

**Edward A. Chow, M.D.**  
President

**David Pating, M.D.**  
Vice President

**Dan Bernal**  
Commissioner

**Cecilia Chung**  
Commissioner

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

**James Loyce, Jr., M.S.**  
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

**Mark Morewitz, M.S.W.**  
Executive Secretary

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**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday, June 6, 2017, 4:00 p.m.**

**101 Grove Street, Room 300 or Room 302**

**San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow M.D., President  
Commissioner Dan Bernal  
Commissioner James Loyce, Jr., M.S.  
Commissioner David Pating, M.D.  
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner Cecilia Chung  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC

The meeting was called to order at 4:01pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF MAY 16, 2017**

Commissioner Pating requested the following revision be made under item 6, "STDs in San Francisco in the Era of Getting to Zero:

*"Commissioner Pating asked if there is ~~a possibility~~ **consideration** of moving away from condom messages for STD prevention and instead focus on messages to test **for STDs.**"*

**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>

**Federal Policy**

**President Trump's Proposed FY 2018 Budget**

The Trump Administration released its FY 2018 budget on May 23<sup>rd</sup>. As proposed, the \$4.1 trillion budget would make significant reductions to several safety net and other domestic programs while leaving Medicare and Social Security intact. Total spending cuts over the next decade would total \$3.6 trillion. The final FY 2018 budget will most certainly look different from this initial proposal by the Administration. The House and Senate appropriations committees will work on their own spending bills, which will need

to be reconciled with each other and approved by each chamber before going to the President for his signature. SFDPH will continue to monitor these conversations as they proceed. Below are some of the key areas of interest to SFDPH:

- **Medicaid and the Affordable Healthcare Act (ACA):** The budget assumes adoption of the American Health Care Act (AHCA) that passed the House of Representatives and proposes reducing health care spending by more than \$1.85T; including \$1.25T from the repeal and replace of the ACA, and an additional \$610B in Medicaid funding cuts. The majority of these reductions would result from ending the ACA's Medicaid expansion and replacing it with a per capita cap or a block grant. States like California that expanded Medicaid under the ACA would also lose the enhanced federal funding for that expansion. Medicaid funds would not be permitted to be allocated to entities that provide abortions, including Planned Parenthood. Additionally, the budget bars Planned Parenthood from participating in any federal programs, effectively defunding the organization.
- **Centers for Disease Control and Prevention (CDC):** The Administration proposes reducing the budget for the CDC by \$1.3B or 17% in FY2018. This includes a \$186M cut in programs at the CDC's center on HIV/AIDS, hepatitis and other sexually transmitted diseases. The CDC's chronic disease prevention programs, such as diabetes, heart disease, stroke and obesity, would be cut by \$222 million. It is unclear how these reductions would be implemented and the impact on grant programs at DPH.
- **Children's Health Insurance Program (CHIP):** Though it extends the CHIP program through 2019, the proposed budget would reduce CHIP funding by approximately 20% for the next two years. CHIP funding would be cut by eliminating the 23% increased federal funding match added by the ACA and no longer providing federal CHIP dollars for children in families with incomes above 250% of the federal poverty level. CHIP funding helps support San Francisco's Healthy Kids program.
- **National Institutes of Health (NIH):** Though likely to have little or no direct financial impact on SFDPH, proposed cuts to the NIH budget reduce important investments in medical treatments and basic science. The budget proposal would reduce the NIH budget by nearly \$6B, to about \$26B.
- **Behavioral Health:** The proposed budget adds \$500M to fight the opioid epidemic, but cuts nearly \$891M from NIH's behavioral health research and SAMHSA grants for states and local health departments for mental health and substance use outreach and treatment.

### **The Congressional Budget Office's Report on the Amended American Health Care Act**

On May 4th, the House of Representatives passed the American Health Care Act (AHCA) without the Congressional Budget Office's (CBO) report to understand its impact on Americans and the federal budget. Twenty days later, the CBO released new estimates for the House-passed version of AHCA, and projects an increase in the number of people without health insurance by 14M people next year and 23M by 2026. It is estimated that 51M people under the age of 65 would be uninsured by 2026.

The CBO report also estimates that premiums would increase about 20% in 2018 and 5% in 2019. Starting in 2020, average premiums would depend in part on any waivers granted to states. Under the passed House bill, states could seek waivers for certain provisions, including one that requires insurers to provide a minimum set of essential health benefits (EHB) and another that prohibits them from charging higher premiums based on a person's health status (community rating). In states that do not seek waivers, premiums would be 4% lower in 2026 and in states that do seek partial waivers estimate reductions range from 10 – 30%. Benefits likely to be excluded from the EHB in some states include maternity care, mental health and substance abuse benefits, rehabilitative services and pediatric dental care. These exclusions would increase out-of-pocket spending for people by thousands of dollars in those states.

States that seek waivers involving both provisions could make insurance economically out of reach for some sick consumers and those with pre-existing conditions. It would cause individuals with pre-existing conditions to face extremely high premiums despite the supplementary funding for high risk pools. Additionally, because of the removal of the ACA's ban on annual and lifetime limits of covered benefits, some people with pre-existing conditions would be locked out of the insurance market altogether.

The implementation of the AHCA would reduce the federal deficit by \$119B between 2017 and 2026, less than the first version of the AHCA, which the CBO said would save \$337B over 10 years. The new estimate calculates that the AHCA would cost \$218B more than original version of the bill but only a decrease of 1M over its original estimate of 24M people losing insurance by 2026. To summarize the cost differences between the two versions of the bill, the final version the House voted on would spend an additional \$218B to insure 1M additional people. The CBO report highlights important aspects around coverage, premium costs and government spending that will be a crucial discussion as the Senate deliberates the ACHA.

### **The Fate of Cost Sharing Subsidies for our Most Vulnerable Residents**

Cost-sharing subsidies are one of two major types of assistance the ACA provides to most people who buy private health plans through the marketplaces. They focus on lower-income ACA customers, and reach nearly six in ten people.

When the marketplaces opened in 2014, House Republicans sued the Obama administration to stop the cost-sharing payments because they believed the funding was not properly authorized. Last year, a federal court agreed, and the White House under the Obama Administration appealed the ruling, allowing the funding for the cost-sharing subsidies to continue. The Trump Administration has the ability to withdraw the White House appeal. On May 22, 2017 The Trump administration and House Republicans asked for a postponement to respond to the federal court case, which means the government will continue to provide the subsidies at least through much of the summer. The postponement has heightened worries for insurers around the destabilization of the health care market.

In anticipation of the Trump Administration's actions, California Attorney General Xavier Becerra along with attorneys general from 13 states and the District of Columbia filed a motion to intervene in the court case to protect health care access for millions of Americans. Attorneys general and proponents of the ACA have said the Trump Administration's threats to withhold the payments already have created uncertainty in the marketplaces and are part of the reason for recent increased premiums. The House-passed AHCA eliminates cost sharing reduction subsidies in 2020. Preserving the cost sharing subsidies is critical to help ensure millions of Californians retain access to health insurance, and avoid additional spending on health care by the California state government.

## **State Policy**

### **New Fiscal Analysis Released on Bill to Establish Universal Health Care in California**

SB 562, a California bill introduced in February 2017 for a single-payer health care system, would establish a publicly run health care plan that would cover everyone living in California, including those without legal immigration status. This bill would dramatically change the health care landscape in California, as the state would pay for all medical expenses, including inpatient, outpatient, emergency services, dental, vision, mental health and nursing home care.

The Senate Appropriations Committee recently released a fiscal analysis of SB 562 that found that the projected costs associated with the proposed bill would total \$400B per year, which exceeds the total

California State budget. About half would come from existing federal, state, and local funding sources, leaving about \$200B in additional tax revenues needed to pay for the remainder of the program cost. The analysis notes that the overall cost of any new tax revenues would be offset to a large degree by reduced spending on health care coverage by employers and employees and result in between \$50 and \$100B of new spending per year.

While the bill would extend comprehensive health care coverage to all 39M California residents, the analysis found that there is tremendous uncertainty in how such a system would be developed, how the transition to the new system would occur, and how participants in the new system would behave. The San Francisco Board of Supervisors passed a resolution urging the legislature to support the bill. The measure was approved by the Senate Health Committee (Apr 26th), the Appropriations Committee (May 22nd), and a suspense file hearing (May 25th) and it was scheduled for the Senate floor on the last week of May.

### **Behavioral Health receives additional NACo Award**

The National Association of Counties (NACo) has granted the City and County of San Francisco, Department of Public Health (DPH), another 2017 Achievement Award for its Vocational Rehabilitation Employment and Training Programs in the category of Health. This is the second 2017 Achievement Award for DPH. Previously, DPH was granted an Achievement Award for its Peer-to Peer Programs.

The Vocational Rehabilitation Employment and Training Programs is a service category under the DPH Mental Health Services Act (MHSA) Program. The category includes 10 vocational programs that are designed to ensure that individuals with serious mental illness and co-occurring disorders are able to secure meaningful and long-term employment. In collaboration with the California Department of Rehabilitation, San Francisco DPH has identified a need for various training and employment support programs to meet the current labor market trends and employment skill-sets necessary to succeed in the competitive workforce. NACo Awards honor innovative and effective county government programs that enhance services for residents.

### **Primary Care receives Kaiser grant for PHASE program**

Preventing Heart Attacks and Strokes Everyday (PHASE) is an evidence-based, cost effective combination of medications and lifestyle counseling that can reduce heart attacks and strokes, especially among those with heart conditions or diabetes. With funding and the expertise of their physicians, Kaiser Permanente has been sharing PHASE with community clinics and public hospitals since 2006.

The renewed funding initiative from Kaiser Permanente will support San Francisco Health Network (SFHN) Primary Care's continued work on improving the cardiovascular health of the patients we serve, which is one of our strategic True North priorities. Over the last decade, Primary Care has used PHASE funding to build core components of population health management for our patients: proactive team-based care, registries, and data-driven improvement.

Prior PHASE activities from 2015-2016, led by Ellen Chen, MD and Judith Sansone, RN have resulted in:

- Improved blood pressure control for hypertensive patients from 61% to 69% in the 12 adult primary care clinics;
- Improved tobacco cessation counseling referrals from 50% to 84% for all adults among the 14 primary care clinics.
- Improved blood pressure control for Black African American hypertensive patients from 53% to 62% by using an equity lens in quality improvement and partnering with Population Health Division's Healthy Heart leaders;
- Primary Care trainings for 100 nurses, 20 Behavioral Health Assistants, and 12 clinical pharmacists in hypertension management, tobacco cessation counseling, and chronic kidney disease management, respectively;

- Proactive engagement of patient advisors as quality improvement partners.

With the upcoming funded initiative in 2017-2019, SFHN Primary Care plans to sustain and spread the PHASE program to reduce heart attacks and strokes by:

- Expanding the program to all adult primary care clinics within the SFHN;
- Developing data capacity for standardized reporting and dynamic data visualization;
- Expanding and standardizing roles and responsibilities of care team members;
- Developing and training nurses and pharmacists to provide independent diabetes and hypertension management via standard work and protocols;
- Enhancing self-management support for healthy lifestyles through tobacco cessation counseling and linking patients to community resources, particularly access to healthy foods.

### **DPH Joins Region in Summer Safety Message**

The San Francisco Department of Public Health joined with eight other Bay Area counties in a summer safety message that focused on drowning response and CPR training. Drowning is a leading cause of unintentional death in children ages 1 to 4, and the fifth leading cause of unintentional injury death for people of all ages. There have been a total of 201 deaths by drowning since 2012 in the Bay Area counties of Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma – 32 of those happened in San Francisco.

The June 1 announcement went out to media across the Bay Area, serving as an exercise in coordinated media response among regional health departments, in addition to giving valuable summer safety tips that benefit local communities. <https://www.sfdph.org/dph/comupg/aboutdph/newsMedia/default.asp>

### **ZSFG Community Wellness Center Presents Summer Fest June 16**

The Community Wellness Program at Zuckerberg San Francisco General (ZSFG) is hosting our annual Summer Fest with the theme “*Connecting People to Wellness & Community*”! Our goal for this year is connecting people to community resources as a sanctuary city and to inspire wellness behaviors. We are committed to serving diverse populations of San Francisco with compassion and cultural sensitivity. Hundreds of participants visit our hospital-wide event annually, where we celebrate healthy living, culture, families and community wellness!

We will be celebrating with energizing activities that include boogying to rhythmic drums, dancing to world beats, sharing healthy foods from around the world and MORE-- and it’s all FREE!

Save the date! The event will be held on Friday, June 16<sup>th</sup>, 2017 from 11am to 2 pm in the ZSFG Community Wellness Center and the hospital cafeteria. Please help us spread the word by encouraging your staff, colleagues, patients/clients, and community to join us at Summer Fest!

### **Invitation to June 25 PRIDE Parade**

The SFDPH has participated in San Francisco’s LGBT Pride Parade for many years. Last year, we were happy to see our largest contingent ever, made up of 85 people from various branches of the Health Department and we would like to have an even larger contingent of people this year. The theme for this year’s SF LGBT Pride event is “A Celebration of Diversity.”

This year’s SFDPH contingent will include staff from Community Health Equity & Promotion (CHEP), as well as Environmental Health, Communications, Laguna Honda Hospital, HIV Health Services, Zuckerberg San Francisco General Hospital, Bridge HIV and the San Francisco/Marin Medical Services group marching the parade route. We will be distributing condoms, lube, sexual health and Pre-exposure Prophylaxis (PrEP) information and resources to the crowd as we make our way down the parade route.

We would like to invite all SFDPH staff from as many branches as possible to march with our parade contingent this year, on Sunday, June 25, 2017. If you are interested in marching, please contact Brandon Ivory at [Brandon.Ivory@sfdph.org](mailto:Brandon.Ivory@sfdph.org) for theme, meeting time and location information.

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning gave updates on President Trump's budget proposal and the Congressional Budget Office's Report on the Amended American Health Care Act.

#### **4) GENERAL PUBLIC COMMENT**

There was no public comment.

#### **5) FINANCE AND PLANNING COMMITTEE**

Commissioner Chow stated that in the absence of Commissioner Chung, he chaired the Finance and Planning Committee. He also stated that he appreciated that the Finance staff presented the contracts on the Consent Calendar by service and category which made the review of many contracts a logical process. He added that the Committee also heard a Prop. I request for the relocation of Central City Behavioral Health Services. The SFDPH 3<sup>rd</sup> quarter financial report and several reports on sole source contract were also presented at the meeting. He noted that the committee recommended that the Health Commission approve all the items on the Consent Calendar.

#### Commissioner Comments:

Commissioner Pating asked if the Proposition 47 funds will be reoccurring. Director Garcia stated that the funds have a three year funding cycle and added that it is not clear if the SFDPH can reapply at the end of three years.

#### **6) CONSENT CALENDAR**

Action Taken: The Health Commission unanimously approved the following:

- JUNE 2017 CONTRACTS REPORT REQUEST
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HARDER + COMPANY COMMUNITY RESEARCH, IN THE AMOUNT OF \$242,668, FOR CONSULTANT SERVICES IN SUPPORT OF THE LAW ENFORCEMENT ASSISTED DIVERSION SAN FRANCISCO (LEAD SF) PROGRAM, FOR THE PERIOD JULY 1, 2017 THROUGH AUGUST 31, 2019 (2 YEARS, 2 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH FELTON INSTITUTE, IN THE AMOUNT OF \$1,035,007, FOR OUTREACH, TRANSPORTATION, AND CASE MANAGEMENT SERVICES IN SUPPORT OF THE LAW ENFORCEMENT ASSISTED DIVERSION SAN FRANCISCO (LEAD SF) PROGRAM, FOR THE PERIOD JULY 1, 2017 THROUGH JUNE 30, 2019 (2 YEARS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH THE SALVATION ARMY, IN THE AMOUNT OF \$4,546,265, FOR SUBSTANCE ABUSE DISORDER (SUD) AND MENTAL HEALTH TREATMENT SERVICES AS PART OF THE PROMOTING RECOVERY AND SERVICES FOR THE PREVENTION OF RECIDIVISM (PRSPR) PROGRAM, FOR THE PERIOD JULY 1, 2017 THROUGH AUGUST 31, 2020 (3 YEARS, 2 MONTHS).
- RELOCATION REQUEST FOR CENTRAL CITY BEHAVIORAL HEALTH SERVICES (PROP. I HEARING)
- REQUEST FOR APPROVAL OF ANNUAL DPH SOLE SOURCE CONTRACTS LIST UNDER CHAPTER 21.42 OF THE SAN FRANCISCO ADMINISTRATIVE CODE

#### **7) PROPOSITION Q HEARING: ST. MARY'S MEDICAL CENTER PROS AND WOUND CLINIC CLOSURE**

Krishna Patel, Health Program Planner, introduced the item. Pamela Lindermoen, St. Mary's Medical Center CEO/President, and Dr. Robert Murray, St. Mary's Medical Center Chief Medical Officer answered questions.

Ms. Lindermoen apologized on behalf of St. Mary's Medical Center for the delay in voluntarily reporting the closure and therefore not following the Proposition Q required process. She added that, as noted in the materials submitted, there was an interim President at St. Mary's Medical Center at the time of the closure. She also stated that the hospital is committed to adhering to the Proposition Q process in the future.

Commissioner Comments:

Commissioner Chow acknowledged the presence of Margine Sako, Vice President of Philanthropy and External Relations, and a former Health Commissioner.

Commissioner Chow noted that it has been almost a year since the clinic closed. He asked if there have been any problems referring out wound care. Dr. Murphy stated that the PROS and Wound Clinic began as a plastics and reconstruction center; it gradually transitioned into a wound center that was losing money. He noted that there have been no reported issues with referring out wound care. He also stated that St. Mary's is in conversation with UCSF with how the two medical centers can assist one another with various service lines.

Commissioner Pating asked if there are home health and Veterans Administration options for wound care referrals. Dr. Murphy stated that the type of wound service offered was operative and post-operative care. He noted that home health care would likely not be the correct type of service to deal with this type of wound care.

Commissioner Sanchez stated that he is personally familiar with the long history of St. Mary's Medical Center and its many years of service to the people of San Francisco. He encouraged St. Mary's Medical Center to collaborate with its partners to reevaluate which populations they can best serve. Ms. Lindermoen stated that a primary focus of her early tenure as CEO/President has been to evaluate what St. Mary's can best offer to San Franciscans.

Commissioner Pating requested that the resolution include information noting that the majority of the clinic's patients were commercially insured or had Medicare coverage.

Commissioner Loyce asked if any of the PROS and Wound Clinic patients still being served by St. Mary's Medical Center in other clinics. He suggested that the hospital utilize its ongoing relationship with any of these patients to determine the outcome of the PROS and Wound Clinic closure. Dr. Murphy stated that a small number of patients still access St. Mary's clinics. He noted that none of the patients have given any negative feedback on the clinic closure. Ms. Sako stated that she will search through the St. Mary's databases in an attempt to track a subset of these patients and their outcomes.

Commissioner Bernal asked if St. Mary's Medical Center has received any feedback from agencies and organizations who serve seniors regarding the impact that the clinic closure has had on seniors in San Francisco. Ms. Sako stated that St. Mary's Medical Center received no complaints or negative feedback.

Commissioner Chow asked for more information regarding the status of the employees of the closed clinic. Ms. Lindermoen stated that all but three employees of the clinic were transferred to other services within St. Mary's Medical Center; these three were offered and accepted severance packages.

Commissioner Loyce requested that the resolution note the demographics of the patient population of the clinic.

Director Garcia encouraged St. Mary's Medical Center to share the Prop. Q policy with all Executive staff so there is appropriate institutional memory. She added that the SFDPH can be a resource in helping to make decisions which are in the best interest of the community when considering a closure of a service.

Commissioner Chow stated that in addition to reviewing the specific information regarding a proposed service closure, the Proposition Q process helps to illuminate other relevant city-wide issues that may impact services in the community. He noted that the second hearing on this issue will take place on June 20, 2017 and at that time the Health Commission will approve a resolution on this item.

**8) RESOLUTION: IN SUPPORT OF PROPOSED BOARD OF SUPERVISORS ORDINANCE PROHIBITING THE SALE OF MENTHOL AND OTHER FLAVORED TOBACCO PRODUCTS IN SAN FRANCISCO**

Alice Hu-Nguyen, SFDPH Community Health Equity and Promotion, presented the resolution, which was introduced at the May 16, 2017 Community and Public Health Committee.

Commissioner Comments:

Commissioner Bernal thanked Ms. Hu-Nguyen for the thorough and illuminating presentation. He also commended Supervisor Cohen for her leadership on this issue. He asked whether other jurisdictions have passed similar ordinances. Ms. Hu-Nguyen stated that she will follow-up with Mr. Morewitz regarding other jurisdictions that that passed related measures.

Commissioner Pating asked for an update on the San Francisco Board of Supervisors timeline regarding this item. Ms. Hu-Nguyen stated that the issue would be heard at the Public Safety and Neighborhood Services Committee on June 13, 2017. Colleen Chawla, Deputy Director of Health and Director of Policy and Planning stated that if the Health Commission approves the resolution, she will forward it to Supervisor Cohen.

Commissioner Chow stated that it is a good time for the Health Commission to encourage San Francisco to move forward on this important public health issue.

Commissioners Pating and Loyce requested that during the next Community and Public Health Committee Black African American Health Initiative update, that the issue of the Tobacco industry targeting the local African American community be presented.

Action Taken: The Health Commission unanimously approved the resolution. (see attachment)

**9) UPDATE ON THE MAYOR'S FY2017-2019 BUDGET**

Greg Wagner, SFDPH CFO gave the presentation.

Commissioner Comments:

Commissioner Pating asked for clarification regarding how new programs can be proposed without creating new positions. Mr. Wagner stated that existing requisitions and some vacant positions have been reassigned.

Commissioner Chow stated that the budget outlook is very positive and allows the SFDPH to have some infrastructure improvements and provide cost-of-living increases to the SFDPH non-profit partners. He complimented Director Garcia for her leadership, in addition to Mr. Wagner, Ms. Louie and all the staff working together to develop the progressive budget.

Commissioner Sanchez stated that the budget is exceptional. He asked for more information on how existing requisitions were reassigned. Mr. Wagner stated that there was an effort to ensure that no one program area would have the bulk of reassignments. He also noted that for some positions in which the funded ended, the requisition was reassigned to an area of need.

Commissioner Loyce asked if the Board of Supervisors or Budget Analyst has given feedback or analysis on the proposed budget. Mr. Wagner stated that he has been conversations with both the BOS and the City Budget Analyst and that nothing has been shown to be problematic.

Commissioner Bernal asked for more information regarding the proposed mental health reductions. Mr. Wagner stated that this reduction relates to the Mental Health Services Act funds paid from the State to the City. The State projects the amount it will pay the City and then actual payment amounts may differ.

**10) OTHER BUSINESS:**

Commissioner Pating suggested that the Health Commission consider a resolution at a future meeting that supports San Francisco's efforts to mitigate the local impact of climate change.

**11) JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Pating, who chaired the May 23, 2017 ZSFG JCC meeting, stated that the Committee reviewed the standard reports including the Regulatory Affairs Report, Hospital Administrator's Report, Patient Care Services Report, Human Resources Report, and Medical Staff Report with no action items. In addition, the Committee also heard presentations on the innovative Zuckerberg Patient Care Quality Improvement Fund. Updates on this item will continue to be heard at the JCC every six months as the timeline for all phases of this fund are fully developed. A presentation on the summary of ZSFG strategic plans called "The ZSFG Way" was also discussed. In closed session, the Committee approved the Medical Staff Credentials Report and PIPS minutes.

**12) COMMITTEE AGENDA SETTING**

Mr. Morewitz stated that the July 18, 2017 Health Commission meeting will take place in Visitation Valley and will focus on public health issues in that neighborhood.

**13) CLOSED SESSION**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11) and to invoke the attorney-client privilege (San Francisco Administrative Code Section 67.10(d))
- D). Closed Session pursuant to Cal. Government Code Sec. 54957(b) and S.F. Adm. Code Sec. 67.10(b):

PUBLIC EMPLOYEES PERFORMANCE EVALUATIONS: Director of Health - Barbara Garcia and Health Commission Executive Secretary -- Mark Morewitz (ACTION)

- E) 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 not to disclose discussions held in closed session.

**14) ADJOURNMENT**

The meeting was adjourned at 6:46pm.

**HEALTH COMMISSION  
RESOLUTION NO. 17-05**

**IN SUPPORT OF PROPOSED BOARD OF SUPERVISORS ORDINANCE PROHIBITING THE SALE OF MENTHOL AND  
OTHER FLAVORED TOBACCO PRODUCTS IN SAN FRANCISCO**

WHEREAS, the San Francisco Health Commission adopted a resolution in 2011 asking the US Food and Drug Administration to take action to address menthol cigarettes as a starter product and intentional targeting by the industry of African-American and other communities, leading to devastating health impacts over recent decades; and

WHEREAS, the US Food and Drug Administration has not taken action on the menthol cigarette issue after considerable deliberation; and

WHEREAS, the federal Family Smoking Prevention and Tobacco Control Act (FSPTCA), enacted in 2009, prohibited candy- and fruit-flavored cigarettes,<sup>i</sup> largely because these flavored products were marketed to youth and young adults,<sup>ii</sup> and younger smokers were more likely to have tried these products than older smokers;<sup>iii</sup> but this legislation omitted menthol cigarettes; and

WHEREAS, the U.S. Surgeon General and Food and Drug Administration<sup>iv</sup> have stated that mentholated and flavored products have been shown to be “starter” products for youth who begin using tobacco<sup>v</sup> and that these products help establish tobacco habits that can lead to long-term addiction;<sup>vi</sup> and

WHEREAS, the tobacco industry has been manipulating the dose of menthol in cigarettes to ensure the uptake and continued use of tobacco, especially by young people and other vulnerable populations for many years;<sup>vii</sup> and

WHEREAS, tobacco companies have used flavorings such as mint and wintergreen in smokeless tobacco products as part of a “graduation strategy” to encourage new users to start with products with lower levels of nicotine and progress to products with higher levels of nicotine;<sup>viii</sup> and the tobacco industry has a well-documented history of developing and marketing mentholated brands to communities of color and youth;<sup>ix</sup> and

WHEREAS, people aged 12 and above from communities of color are more likely to smoke mentholated cigarettes, as evidenced by the percentage of people who smoke that reported smoking mentholated cigarettes in the last month including:<sup>x</sup>

- 82.6% of Black or African Americans who smoke cigarettes;
- 53.2% of Native Hawaiians or Other Pacific Islanders who smoke cigarettes;
- 36.9% of individuals with multiracial backgrounds who smoke cigarettes;
- 32.3% of Hispanic or Latinos who smoke cigarettes;

- 31.2% of Asians who smoke cigarettes;
- 24.8% of American Indian or Alaska Natives who smoke cigarettes; and
- 23.8% of White or Caucasians who smoke cigarettes; and

WHEREAS, between 2004 and 2014 use of non-menthol cigarettes decreased among all populations, but overall use of menthol cigarettes increased among young adults (ages 18-25) and adults (ages 26+);<sup>xi</sup> and a New York study found that price reduction promotions for menthol cigarettes are disproportionately targeted to youth markets;<sup>xii</sup> and

WHEREAS, smoking mentholated cigarettes reduces the likelihood of successfully quitting smoking;<sup>xiii</sup> and

WHEREAS, scientific studies on the impact of a national ban of menthol in cigarettes found 36.5% of menthol cigarette users would try to quit smoking if menthol were banned<sup>xiv</sup> and between 300,000 and 600,000 lives would be saved by 2050;<sup>xv</sup> and

WHEREAS, in California, 64 percent of smokers start smoking by age 18, and 96 percent start smoking by age 26.<sup>xvi</sup> Further, young adults ages 18 to 24 have the highest smoking prevalence of any age group in the state;<sup>xvii</sup> and,

WHEREAS, since the passage of the FSPTCA in 2009, a new class of flavored products been developed and has replaced prohibited flavored cigarettes, including myriad flavors of e-cigarettes and little cigars, which grow in popularity every year, especially among youth and communities of color; and

WHEREAS, a survey conducted by the San Francisco Unified School District found that in 2015-16, 23% of 11<sup>th</sup> graders have ever tried an electronic cigarette or vaping device in the last 30 days, an increase from 16% of 11<sup>th</sup> graders in 2013-14, while cigarette use among 11<sup>th</sup> graders stayed the same at 11% ever trying a whole cigarette;<sup>xviii</sup> and

WHEREAS, the California Attorney General has stated that electronic cigarette companies have targeted minors with fruit-flavored products;<sup>xix</sup> and

WHEREAS, adding flavorings to tobacco products such as little cigars, cigarillos, and smokeless tobacco can mask the natural harshness and taste of tobacco, making these products easier to use and increasing their appeal among youth;<sup>xx</sup> and

WHEREAS, young people are much more likely to use candy- and fruit-flavored tobacco products, including cigars, cigarillos, and hookah tobacco, than adults;<sup>xxi</sup> and

WHEREAS, the consumption of flavored tobacco has grown in recent years. From 1995 to 2008, sales of little cigars increased by 316 percent.<sup>xxii</sup> Flavored brands (including youth-appealing types such as apple, cherry, chocolate, grape, peach, strawberry, and vanilla<sup>xxiii</sup>) make up nearly four-fifths of the little cigar market share.<sup>xxiv</sup>

WHEREAS, 70% of tobacco retailers within 1,000 feet of San Francisco schools sell flavored tobacco products (and nearly all sell mentholated cigarettes);<sup>xxv</sup> and

WHEREAS, San Francisco spends over \$380 million a year on tobacco-related costs, including medical expenses, loss of productivity, and secondhand smoke exposure;<sup>xxvi</sup> just one measure of the significant human toll of tobacco use in the community.

RESOLVED, that the San Francisco Health Commission resolutely supports the prohibition of menthol and other flavored tobacco product sales in San Francisco with the aim of discouraging youth use and protecting the most vulnerable communities from these products; and

FURTHER RESOLVED, that the San Francisco Health Commission encourages the Board of Supervisors to extend protections to all San Franciscans that were intended in the 2009 Federal law that prohibited most flavored cigarettes with the omission of menthol cigarettes; and

FURTHER RESOLVED, that the San Francisco Health Commission strongly supports local action to protect public health and encourages a long term strategy that protects the health of San Franciscans.

I hereby certify that the San Francisco Health Commission at its meeting of June 6, 2017 date adopted the foregoing resolution.

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Mark Morewitz  
Health Commission Executive Secretary

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<sup>i</sup> 21 U.S.C. § 387g.

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<sup>iv</sup> Food and Drug Administration. 2011. *Fact Sheet: Flavored Tobacco Products*, [www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183214.pdf](http://www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183214.pdf); U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 539, [www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf](http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf)

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<sup>vi</sup> U.S. Food and Drug Administration. Flavored Tobacco Product Fact Sheet. 2011. <http://www.fda.gov/syn/html/ucm183198>. U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. *Preventing Tobacco Use Among Youth and Young Adults A Report of the Surgeon General*. 2012. <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>.

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