



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

Office of Policy and Planning

MEMORANDUM

DATE: January 17, 2017

TO: Ed Chow, MD, President, San Francisco Health Commission and Members of the Health Commission

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

FROM: Cyndy Comerford, Manager of Policy and Planning

RE: SFDPH 2016 Federal and State Legislative Summary and 2017 Federal and State Legislative Plans

This memo presents the San Francisco Department of Public Health (SFDPH)'s annual federal and state legislative plans to the Health Commission for review and approval. This memo provides 1) a brief background on the purpose and development of the legislative plans; 2) a summary of chaptered and vetoed legislation for those bills from SFDPH that the City took a position on during the 2015-2016 legislative session; 3) key federal updates; 4) a summary of emerging and Post-Election legislative issues; and 5) a draft of SFDPH federal and state plans for the 2017 legislative cycle.

1. Background
2. Summary of 2015-2016 State Legislative Session
3. Key Federal Updates for 2016
4. Emerging and Post-Election Legislative Issues
5. Attachment: Draft 2017 SFDPH Federal and State Legislative Plans

BACKGROUND

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

Aligned with the overall SFDPH priorities, the legislative plans are drafted with input from content experts across the Department. The SFDPH Office of Policy and Planning and the Population Health Division (PHD) Office of Equity and Quality Improvement collected input through meetings to discuss the current year's legislative proposals and will continue to meet throughout the year to identify legislative priorities.

The 2017 draft legislative plans were presented to the SFDPH Integration Steering Committee in November 2016, and SFDPH staff had further opportunity to review the plans and provide feedback and to identify emerging policy themes and issues for inclusion. The draft legislative plans were submitted to the Mayor's Office for review and incorporation into Citywide state and federal legislative plans. The citywide state legislative plan was submitted to the Mayor's State Legislation Committee for approval and adopted on December 14th, 2016. Any changes made by the Health Commission will be resubmitted for approval as an amendment to the City's legislative plan.

SUMMARY OF 2015 - 2016 STATE LEGISLATIVE SESSION

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

During the 2015-2016 session, important topic areas included Medi-Cal and the 1115 Medicaid Waiver, medical cannabis, tobacco/smoking, HIV/AIDS, the Mental Health Services Act, public health funding, automated speed enforcement, health insurance including implementation of the Affordable Care Act, substance misuse and treatment, and homelessness and supportive services.

During the 2015 session, SFDPH:

- Tracked 172 state bills; 50 of these were chaptered or signed into law and nine were vetoed
- Recommended taking active support positions on eight bills, all of which were approved by the Mayor's State Legislation Committee.

During the 2016 session, SFDPH:

- Tracked 190 state bills; 74 of these were chaptered or signed into law and 13 were vetoed
- Recommended taking active support positions on 11 bills, all of which were approved by the Mayor's State Legislation Committee.

Table 1 and Table 2 list the outcomes for the bills that were actively supported through the Mayor's State Legislation Committee. The tables also note where SFDPH took support positions jointly with other City agencies.

Table 1. Bills supported through the Mayor's State Legislation Committee, 2015

Subject	House/No	Status	Description	Position
Weights and measures inspection fees	AB 296	Signed into law	Extends the authority of the board of supervisors of a county to charge fees to recover the costs of the county sealer until January 1, 2019. Continues the annual administrative fee to recover the costs incurred by the department until January 1, 2019.	Support
Tobacco at baseball stadiums	AB 768	Signed into law	Prohibits the use or possession of smokeless tobacco, in a baseball stadium, which includes the physical area in which a professional, organized baseball game or practice is occurring.	Support - later withdrawn
Reproductive health	AB 775	Signed into law	Requires licensed clinics that provide family planning or pregnancy-related services to provide a notice to consumers regarding their reproductive rights and the availability of services in California. Requires unlicensed facilities that provide pregnancy-related services to disseminate and post a notice informing consumers that they are not a licensed medical facility.	Support
Alcoholism and drug abuse treatment	AB 848	Signed into law	Authorizes DHCS to license alcohol and drug abuse residential facilities where medical staff provides incidental medical services.	Support
Health care and immigration status	SB 4	Signed into law	Requires the DHCS to apply for a federal waiver to allow undocumented persons to purchase unsubsidized insurance on Covered CA; extend full-scope state-funded Medi-Cal to undocumented youth under the age of 19; and extend full-scope state-funded Medi-Cal to undocumented adults aged 19 or older, if the state determines that funding is available.	Support*
Mental health	SB 621	Signed into law	Explicitly includes "diversion programs" as an allowable use of MIOCR funds. County diversion programs offer mental health treatment and services in lieu of sending low-level mentally ill offenders to jail, and provide follow-up services for those released from jail.	Support
Electronic cigarettes	SB 140	Stalled in committee	Changes the STAKE Act's definition of tobacco products to include electronic devices, such as electronic cigarettes, that deliver nicotine and make furnishing such a tobacco product to a minor a misdemeanor.	Support
Trauma recovery centers	SB 518	Stalled in committee	Requires the board to use the evidence-based Integrated Trauma Recovery Services model developed by the Trauma Recovery Center at San Francisco General Hospital University of California, San Francisco (UCSF TRC) when it provides grants to trauma recovery centers. Requires the board to establish the UCSF TRC as the State of California's Trauma Recovery Center of Excellence.	Support

*Joint support with the Office of Civic Engagement and Immigrant Affairs, and the Human Services Agency.

Table 2. Bills supported through the Mayor’s State Legislation Committee, 2016

Subject	House/No	Status	Description	Position
Medi-Cal dental program	AB 2207	Signed into law	Requires DHCS to expedite enrollment of Medi-Cal dental providers by streamlining the process and to seek opportunities to improve the program. Requires Medi-Cal managed care plans to provide dental screenings for every eligible beneficiary. Adds dental reporting elements to the Dental Transformation Initiative within the Medi-Cal 2020 waiver.	Support
Medi-Cal tobacco cessation services	AB 1696	Signed into law	Provides that tobacco cessation services are covered benefits under Medi-Cal and defines tobacco cessation services to now include all U.S. Preventive Services Task Force’s A or B graded recommendations and quit attempts. Cessation services must include four counseling sessions per attempt and 12-week treatment of FDA approved tobacco cessation medication.	Support
Medi-Cal: Marriage and family therapists	AB 1863	Signed into law	Adds marriage and family Therapists (MFTs) to the list of health care providers that qualify for a face-to-face encounter with a patient at a FQHC or RHC for purposes of a per visit Medi-Cal payment under the prospective payment system (PPS).	Support
HIV testing in ERs	AB 2439	Signed into law	Creates a voluntary pilot program in four hospitals to assess and make recommendations on the effectiveness on the routine offering of HIV tests in hospital emergency departments.	Support
"Screen at 23" Campaign for diabetes	SCR 134	Chaptered	Urges the CDPH to endorse the “Screen at 23” campaign to screen all adult Asian Americans with a body mass index of 23 or higher for type II diabetes.	Support
Tobacco and smoking on campuses	AB 1594	Vetoed	Bans both tobacco and smoking – including the use of electronic devices - on the campuses of Cal State Universities and California Community Colleges. Imposes a fine to support the educational operations of the campus, education and promotion of campus policies, and tobacco cessation treatment options for students.	Support
Medi-Cal Housing Program	AB 2821	Vetoed	Targets homeless Medi-Cal beneficiaries. Establishes the Medi-Cal Housing program with grants going to eligible participating counties/regions (participating in Whole Person Care or Health Home Program). Grants could be used for long-term rental assistance or interim housing.	Support^
Statewide Human Trafficking Task Force	AB 1731	Died in committee	Creates the Statewide Interagency Human Trafficking Task Force within the Department of Justice charged with gathering statewide data, recommend interagency protocols & best practices for training and outreach to law enforcement, victim service providers and others.	Support*
WIC enrollment & lactation services and equipment	AB 2586	Died in committee	Requires CDPH/DHCS to develop processes and an electronic interface to streamline enrollment into the WIC program as part of the application process for Medi-Cal and the Health Exchange. Requires CDPH to coordinate with DHCS on a stakeholder process to develop measures and outcomes for breastfeeding rates and improve access to lactation equipment.	Support*
Electronic cigarettes	SB 140	Died in committee	Redefines smoking and tobacco products to include e-cigarettes and vaporized liquids. Inserts the new definitions in the California’s Stop Tobacco Access to Kids Enforcement (STAKE) Act,	Support

Subject	House/No	Status	Description	Position
			the Cigarette and Tobacco Products Licensing Act, and public non-smoking laws. These provisions do not affect existing regulations on medical marijuana.	
Trauma recovery centers	SB 1404	Died in committee	Recognizes the Trauma Recovery Center at San Francisco General Hospital as the State Pilot Trauma Recovery Center and requires the board to use the evidence-based Integrated Trauma Recovery Services model developed by the State Pilot TRC when it provides grants to trauma recovery centers.	Support

^Joint support with Mayor’s Office and HOPE.

*Joint support with Department on the Status of Women.

KEY FEDERAL UPDATES FOR 2016

The Affordable Care Act (ACA) implementation saw continued success in 2016 as 12.7 million Americans are enrolled in the insurance marketplaces and additional 15.7 million Americans are enrolled in the Medicaid expansion. The national uninsured rate dropped to a historic low of 8.6 percent and similarly San Francisco’s uninsured rate is at 8.5 percent. In 2016, San Francisco had 37,280 enrolled in the insurance marketplaces and 77,914 enrolled in the Medicaid expansion. San Francisco also has another 135,443 residents enrolled in the San Francisco Health Plan.

During 2016, SFDPH federal advocacy efforts included support for the Comprehensive Addiction and Recovery Act (CARA/P.L. 114-198) in the Continuing Appropriation, Zika Response and Preparedness Act (CR/H.R. 5325), support for the Medicare National Coverage Determination on gender reassignment surgery, and support for an additional \$103 million for the implementation of the Department of Justice’s Comprehensive Opioid Abuse Grant Program. The Department also submitted regulatory comments for proposed changes on the impact of confidentiality of substance use disorder records (42 CFR Part 2) on patient care.

In December of 2016, President Obama signed landmark legislation, The Cures Act, which provides \$4.8 billion for three research programs over the next 10 years: Vice President Joe Biden’s cancer moonshot, the BRAIN Initiative, and the Precision Medicine Initiative. It would also give states \$1 billion to fight the opioid crisis, and deliver an additional \$500 million to the FDA. The Act includes the major provisions of the Senate mental health compromise bill, Mental Health Reform Act of 2016, as well as a few additional provisions from the House’s Helping Families in Mental Health Crisis Act of 2016 bill. A substantial portion of the legislation relates to mental health and substance use disorders, reflecting the rise in mental health and substance use disorder awareness over the last several years.

EMERGING AND POST ELECTION LEGISLATIVE ISSUES

Repeal/Rollback of the Affordable Care Act (ACA)

On January 3rd, Senator Enzi (R-WY) introduced Concurrent Resolution 3 to begin the process of repealing the Affordable Care Act —proposing establishing a fast track budget process to decide which parts of the ACA to repeal, and whether to delay repeal to allow time to develop replacement legislation. Potential impacts include:

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- **Medicaid:** The ACA expanded Medicaid to insure low-income Americans, and if the ACA is repealed, the expansion could be completely reversed, returning this population to uninsured status. If the Medicaid expansion portion of the ACA is retained, it is possible that the federal government may repeal only the enhanced matching rate (90% federal/10% state), requiring states to cover the non-federal share at their normal matching rate (50% federal/50% California). In addition, as a federal cost-saving measure, the federal funding methodology for Medicaid could shift to block grants or per capita caps, limiting the amount of funding available statewide. Finally, it is likely that future consideration of Medicaid waivers, such as California's current 1115 waiver, would become more stringent.
 - **Private Insurance:** The individual mandate is likely to be repealed. Without the individual mandate, the federal health insurance exchange would be eliminated and state health insurance exchanges, like Covered California, may not be financially feasible. Additionally, federal subsidies for low-income individuals purchasing insurance on the exchange would likely be eliminated and potentially replaced with an advanceable tax credit.
 - **Public Health and Prevention Fund:** The ACA created the Prevention and Public Health Fund (PPHF) to fund a multitude of preventions program for chronic diseases such as diabetes and heart disease. While much of this funding has been diverted to the 21st Century Cures Act and Medicare physician payments, it still provides yearly support to CDC public health programs. This portion of the ACA is likely to be repealed or diverted to other causes.

Defunding Sanctuary Cities

The President-elect has threatened to cut all federal funding to sanctuary cities. While the details of how this might be implemented are not known, this could affect federal funding received Citywide. The Department of Public Health receives about \$68 million directly from the federal government.

2017 SFPDPH STATE LEGISLATIVE PLAN

Health Reform Implementation

SFPDPH continues to support all efforts for full-scale enrollment in Affordable Care Act (ACA) coverage, including measures that seek to reduce churn among Medi-Cal and Covered California enrollees or enhance local efforts to offer premium support; and measures that strengthen the safety net and ensure that counties have sufficient funding streams to cover uncompensated care for the residually uninsured. Monitor and take positions as needed on the State's proposals in response to federal ACA changes, including coverage expansions and the individual mandate, Covered California eligibility and financing, and Medi-Cal eligibility and financing.

Medi-Cal

- **Eligibility:** SFPDPH is committed to increasing access to health care for all San Franciscans. Support proposals that protect the coverage gains realized through the ACA's Medi-Cal expansion. Support legislative and budget proposals that support enrollment and remove barriers to access for incarcerated individuals into Medi-Cal, prohibit automatic suspension of Medi-Cal for incarcerated individuals, extend Medi-Cal eligibility to pre-adjudicated adolescents, and extend Medi-Cal to otherwise eligible undocumented individuals. Oppose legislative or budget proposals that would attempt to limit health care services for undocumented residents or newly qualified immigrants.
- **Services:** Support policies and proposals that efficiently address the health needs for populations with complex, chronic conditions in the least restrictive settings and using case management approaches, including increased access to and funding for comprehensive home and community based services. Support proposals that enable individuals to easily determine eligibility for and enroll in other social services (such as WIC) once qualified for Medi-Cal. Support increased funding for special services for refugees such as patient navigators and translators to increase access to healthcare.
- **1115 Waiver:** Monitor and take positions as needed on waiver implementation legislation and state budget proposals to ensure adequate funding for public hospitals and health systems; protect the use of county funds as non-federal share for public providers; and ensure that counties can fully participate in the Whole Person Care pilots. Monitor changes to the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Pool and Global Payment Program (GPP). Monitor and take positions as needed on legislative and budget proposals seeking to adjust the 1115 waiver in response to federal changes to the Medicaid program.
- **Provider rates:** Oppose further reductions to Medi-Cal provider rates; support efforts that supplement county Medi-Cal expenditures through increased federal financial participation; and support expansion of state pilot programs testing capitated payment mechanisms for federally qualified health centers (FQHCs).
- **Value-Based Payment Models:** Increasingly, health care services funding streams are tied to performance measures. Monitor changes in value-based and other alternative payment models

and support proposals that advocate for locally-based socio-economic adjustments to payment models to ensure adequate funding for public hospitals and health systems that serve high-risk populations.

Homelessness and Supportive Housing

Support legislative and budget proposals that enhance local entities' ability to provide housing and integrated services for homeless and at-risk populations that include increased access to behavioral and chronic healthcare services.

Mental Health and Substance Use

- ***Mental Health Services Act (MHSA, Prop 63)***: Support adjustment of the allocation formula for local homeless populations, and advocate for additional MHSA funds for capital expenditures, housing supports, creation of permanent funding streams for crisis services currently funded by MHSA grants, and efforts that extend the availability of alcohol and drug treatment services to adolescents. Monitor and take positions as needed on implementation of the 2016 No Place like Home Initiative, in support of San Francisco receiving at least 6% of the repurposed Prop 63 funds for housing and outreach support to assist with homelessness and mental health.
- ***Drug-Medi-Cal***: AB 848 (2015) enhances the provision of services to residential facility clients by authorizing Medi-Cal licensing of alcohol and drug abuse residential care facilities where medical professionals provide incidental medical services to residents of the facility. Monitor and take appropriate positions on the development of AB 848 implementing regulations. Monitor proposed changes to or funding for the nascent Drug Medi-Cal Organized Delivery System, which was approved in the State's 1115 Medi-Cal waiver.
- ***Opioid Abuse Prevention and Treatment***: Limited resources are available to address the growing epidemic of opioid abuse and resulting deaths. Support proposals that fund opioid surveillance, expand emergency treatment resources, and increase capacity to provide long-term prevention and treatment services. Support legislation that would enable qualified members of a patient's medical care team (in addition to primary care physicians) to access the CURES database to monitor drug prescriptions.

Restorative Justice and Improved Jail Health

Support efforts to limit incarceration when rehabilitation or other means are available and advocate for innovative healthcare models for behavioral health for the incarcerated. Monitor and take positions as appropriate on the development of Proposition 47 allocation formulas that reduce recidivism through mental health services, substance use services, housing assistance, and oppose efforts to change the intent of Proposition 47. Support proposals that provide funding for re-entry and transition programs that serve formerly incarcerated individuals.

Public Health

- ***Population Health & Prevention***
 - Support proposals to increase funding for fully integrated core public health activities, including epidemiology, disease surveillance, communicable disease control and prevention, immunizations, public health laboratory services, environmental health, occupational

health, tobacco control, healthy eating and active living, chronic disease prevention and management, violence and injury prevention, health industry workforce development, and prevention of health care associated infections.

- Support legislation that would fund infrastructure enhancements for public health programs, or create dedicated funding streams for preventive services and activities that improve community health outcomes and reduce health disparities. Support efforts to issue health warning labels on sugar-sweetened beverages.

- **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. Support efforts to reduce barriers to rapid testing for STDs and communicable diseases at the point of care, increase access to treatment, medication and immunization.

- **Tobacco control:** Support efforts to increase tobacco taxes at the state and local levels and monitor legislative proposals to ensure that state tobacco laws are consistent with often-times more stringent local laws.

- **Emergency Response and Disaster Preparedness:** Support efforts to adequately fund Emergency Medical Services (EMS) response systems and EMS disaster preparedness initiatives; specifically, continued maintenance of the Field Hospitals, the CHEMPACK chemical incident medication caches, and state disaster response capabilities, including the volunteer medical personnel credentialing system and state branches of the CA Disaster Medical Assistance Teams.

- **Public Health Preparedness:** Support efforts to adequately fund public health preparedness, including increased funding on preparing and responding to emerging infectious diseases, increased funding on preparing health care systems for disasters and stabilized funding for public health planning and response. Develop a mechanism to quickly provide resources/funding for emerging threats.

- **Cannabis:** Monitor and take positions as appropriate on legislative and regulatory efforts related to medical and adult use cannabis with an emphasis on supporting safe access and minimizing youth exposure. Support funding for public health surveillance, research and monitor changes in drug use patterns associated with cannabis use.

- **Vision Zero:** In San Francisco, speeding is the leading collision factor in fatal and severe injury collisions. There are 139 communities in the United States with automated speed enforcement programs. Support efforts to change California state law to allow automated speed enforcement to help achieve the City's Vision Zero goal. Support legislation that expands opportunities to develop safe, high-quality environments for biking and walking.

- **Food Security:** Support legislative and budget proposals to enhance local entities' ability to provide healthy food for vulnerable residents.

Climate Change and Justice

Support efforts to mitigate and adapt to climate change and support climate justice, including

efforts to increase ability for vulnerable communities to respond to climate change and other natural disasters.

Maternal, Child, and Adolescent Health

- Support legislation that maintains or improves counties' ability to address the health and prevention needs of women, children, adolescents, and families, including legislation aimed at addressing childhood obesity, expanding health education for youth, and supporting sexual and reproductive health of women and adolescents.
- Monitor policy and programmatic changes proposed for the California Children's Services program, and support proposals that maintain flexibility for counties to administer the benefit according to local needs.
- Monitor policy and programmatic changes proposed for the Child Health and Disability Prevention 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.
- Support legislation that would expand paid parental leave policies at all business throughout the state in order to enable working families to care for their children and maintain a healthy and productive life.

Hospitals and County Health Funding

Oppose efforts to reduce funding to public hospitals, and 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. Monitor and adopt positions as appropriate on legislation that modifies the current Realignment funding system. Support additional resources for alternative care programs, such as child and adolescent psychiatric hospitals and crisis residential, hospital diversion, and partial hospitalization programs, in order to reduce the burden on public hospitals.

Long-Term Care

Support legislation that expands access to community-based services as an alternative to inpatient care. Support increased funding for public health nursing home visitation programs and pilot programs to develop residential care facilities as an alternative to psychiatric hospital and long-term care as well as to help reduce readmission rates.

Palliative Care

Support efforts that increase awareness of, provide funding for, and promote access to palliative care in all settings: acute care hospitals, skilled nursing facilities, private residences, and other long-term care facilities and clinics. Monitor and take appropriate positions on the development of palliative care standards for Medi-Cal managed care plans. Monitor implementation of the End of Life Option Act.

Workforce Development

Support proposals that expand the utilization of nurse practitioners and other qualified medical professionals to the fullest extent of their training, and initiatives that increase the supply and diversity of primary care and mental health providers to address primary care and behavioral health provider shortages.

Health Information

Inability to share patient information across programs and services can be a barrier to providing high-quality whole person care. Patients and providers must also be assured of data confidentiality. Support proposals that foster improved methods of sharing health care data to enhance service provision while maintaining a balance with reasonable levels of patient privacy protection.

2017 SFDPH FEDERAL LEGISLATIVE PLAN

Health Care Reform

SFDPH is committed ensuring that all San Franciscans have access to affordable health care, and continues to support full implementation of and funding for the Patient Protection and Affordable Care Act (ACA).

- **Support maintaining key ACA provisions that improve access to health insurance**, including the Medicaid expansion, the individual mandate, health insurance market reforms, and the state health insurance exchanges.
- **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 is routinely threatened for reduction or elimination as an offset to other spending priorities or for deficit reduction.
- **Promote increased use of Electronic Health Records (EHR) and availability of incentives for safety net hospitals.** Safety net hospitals should be granted access to accelerated Medicaid incentive payments upon documentation of plans to adopt, implement, upgrade, or meaningfully use certified electronic health record (EHR) technology, and subsequent payments upon meeting agreed-upon milestones.

Medicaid

Medicaid provides health care coverage for a significant portion of SFDPH's patients and clients. Medicaid ensures that low income San Franciscans have access to needed health care services.

- **Oppose efforts to allocate federal Medicaid funding to states through block grants or per capita calculations.**
- **Support public hospitals in caring for the uninsured and expanded Medicaid populations** through the maintenance of sufficient Disproportionate Share Hospital (DSH) payments.
- **Support Federally Qualified Health Centers.** Ensure that federally qualified health centers (FQHCs) maximize their ability to provide quality health care services to low income San

Franciscans. This includes increased grants that fund insurance enrollment services and adequate renewal of the Community Health Centers Fund.

- **Support Medicaid funding for jail inmates.** Medicaid does not cover inmate health care costs. Medicaid coverage for jail inmates would not only provide for improved health care access in the jail, but also provide for a smoother transition into needed services in the community upon reentry.
- **Plan for Improved Long-Term Care and Increased Community-Based Capacity.** Given the aging U.S. population, capacity-building efforts under Health Reform should include long-term services and community-based initiatives that are critical to maintaining health and building capacity in the workforce.

LGBT Health

- **Support sufficient access to full spectrum of transgender health services through increased Medicare provider rates.** Medicare recently amended payment policies to cover gender reassignment surgery as medically necessary. However, Medicare reimbursement rates for the procedure are too low to ensure sufficient provider participation. This problem is compounded for persons dually eligible for Medicare and Medicaid, due to Medicare/Medicaid first payer rules.
- **Promote the use of consistent methods to accurately collect gender, identity, and sexual orientation data** through the National Institutes of Health recently released five year Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities.

Increase funding for Ryan White programs and oppose efforts to reduce funding. 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. Ryan White programs provide funding for local HIV/AIDS outreach and treatment, including programs that specifically target minority populations. Current funding enables SFPD to provide outreach, medical care, behavioral health supports, and substance use counseling services to more than 500 San Franciscans living with HIV/AIDS.

Behavioral Health

San Francisco is committed to supporting recovery and success for the severely mentally ill, and often dually diagnosed, adults.

- **Remove the Institute for Mental Disease (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.
- **Support modification to federal regulations to reduce barriers to sharing critical health information, including substance use data among clinicians.** Federal law, CFR 42 Part 2, restricts disclosure of clinicians sharing information about substance-use diagnoses and

medications. This jeopardizes coordinated care and health outcomes to patients. CFR 42, Part 2 should be fully aligned with HIPAA and allow for substance use disorders, mental health and physical care data to be shared across providers in a health system.

- ***Expand federal funding criteria to include harm reduction housing for chronic inebriates.***
- ***Increase capacity to provide behavioral health services by enabling the utilization of alternative care providers such as psychiatric nurse practitioners.***

Restorative Justice and Improved Jail Health

Support efforts to limit incarceration when rehabilitation or other means are available and advocate for innovative healthcare models for behavioral health for the incarcerated.

Opioid Abuse Prevention and Treatment

Limited resources are available to address the growing epidemic of opioid abuse and resulting deaths. Support proposals that fund opioid surveillance, expand emergency treatment resources, and increase capacity to provide long-term prevention and treatment services, including fully appropriating the funding authorized under the Comprehensive Addiction and Recovery Act for the implementation of the Department of Justice’s Comprehensive Opioid Abuse Grant Program.

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. The health system is also moving toward a team-based approach, utilizing a combination of primary care physicians, nurses, medical assistants, and other professionals to provide care.

- ***Utilize Nurse Practitioners and Other Qualified Medical Professionals to Increase Capacity.*** In order to increase the primary care capacity of the safety net system, nurse practitioners and other qualified professionals such as medical assistants, should be utilized to the fullest extent of their education and training, and options for expanding training for advance practice nurses should be adopted.
- ***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.

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.

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- **Increase Public Health Emergency Preparedness Funding:** Local health departments play a vital role in maintaining National Health Security. They perform multiple functions to ensure the safety and well-being of America's communities in the face of potential public health emergencies.
 - **Increase Funding for the Hospital Preparedness Program:** The Hospital Preparedness Program provides leadership and funding through grants and cooperative agreements to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Climate Change and Justice

Support efforts to mitigate and adapt to climate change and support climate justice, including efforts to increase ability for vulnerable communities to respond to climate change and other natural disasters.

Disease Prevention and Treatment Strategies

Support and increase funding for federal fully integrated infectious disease prevention, control, and treatment strategies, including:

- **HIV/AIDS:** San Francisco is working to achieve the UNAIDS vision of "Getting to Zero": zero new HIV infections, zero HIV deaths, and zero HIV stigma by 2020. Increase funding to achieve full integration citywide of the goals of the National HIV/AIDS Strategy, including surveillance, care, treatment, prevention, and housing. If total federal funding remains flat, San Francisco will see a decrease of 25 to 50 percent for HIV prevention, surveillance, treatment, and housing in the next five years.
- **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 areas. Expedite Food & Drug Administration and Centers for Medicare and Medicaid Services approval of new treatment for HCV.
- **STD:** Increase resources for STD prevention as outlined in the National Prevention Strategy. Advocate for continued CDC funding for STD control in San Francisco, as reduced funding directly equates to reduced ability to respond to this important public health issue. CDC's Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) program supports disease investigators and epidemiologists, who are responsible for monitoring and curbing the spread of STDs in San Francisco.
- **Tuberculosis:** San Francisco's case rate of TB is amongst the highest in the nation, while Federal funding to fight TB has been cut disproportionately at CDC, and infrastructure for direct clinical services and core public health functions has deteriorated. Local public health TB programs rely on federal funding to support public health activities like contact investigation, field services, and legal enforcement. Twenty percent of California's TB cases are among undocumented residents who are eligible to receive care only at their local health department.
- **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program:** MIECHV is implemented through competitive federal grants is currently funded through FY 2017. In

San Francisco, the Nurse Family Partnership is implemented with a federal grant from MIECHV. Support legislation that would transition the MIECHV program to a funded service under Medi-Cal.

- ***Racial and Ethnic Approaches to Community Health (REACH)***: REACH is a national program administered by the CDC to reduce racial and ethnic health disparities. This program is slated to be reduced or eliminated in the FY 2017 federal budget. Oppose reductions in this program and support increase funding for chronic disease prevention.

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:*** Support policy goals in the Farm Bill that promote food security and obesity prevention, including sufficient funding for Supplemental Nutrition Assistance Program (SNAP) benefits and the SNAP-Ed nutrition education program, the Emergency Food Assistance Program (TEFAP), Commodity Supplemental Assistance Program (CSFP), and other nutrition programs such as expansion of the Fresh Fruit and Vegetable Program and the Food Insecurity Nutrition Incentive Program.
- ***SNAP benefits should be adjusted for high housing costs,*** and the SNAP Restaurant Meals program for participants without the ability or means to cook, such as the elderly, disabled, and homeless should be protected and expanded.
- ***Promote regional food systems*** and economic growth by supporting the Farmers Market Promotion Program, the Healthy Food Development Fund, the Healthy Food Financing Initiative, the Food Hub initiative, Community Food Projects, and the Beginning Farmers and Ranchers Development Program.
- ***Support Childhood Nutrition Efforts.*** Oppose efforts to subvert the provisions of the Hunger-

Free Kids Act of 2010 designed to improve school meals. Support funding to help finance improvements to school lunch facilities, train school food service personnel and for other purposes.

- ***Protect the Women, Infant, and Children's (WIC) Supplemental Nutrition Program.*** Support legislation that protects and enhances annual funding for the Women, Infant, and Children's (WIC) Supplemental Nutrition Program, including adequate funding to meet caseload.