

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

James Loyce, Jr., M.S.
Commissioner

David Pating, M.D.
Commissioner

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

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, November 1, 2016, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner James Loyce, Jr., M.S.
Commissioner David Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner David B. Singer, Vice President

Excused: Commissioner Edward A. Chow M.D., President
Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC

The meeting was called to order at 4:11pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 18 2016

Action Taken: The minutes were unanimously approved.

3) DIRECTORS REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

New analysis releases medical costs of traffic injuries treated at Zuckerberg San Francisco General Trauma Center

The Department of Public Health has completed an analysis of the medical costs resulting from transportation-related severe injuries treated at Zuckerberg San Francisco General's Trauma Center from 2012 to 2014, amounting to \$105.5 million – approximately \$35 million annually. In the United States, vehicular injury is a significant public health problem and the leading cause of death in the first 44 years of life. People injured in traffic collisions comprise 50 percent of the patients seen at ZSFG's Trauma Center - exceeding all other categories for cause of injury including falls, cuts/pierces, firearms, and assault. Robust public health solutions can help reduce injury risk and severity. This analysis is in support of Vision Zero San Francisco, the citywide initiative to eliminate traffic deaths by 2024, co-chaired by SFDPH with the San Francisco Municipal Transportation Agency.

More than 4,000 patients were included in the analysis, with an average cost per patient of \$25,200 and a total of more than 10,000 hospitalization days. Pedestrians comprised the largest proportion of costs (44 percent), followed by motor vehicle occupants (22 percent), motorcyclists (18 percent), and bicyclists (16 percent). Hospitalized pedestrians on average were the most severely injured while motor vehicle occupants were on average the least severely injured.

The one-third of patients who required hospitalization comprise 75 percent of the total medical costs, providing significant insight into the potential health and cost benefits of reducing the incidence of the most severe injuries on San Francisco streets. This cost analysis provides a methodology that can be used to analyze medical costs moving forward. As Vision Zero progresses, the City aims to reduce the number of people requiring hospitalization for their injuries as well as the associated medical costs through targeted efforts to improve the safety of our transportation system for everyone. These findings will be presented at the Western Trauma Association's Annual Meeting in March 2017.

Zika Virus – An update

The Zika epidemic continues in Latin America, the Caribbean and is in limited, local transmission in Florida due to mosquito presence. In San Francisco, California, and the United States, a large number of returning travelers especially pregnant women, continue to be tested for Zika. San Francisco has identified 25 Zika cases so far, all in returning travelers. There are no locally transmitted cases. Pregnant women and women who are trying to conceive are advised not to travel to areas where the risk of Zika infection is high (<https://wwwnc.cdc.gov/travel/page/zika-information>).

Zika is also circulating in Southeast Asian countries including Vietnam and the Philippines, but at much lower (non-epidemic) levels; Zika has been present in these countries for years. In late September, the CDC issued a new travel guidance for Southeast Asia, advising that pregnant women consider postponing travel (<https://wwwnc.cdc.gov/travel/page/zika-virus-southeast-asia>). Those who must travel to a Zika-affected area should practice strict mosquito precautions.

SFDPH continues to track Zika testing requests, investigate cases, update the medical community on new developments, and work collaboratively with obstetric providers to manage pregnant women with Zika. Multilingual educational materials are being developed specifically to inform community members who may be planning holiday travel, especially women who are pregnant or may become pregnant.

Southeast Health Center/UCSF Asthma/COPD Fair

More than 40 patients with lung disease were offered in-depth personalized health services at a half-day fair, thanks to a unique collaboration between UCSF pulmonologists and the Department of Public Health.

Pulmonologists Prescott Woodruff, MD, MPH of UCSF, and Neeta Thakur, MD, of UCSF and ZSFG, met with patients at the Southeast Health Center in Bayview Hunter's Point. The patients, who had asthma and/or COPD (chronic obstructive pulmonary disease), were able to meet with lung disease specialists from UCSF and ZSFG, review inhaler use and technique with pharmacists from SEHC and Walgreens, and have targeted health assessments completed by asthma and COPD trained nurses and staff. In addition, the event incorporated activities that promoted health, well-being, and awareness of the unique problems that patients with lung disease who live in the Bayview/Hunter's Point neighborhood face. Food and drink, gift bags and raffle prizes were provided courtesy of the Nina Ireland Program for Lung Health, Whole Foods and local farmers.

Public Health Emergency Preparedness and Response Branch Exercise

The Public Health Emergency Preparedness and Response Branch (PHEPR) of the San Francisco Department of Public Health will be conducting its annual Statewide Medical and Health Exercise on November 17th. This year PHEPR has created an opportunity for DPH staff to get involved in playing the role of the injured patients. This year's Statewide Medical and Health exercise focuses on a mass casualty incident (MCI) that involves both

adults and children who have been injured by a chemical spill and explosion. To bring this event to life, volunteers will be assessed according to their level of injuries and transported to one of the hospitals participating in the event.

Chinatown Public Health Center Participates in the Annual Chinatown Community Health Fair

On Saturday, October 15th, Chinatown Public Health Center's Primary Care, Dental, Nutrition and Health Education staff participated in the 21st Annual Chinatown Community Health Fair. This year's theme on "Less Sugar, Sweeter Life" highlights the negative health impact of sugar-sweetened beverages, the consumption of which is associated with increased risks for type II diabetes, heart disease and obesity. In Chinatown, sugar-sweetened beverages are contributing to another public health crisis, as more than half of the children have dental caries by the time they reach kindergarten, this is the highest rate in the City and 2-3 times greater than rates in other SF neighborhoods.

Together with more than 30 health and human services organizations, the fair offered various health screenings, services and education for family members of all ages, including blood pressure, blood sugar, body mass index, cholesterol, dental, vision, flu shots and medication consultation. The children's activities taught children, parents and grandparents the importance of oral health and how to prevent cavities. Chinatown Health Center has had a long tradition of supporting and volunteering at this event from its inception in 1995. Special thanks go to our CPHC staff who volunteered at the health fair.

Sickness, Old Age, and Death – A Conversation

San Francisco Zen Center presents an evening with Lucy Kalanithi, Grace Dammann, Lennon Flowers, and Jennifer Block. They will explore how the human experience of sickness, old age, and death creates an appreciation for the preciousness of life. The evening's conversation will invite each speaker's multiple perspectives on death, sickness, and aging. Laguna Honda's Grace Dammann will speak as a physician and also one who has been both a care receiver and a trainer of caregivers. Wednesday, November 2, 7 – 9 pm Grace Cathedral, 1100 California Street, San Francisco, CA 94108. Register [here](#).

Captain Kenneth Ferrigno retires from Sheriff's Department, ZSFG and SFDPH

Captain Kenneth Ferrigno will be retiring from the San Francisco Sheriff's Department, and will be leaving the Department of Public Health and Zuckerberg San Francisco General Hospital.

Captain Ferrigno has been the Unit Commander for DPH for 3 years and has been with SFSD for 25 and a half years. Captain Ferrigno arrived at ZSFG during a critical time, when the security of the hospital was under much scrutiny. Captain Ferrigno has been the driving force behind building harmonious relationships between hospital staff and SFSD. Under his leadership, he brought order and structure to the DPH Sheriff's Unit, including transforming SFSD into a service-oriented department. Effective October 22nd, 2016, Captain John Ramirez, has been appointed Unit Commander for DPH. Captain Ramirez has functioned in the role of Facility Commander for the County Jail for 20 years. Through November 2016, Captain Ferrigno will be onsite orienting Captain Ramirez into his new role. Please congratulate both Captains as they embark on their new ventures.

SFDPH in the News:

Using social media to connect homeless individuals with loved ones:

<https://ww2.kqed.org/news/2016/10/17/harnessing-social-media-to-reconnect-homeless-people-with-their-families/>

A list of measures taken by San Francisco to rebuild trust between law enforcement and communities, including new mental health crisis team:

<http://www.sfchronicle.com/opinion/openforum/article/Federal-report-outlines-path-to-trust-between-9967753.php>

Bayview-Hunters Point in Flux (references SF Climate and Health Profile by SFDPH):

<http://www.potreroview.net/bayview-hunters-point-in-flux/>

Recent PrEP Failures:

<http://www.ebar.com/news/article.php?sec=news&article=72007>

<http://www.medpagetoday.com/MeetingCoverage/HIVR4P/60890>

<http://thevillagesuntimes.com/2016/10/22/new-drug-resistant-hiv-strain-infects-two-men-on-prep/>

Dr. Susan Buchbinder presents HIV Vaccine Clinical Data at HIV Prevention conference:

http://www.pharmacychoice.com/news/article.cfm?Article_ID=1629299

Developing drug resistance while using a vaginal ring that delivers antiretroviral medication not an issue:

<http://www.medpagetoday.com/MeetingCoverage/HIVR4P/60882>

Healthy Retail SF releases pilot report:

<http://sanfrancisco.cbslocal.com/2016/10/26/program-to-bring-fresh-produce-to-food-deserts-in-san-francisco-appears-to-be-working/>

150 Years of Care at Laguna Honda:

<http://www.sfchronicle.com/bayarea/article/Laguna-Honda-at-150-celebrates-healthy-outlook-9972374.php>

<http://hoodline.com/2016/10/laguna-honda-hospital-celebrates-150-years-of-service>

http://sfist.com/2016/10/14/from_goldrush_almshouse_to_hospital.php

<http://www.ebar.com/news/article.php?sec=news&article=71976>

API Launches bus-shelter campaign pushing health care for low-income SF residents:

<http://www.sfexaminer.com/bus-shelter-campaign-pushes-health-care-low-income-sf-residents/>

Man shot by SF cops faces attempted murder charge:

<http://www.sfchronicle.com/aboutsgate/article/Man-shot-by-SF-cops-faces-attempted-murder-charge-10418994.php>

Student shot at SF High School brought to Zuckerberg San Francisco General:

<http://abcnews.go.com/US/students-shot-san-francisco-high-school/story?id=42894975>

CHP Officer and car theft suspect shot by SFPD brought to Zuckerberg San Francisco General:

<http://www.sfchronicle.com/crime/article/Condition-improves-for-car-theft-suspect-shot-by-10414948.php>

Medi-Cal celebrates 50th Anniversary at Zuckerberg San Francisco General:

<https://www.indybay.org/newsitems/2016/10/25/18792683.php>

Dr. Shieva Khayam-Bashi Chosen as Finalist of 2016 National Compassionate Caregiver Award:

http://www.physiciansnewsnetwork.com/san_mateo/article_995aaff2-947e-11e6-957b-9f0e52b50de6.html

Mayor Lee honors those who helped with saving the lives of family members in capsized boat:

<http://www.sfgate.com/bayarea/article/Mayor-Lee-honors-rescuers-who-saved-lives-when-9984419.php>

Legislation introduced that would call for the city to revoke the naming of Wells Fargo Plaza at Zuckerberg San Francisco General:

<https://ww2.kqed.org/news/2016/10/19/san-francisco-legislation-would-cut-citys-ties-with-wells-fargo/>

Commissioner Comments:

Commissioner Singer asked for more information on the Zika update. Dr. Tomas Aragon, SFDPH Health Officer and Director of the Population Health Division, stated that the information included in the Director's Report is the most up-to-date. He added that all cases in San Francisco have been travelers. He noted that the only transmission in the United States occurred in Miami, Florida.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Singer stated that he chaired the meeting and added that the Committee recommended that the full Health Commission approve both items on the Consent Calendar. He also stated that the Crothall Healthcare contract is a result of the SFDPH participating in a group purchasing organization and will bring immediate and long term savings.

Commissioner Comments:

Commissioner Pating asked if the new group purchasing process will change the SFDPH bidding process. Commissioner Singer stated that the bidding mechanism will not change.

Commissioner Sanchez noted that the company is not based in San Francisco. He also stated that when building the new LHH and ZSFG buildings, the SFDPH exceeded its local business use projections. Director Garcia stated that the SFDPH strives to use local business enterprises (LBE) when possible; she added that this bulk purchasing mechanism provides significant savings over many years. Roland Pickens, Director of the San Francisco Health Network, stated that the SFDPH will encourage local businesses to participate in the bulk purchasing mechanism.

6) CONSENT CALENDAR:

Action Taken: The following were unanimously approved:

- NOVEMBER 2016 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH CROTHALL HEALTHCARE LAUNDRY AND LINENS SERVICES, IN THE AMOUNT OF \$8,869,928, FOR YEAR-ROUND LAUNDRY SERVICES, FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL (ZSFGH) AND LAGUNA HONDA HOSPITAL (LHH) FOR THE PERIOD DECEMBER 1, 2016 THROUGH NOVEMBER 30, 2019 (3 YEARS).

7) HEALTH CARE ACCOUNTABILITY ORDINANCE

Patrick Chang, Senior Health Program Planner, presented the item. He reminded the Commissioners that the topic had been introduced at the October 18, 2016 meeting.

Public Comment:

Greg Brown, Local 1781, stated that it was his first time serving on the work group and appreciated that many perspectives such as labor, non-profits, and business, were heard during the process. He added that the deductible was raised to \$2,000 with the HRA covering the first \$2,000; the coinsurance cost was changed to a 70/30 ratio. He felt these decisions were a "win/win" for everyone. He also stated that many workers in his union are women who also work full time and care for children and older family members.

Emma Gerald, SEIU 1021, stated that the union represents non-profit workers. She reminded the Commission that she spoke at the October 18, 2016 Health Commission meeting regarding the union's goal to reduce the burden of the deductible to help minimize obstacles to access health care for its members.

Karl Kramer, San Francisco Living Wage Coalition, stated that the SFDPH collected data indicating that the amount of deductibles are the biggest concern of workers; he added that 55% of employees do not have enough out-of-pocket funds to pay for health insurance.

Debbi Lerman, Human Services Network, stated that she reaffirms the proposal balances the needs of employers and employees. She added that over 50% of plans in the San Francisco market will be compliant, which gives more affordable choices for everyone.

Commissioner Comments

Commissioner Pating stated that he is pleased to see this effort used a collective impact model. He also stated that he hopes the Affordable Care Act will grow into a more stable model with increased streamlined options. He recommended that the SFDPH notify Covered California of the discussion of these issues and the final Health Commission vote.

Commissioner Singer congratulated the working group on bringing together differing perspectives in productive compromise. He added that in the future, he hopes the work group can look at ways to lower overall cost. He also stated that he requests that in the future, the SFDPH and Health Commission have a better understanding of the cohort of employers and employees impacted by the ordinance.

Action Taken: The Health Commission unanimously approved resolution 16-11 (See Attachment)

8) SAN FRANCISCO HEALTH NETWORK UPDATE

Roland Pickens, Director, gave the update.

Commissioner Comments

Commissioner Pating asked if the Whole Person Care metric will change the definition of value. Mr. Pickens stated that value is defined by CMS as the quality of care received by patients; the San Francisco Health Network (SFHN) also defines it as staff satisfaction which impacts their ability to provide quality care. He also stated the hospitals participating in the 1115 Waivers have 59 measures to track.

Commissioner Pating requested that future SFHN updates include short narratives on the most important areas to enable deeper understanding of the issues. He also stated that the update could highlight fewer measures.

Commissioner Pating stated that he is pleased with the progress on the SFDPH Black African American Health Initiative hypertension measure because it is a health equity and an important health issue. He stated that he looks forward to increased positive patient care experiences. He congratulated LHH and Health at Home in their reduction of staff injuries in a short timeframe.

Commissioner Loyce thanked Mr. Pickens for the presentation. He agreed with Commissioner Pating's request for narrative statements to better explain the context of the metric scores.

Commissioner Singer stated that he would like highlights of the metric scores to assist the Health Commission in its focus of the SFHN data reviews.

Commissioner Singer stated that he is not pleased with the rise in ZSFG Emergency Department wait times. He also stated that the goal of making a patient appointment with a clinic within 14 days is not ambitious enough.

Commissioner Singer asked Mr. Pickens to elaborate on a statement he made earlier in the meeting regarding the pace of the SFHN development process. Mr. Pickens stated that the development of the strategic plan and A3's are complex processes that take time. He noted that previous to understanding the Lean process, he

would have wanted these processed done at a faster pace. However, he understands that Lean requires that adequate time be built into processes to ensure all relevant staff and stakeholders are involved.

Commissioner Singer asked what tools are being used to motivate staff. Mr. Pickens stated that within Lean, his role is to listen and provide feedback to the owners of A3's in an effort to resolve barriers. He added that processes are in place for the SFHN to reach its goals but the pace is uncertain.

Commissioner Singer asked if the ZSFG Emergency Department goal is attainable. Mr. Pickens stated that he hopes to see progress on this goal by June. Commissioner Singer stated that he appreciates the vast complexity of issues related to the ZSFG Emergency Department.

9) OTHER BUSINESS:

This item was not discussed.

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez stated that he chaired the October 25, 2015 ZSGF JCC meeting. He stated that the Committee reviewed the draft ZSFG annual report and approved the Environment of Care Report, Performance Improvement and Safety policy, and Provision of Care policy in preparation for the full Commission's annual meeting at the hospital on November 15, 2016. He also stated that the Committee discussed an update on the transfers of LHH patients when ZSFG is on diversion. The Committee also reviewed the Regulatory Report, Quality Council Minutes, Hospital Administrator's Report, Patient Care Services Report, and Human Resources report. In closed session, the Committee approved the Credentials Report and PIPS minutes.

11) COMMITTEE AGENDA SETTING

Mr. Morewitz reminded the Commissioners that there is a joint meeting with the Planning Commission on November 17 from 10am-noon in City Hall, room 400. The meeting will focus on a review of the CPMC Annual Compliance Statement for 2015.

12) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) CONFERENCE WITH CITY ATTORNEY

Convene in Closed Session - Existing Litigation - Motion that the Health Commission convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding the following existing lawsuits in which a proposed settlement is being consider by the Commission, pursuant to San Francisco Administrative Code Section 67.10(d) and California Government Code Sections 54956.9 and 54956.9(e)(3) permit this closed session. Discussion in open session concerning these matters would likely and unavoidably prejudice the position of the City in the pending lawsuits listed below.

(After a closed session, if one occurs, the Health Commission shall adopt a motion either to disclose or not to disclose.)

1. Settlement of Litigation: Bradley Bishop, \$750,000.00
Bradley Bishop v. City and County of San Francisco; The Regents of the University of California; N. Young, MD; Rachel MacFarland, RN; Michael Ansfield, MD; Michael Terry, MD; Patrick Williams, RN (San Francisco Superior Court, Case No,

CGC-15-544028)

- C) Reconvene in Open Session: Motions and vote on whether to disclose any or all of the closed session discussions, San Francisco Administrative Code Section 67.12(a)

Action Taken: The Health Commission voted to not disclose the discussion held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 5:40pm.

**Health Commission
City and County of San Francisco
Resolution No. 16-11**

AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

WHEREAS, On July 1, 2001, the Healthcare Accountability Ordinance (HCAO) went into effect, 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 at least every two years and make changes as necessary to ensure that they are consistent with the current health insurance market; and

WHEREAS, In September 2016, DPH convened the Minimum Standards Workgroup, with representatives from various entities including health insurance broker firms, health plans, employers, labor advocates, and others, with the task of making recommendations for a revised set of Minimum Standards; and

WHEREAS, This Workgroup met three times with the goal to review and make recommendations for changes to the Minimum Standards, with the goal to balance the needs of employers and employees that would ensure health insurance plan options for employers, retain comprehensive benefits for employees, and consider affordability for both; and

WHEREAS, Taking into consideration the Workgroup's recommendations, DPH produced a written report to be presented to the full Health Commission on October 18, 2016 with an explanation of the process and description of the recommendations; and

WHEREAS, A review of the current Minimum Standards against 111 plans on the small business market in 2016 found that only 30 percent of plans are compliant; with the changes recommended here, this increases to 52 percent compliance, and

WHEREAS, DPH supports the proposal developed in conjunction with the HCAO Minimum Standards Workgroup, as described fully in this resolution, and is respectfully requesting approval from the Health Commission;

THEREFORE, BE IT RESOLVED, That the Health Commission thanks the Minimum Standards Workgroup for its thorough and thoughtful engagement and collaboration to develop recommended changes to the HCAO Minimum Standards for the Health Commission's consideration; and be it

FURTHER RESOLVED, That the Health Commission approves the following revised Minimum Standards effective January 1, 2017 for the calendar years 2017 and for 2018:

Benefit Requirement	New Minimum Standard
1. Premium Contribution	Employer pays 100%
2. Annual OOP Maximum	<ul style="list-style-type: none"> • In-Network: \$6,850 • Out-of-Network: Not specified <p>OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.); and</p> <p>Employer may offer a plan with a higher OOP maximum only if they combine it with a fully employer-funded HSA or HRA for the amount exceeding \$6,850.</p> <ul style="list-style-type: none"> •
3. Regular (Medical Services) Deductible	<ul style="list-style-type: none"> • In-Network: \$2,000 • Out-of-Network: Not specified <p>The employer must cover 100% of the medical deductible and may do so with either a fully employer-funded HSA or HRA. The HSA or HRA must provide first dollar coverage.</p>
4. Prescription Drug Deductible	<ul style="list-style-type: none"> • In-Network: \$250 • Out-of-Network: Not specified
5. Prescription Drug Coverage	Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	<ul style="list-style-type: none"> • In-Network: 70%/30% • Out-of-Network: 50%/50%
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> • In-Network: \$45 per visit. • Out-of-Network: Not specified
8. Ambulatory Patient Services (Outpatient Care)	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: • Primary Care Provider: See Benefit Requirement #7 • Specialty visits: Not specified <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
9. Preventive & Wellness Services	<ul style="list-style-type: none"> • In-Network: Provided at no cost, per ACA rules. • Out-of-Network: Subject to the plan's out-of-network fee requirements. <p>Covered California provides a list of covered preventive services. These services are standardized by federal ACA rules at no charge to the member.</p>
10. Pre/Post-Natal Care	<ul style="list-style-type: none"> • In-Network: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules.

Benefit Requirement	New Minimum Standard
	<ul style="list-style-type: none"> • Out-of-Network: Subject to the plan’s out-of-network fee requirements. <p>Covered California provides a list of covered pre/post-natal care services. These services are standardized by federal ACA rules at no charge to the member.</p>
11. Hospitalization	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
12. Mental Health & Substance Use Disorder Services, including Behavioral Health	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
13. Rehabilitative & Habilitative Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
14. Laboratory Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
15. Emergency Room Services & Ambulance	<p>Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.</p> <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>
16. Other Services	<p>The full set of covered benefits is based on the ACA list of Essential Health Benefits in conjunction with the Covered California EHB Benchmark plan.</p> <p>Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.</p>

I hereby certify that the San Francisco Health Commission adopted this resolution at its meeting of November 1, 2016.

Mark Morewitz, MSW
Health Commission Executive Secretary