPA by Jan 1, 2015 allowing FQHCs/RHCs to bill for a max of 2 visits on same day (currently limited to physical health and dental health). Would allow same day billing for mental health.	Support	Failed

Bill Number & Sponsor	Health Area	Content	SFDPH Staff Recommendation	Final Status
SB 1224 Correa	Medi-Cal	Would allow FQHCs/RHCs to bill for a max of 2 billable visits per day. Would require FQHCs/RHCs that bill multiple same-day visits as one visit to apply for a per-visit adjustment to its rate by 1/1/2015.	Support	Failed
SB 1395 Block	Public Beaches	This bill would authorize the department to allow a local health officer to use an approved specified polymerase chain reaction testing method methods published by the United States Environmental Protection Agency to determine the level of enterococci bacteria as a single test based on a single indicator in that jurisdiction if the local health officer demonstrates through side-by-side testing over a beach season that the use of the test method provides a reliable indication of overall microbiological contamination conditions.	Support	Chaptered
AB 2616 Skinner	Hospitals-workers' comp	This bill would provide, with respect to hospital employees who provide direct patient care in an acute care hospital, that the term "injury" includes MRSA skin infection that develops or manifests itself during the period of the person's employment with the hospital. This bill would create a presumption that a MRSA skin infection arises out of and in the course of the person's employment if the MRSA skin infection develops or manifests, as specified. MRSA occupational presumption extended to health care workers for 60 days post-employment.	Oppose	Vetoed
AB 1898 Brown	Public Health	Discloser of health information related to HIV/AIDS; allows sharing of de-identified info related to infectious disease co-infections; allows public health agencies to share data more broadly for treatment and prevention efforts. As amended, would limit "other communicable diseases" to HepB, HepC, and meningococcal co-infections. TB is reportable under existing law.	Support if amended	Chaptered
SB 1000 Monning	Sugar Sweetened Beverages	Would require health warnings to appear on sugar sweetened beverages (soda, sports drinks, energy drinks).	Support in principle	Failed
AB 1500 Dickinson	Tobacco	Cigarettes, tobacco products, and electronic cigarettes. Disallows all online sales. Amended to remove reference to cigarettes and tobacco products; now focuses only on e-cigs.	Support in principle	Failed
AB 1623 Atkins	Domestic Violence	Family justice centers. Expands an existing pilot program to all local jurisdictions and CBOs to establish a multiagency, multidisciplinary family justice center to assist victims of domestic violence, sexual assault, elder or dependent adult abuse, and human trafficking, as specified.	Support in principle	Chaptered
AB 1646 Frazier	Injury Prevention	Vehicles: prohibitions on electronic wireless communication devices.	Support in principle	Vetoed
AB 1667 Williams	TB	Tuberculosis testing in schools; would use newer approach for testing only those at risk.	Support in principle	Chaptered
AB 1677Gomez	Workforce/ Public Hospitals	Would add registered and licensed nurses agreeing to work in public hospitals as eligible for state loan assumption programs. Nurses would agree to work FT for four years in state hospitals, state veterans' homes, members of the California Association of Public Hospitals and Health Systems, and California facilities administered by the federal Veterans Health Administration. Provision would end in 2020 and be repealed in 2021.	Support in principle	Failed

Bill Number & Sponsor	Health Area	Content	SFDPH Staff Recommendation	Final Status
AB 1733 QuirkSilva	Vital Records	Would waive the fee for birth certificates and IDs issued to homeless persons; lifetime limit of two free birth certificates/IDs.	Support in principle	Chaptered
AB 1841 Mullin	Medicine	Broadens the definition of medical assistant duties; in a very limited scope: allows MAs to hand patients non-controlled substance prepackaged prescriptions	Support in principle	Chaptered
AB 1990 Gordon	Urban agriculture production	The bill would authorize a city or county health enforcement office to require a community food producer to register with the city or county and to provide specified information, including, but not limited to, the name, address, and telephone number of the community food producer. The bill would also authorize an enforcement officer to enter into and inspect the operations of a community food producer in response to a food safety recall or food safety complaint.	Support in principle	Chaptered
AB 2325 Perez	Medi-Cal	Draws fed \$ for Medi-Cal interpretation services for eligibility, enrollment, and service delivery	Support in principle	Vetoed
AB 2458 Bonilla	Medical care	This bill would establish the Graduate Medical Education Fund in the State Treasury, to fund grants for new GME residencies located in California hospitals or teaching health centers, as specified. Would appropriate \$25M (per amendments 4.18) from the General Fund in the 2014–15 fiscal year for this purpose and \$2.84M per year for 3 years, commencing with the 2014–15 fiscal year, from the California Health Data and Planning Fund for this purpose. OSHPD to establish fund distribution criteria.	Support in principle	Failed
AB 2612 Dabahbneh	IMD exclusion	Requires DHCS to submit an application for a waiver or waiver amendment necessary to create a process by which FFP may be claimed for stays of 120 days or less in an institution for mental diseases for beneficiaries with a substance use disorder diagnosis.  Would also require DHCS to request a waiver to authorize the state to claim FFP for health home services provided to individuals, who are otherwise eligible under the health home program and who are state or county inmates in their last 30 days in custody, by a provider or team of providers, as specified, to ensure coordination of care and reduce gaps in care.	Support in principle	Vetoed
AB 2659 Brown	Health access zones	Requires OSHPD to create regulations regarding health access zones (offering tax breaks as a way to reduce health disparities). Non-profits/CBOs/local government may apply for designation of Health Access Zone. Health practitioners in designated zones would be able to apply for grants from the newly created Health Access Zone Reserve Fund. Primary care/behavioral health/dental Medi-Cal providers within health access zone will be reimbursed at 100% of Medicare rate until 2020. Amended to include a sunset date of January 2021.	Support in principle	Failed
SB 1054 Steinberg	Mental Health	Would require Board of State and Community Corrections to administer and award mentally ill offender crime reduction (MIOCR) three-year grants to counties on a competitive basis; would appropriate \$18M from GF in FY 2014/15, to be split evenly between adults and juveniles.	Support in principle	Chaptered

Bill Number & Sponsor	Health Area	Content	SFDPH Staff Recommendation	Final Status
SB 1089 Mitchell	Medi-Cal	Provides a technical clean-up measure for AB 396 (Chapter 394, Statutes of 2011). AB 396 created a voluntary program that allows counties to draw down federal matching funds for the medical treatment of minors who are held in a juvenile justice facility and require hospitalization. SB 1089 requires DHCS to develop/implement a plan that allows counties that provide the non-federal share, to receive FFP for inpatient treatment of minors.	Support in principle	Chaptered
SB 508 Hernandez	Medi-Cal	Would extend Medi-Cal benefits for foster youth until age 26.	Support in principle	Chaptered
SB 949 Jackson	Nutrition	Nutrition: Distinguished After School Health Recognition Program.	Support in principle	Chaptered
AB 1504 Stone	Tobacco	Would ban the gift, sale, furnishing of single-use filter cigarettes to persons of any age in CA. Amended to allow District/City Attorney to assess fine of \$500 per violation. One violation = sale, gift, or furnishing of 1-20 cigs.	Watch/Neutral	Failed
AB 1521 Fox	VLF	Local government finance: property tax revenue allocations: vehicle license fee adjustments.	Watch/Neutral	Vetoed
AB 1522 Gonzalez	Paid sick leave	Would require all employers to offer: 1hr sick leave/30hrs worked; sick days begin to accrue 7 days after start of employment and employee may use accrued days after 90 days of employment. Would authorize employers to limit use of accrued sick leave to 3 days/calender year	Watch/Neutral	Chaptered
AB 1559Pan	Newborn Screening Program	Genetic disease testingThis bill would require the department to expand statewide screening of newborns to include screening for adrenoleukodystrophy (ALD). By expanding the purposes for which moneys from the fund may be expended, this bill would make an appropriation.	Watch/Neutral	Chaptered
AB 1592 Gaines	Diabetes	This bill would require the State Department of Public Health to submit a report to the Legislature by December 31, 2015, that includes information on the progress of the implementation of evidence-based strategies aimed at preventing and managing diabetes, and actionable items for consideration by the Legislature that will aid in attaining the goals set forth by the department in the California Wellness Plan for 2014 and the Diabetes Burden Report. The bill would also authorize the department to update the report as necessary to make any updates publicly available. The bill would require the State Department of Public Health to also include guidelines to reduce the fiscal burden of diabetes to the state in the Diabetes Burden Report, which is to be completed by December 31, 2014.	Watch/Neutral	Vetoed
AB 1620 Rodriguez	Emergency Preparedness	Establish in state government the California Emergency Management and Disaster Preparedness Commission. Amended version describes who should be included as members of the proposed commission.	Watch/Neutral	Vetoed

Bill Number & Sponsor	Health Area	Content	SFDPH Staff Recommendation	Final Status
AB 1755 Gomez	Medical Information	Would require a clinic, health facility, home health agency, or hospice to report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the State Department of Public Health and to the affected patient or the patient's representative, no later than 5 business days after the unlawful or unauthorized access, use, or disclosure has been detected.	Watch/Neutral	Chaptered
AB 1877 Cooley	Health Care Coverage	Establish California Vision Access Council and a corresponding trust fund, which would create and run an exchange in parallel to Covered CA to offer vision plans. No moneys may be drawn from GF for this purpose.	Watch/Neutral	Vetoed
AB 1965 Yamada	Outdoor dining facilities	Would allow pet dogs in outdoor dining areas	Watch/Neutral	Chaptered
AB 2130 Pan et al	Food safety	As amended, requires food employees to minimize bare hand/arm contact w/ non-prepackaged food.	Watch/Neutral	Chaptered
SB 1002 De Leon	Medi-Cal	Amends redetermination rules to add that a new 12-month eligibility period would be started (to align w/ CalFresh benefits eligibility) for a beneficiary who is found eligible at a redetermination triggered by a change of circumstance through a CalFresh application. For CalFresh applicants who are Medi-Cal beneficiaries but not CalWORKS recipients, the new/aligned 12-month eligibility period may begin only if it doesn't increase share of cost to the Medi-Cal beneficiary or any members of the beneficiary's CalFresh family budget unit.	Watch/Neutral	Senate unfinished business
SB 1045 Beall	Medi-Cal	Changes minimum group size for drug treatment from 4 to 2 w/ a max of 12; would expand provisions that currently apply only to perinatal programs to adult programs	Watch/Neutral	Chaptered
SB 1046 Beall	Health care coverage	Would authorize Insurance Commissioner to penalize insurers for violation of mental health parity requirements.	Watch/Neutral	Vetoed
SB 1262 Correa	Medical Cannabis	Establishes the Bureau of Medical Marijuana Regulation in the Dept. of Consumer Affairs, which is to license dispensaries, cultivators, transporters, and manufacturers/processing facilities, subject to local ordinances. For dispensaries, prescribes recordkeeping, transport, safety, and inventory guidelines. Enforcement by local health departments removed. Bars physicians and dispensaries from having financial relationships and restricts the type of permissible advertising. Establishes some regulation of edible medical marijuana products and requires Bureau to define quality assurance standards.	Watch/Neutral	Failed
SB 1276 Hernandez	Charity care	Fair billing policies; expands definition of "high medical cost" patient (for purposes of charity care) to include persons <350% FPL receiving 3rd party coverage; bars hospital from disallowing concurrent charity care and Covered CA applications; requires hospitals to inform patient of eligibility for Covered CA As amended, would also require hospital to negotiate a payment plan w/ high medical cost patients, and to use a specified formula to create a reasonable plan, meaning payment should be no more than 10% of monthly income after defined living expenses.	Watch/Neutral	Chaptered

Bill Number & Sponsor	Health Area	Content	SFDPH Staff Recommendation	Final Status
SB 1311 Hill	Hospitals	This bill would require all general acute care hospitals, as defined, to adopt and implement, by July 1, 2015, an antimicrobial stewardship policy in accordance with guidelines established by the federal government and professional organizations. The bill would require a general acute care hospital to develop a physician supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup, and to appoint at least one physician or pharmacist to that committee, subcommittee, or workgroup who is knowledgeable about antimicrobial stewardship, through prior training, professional experience, or attendance at continuing education programs. The bill would also require a general acute care hospital to report antimicrobial stewardship program activities to each appropriate hospital committee undertaking clinical quality improvement activities.	Watch/Neutral	Chaptered
SB 1438 Pavley	Substance use	This bill would require EMSA to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. This bill would additionally permit the Attorney General, in connection with that research, and in furtherance of the enforcement of the act, to authorize hospitals and trauma centers to share information with local law enforcement agencies and local emergency medical services agencies about controlled substances.	Watch/Neutral	Chaptered
SB 973 Hernandez	Substance use	Existing law authorizes DHCS licensed programs to admit a patient to narcotic maintenance or detoxification treatment 7 days after completion of a prior withdrawal treatment episode; this bill would instead authorize a program to admit a patient to narcotic maintenance or detox treatment at the discretion of the medical director. This bill would also allow medical director discretion to provide take-home doses for clients facing difficulty in commuting to clinic daily.	Watch/Neutral	Chaptered
AB 1147 Bonilla	Massage parlors	This bill would make changes to certification of massage practitioners and therapists by the California Massage Therapy Council. The bill would, notwithstanding any other law, prohibit a city, county, or city and county from enacting or enforcing an ordinance that conflicts with these provisions or other corresponding specified provisions. However, the bill would authorize a city, county, or city and county to adopt or enforce local ordinances that govern zoning, business licensing, or reasonable health and safety requirements for establishments or businesses of a licensed or certified healing arts professional, including a certified massage therapist. The bill would also make clarifying and conforming changes regarding local regulation of massage establishments or businesses.	Watch/Neutral	Chaptered

**HEALTH COMMISSION  
RESOLUTION NO. 14-18**

**APPROVING THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S 2015 STATE AND FEDERAL  
LEGISLATIVE PLANS**

WHEREAS, On October 16, 2012, the Health Commission identified three five-year budget priorities for the San Francisco Department of Public Health (SFDPH): 1) development of an integrated delivery system; 2) achievement of public health accreditation; and 3) improved financial and operational efficiency; and

WHEREAS, On February 5, 2013, the Health Commission endorsed the Community Health Improvement Plan, which sets forth three priorities for health improvement citywide: 1) ensuring safe and healthy living environments; 2) increasing physical activity and healthy eating; and 3) improving access to high quality health care and services; and

WHEREAS, A number of important issues that will have a significant impact on achievement of SFDPH's budget priorities and the citywide Community Health Improvement priorities will likely be considered by state and federal legislative bodies in 2015, including Health Reform implementation, Medi-Cal reimbursement, communicable disease control and prevention, behavioral health expansions, and healthy food access; and

WHEREAS, SFDPH participates in a number of statewide associations representing various county health professionals, including health executives, health officers, public hospital executives, mental health directors, and substance abuse directors, to ensure that SFDPH is represented in coalition positions on legislation; and

WHEREAS, SFDPH coordinates engagement in State and federal policymaking and legislative advocacy through the Mayor's Office of Legislative and Government Affairs to ensure that changes in health policy are consistent with SFDPH priorities and aligned with citywide priorities; and

WHEREAS, the City maintains lobbyists in Washington, DC and Sacramento, with whom SFDPH staff works to ensure that health policy positions approved by the Mayor's Office and consistent with SFDPH priorities are represented in federal and State advocacy; and

WHEREAS, SFDPH's 2015 state and federal legislative plans reflect SFDPH's health policy priorities and are an important tool for the City to advocate for health policy and legislation;

NOW, THEREFORE, BE IT RESOLVED, That the Health Commission approves SFDPH's 2015 federal and state legislative plans.

I hereby certify that at the San Francisco Health Commission at its meeting of January 6, 2015 adopted the foregoing resolution.

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Mark Morewitz  
Executive Secretary to the Health Commission