

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

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 16, 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 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.

Excused: Commissioner Dan Bernal

The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF May 2, 2017

Mr. Morewitz noted that the Health Commission voted on a revised set of minutes that had the final May 2, 2017 Director's Report included in the document.

Action Taken: The Health Commission unanimously approved the revised minutes.

3) 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>

U.S. Federal Budget - FY 2017 Omnibus Appropriations Bill for HHS

On May 5, 2017, the President signed the omnibus spending bill, avoiding a government shut down and funding the government through September 30, 2017. The budget provides \$77.7 billion in discretionary funding for the U.S. Department of Health and Human Services (HHS), a \$2.7 billion increase above the FY2016 level, not including cap adjustments. The bills were in sharp contrast to President Trump's proposed "skinny budget" which would have cut HHS funding by 18 percent.

Highlights of the spending bill include:

- A \$2 billion increase for the National Institutes of Health, which includes increases for Alzheimer's disease and cancer research and continues \$852 million pursuant to the 21st Century Cures Act;

- An increase of \$650 million for fighting opioid abuse (430 percent increase); and
- A small cut to the Centers for Disease Control and Prevention (CDC). Fully funded, however, are programs to prepare for pandemics or bioterrorism attacks and \$394 million to combat Zika virus.

The spending bill does not place restrictions on “sanctuary cities” receiving federal grants, does not defund Planned Parenthood and also does not undermine the Affordable Care Act. Congress and the President have until September 30, 2017 to pass a federal budget for the 2018 fiscal year.

Update on the American Health Care Act: House of Representatives Takes First Step to Repeal ACA

On May 4, 2017 the House of Representatives passed by a narrow vote the American Health Care Act (AHCA), legislation that would repeal and replace the Affordable Care Act (ACA). The new bill aims to turn back many of the significant achievements of health reform, including Medicaid expansion, support for individuals to purchase insurance, guaranteed coverage of essential benefits, and coverage for people with pre-existing conditions. The AHCA also eliminates funding for Planned Parenthood and the Public Health & Prevention Fund, which supports community and clinical programs and public health research.

While passage in the House is a significant milestone, this is just the first step of the legislative process and there is still a long road ahead before full repeal of the ACA. The debate now moves to the Senate. A 13-member working group of GOP members (not including any women) was convened to discuss how to move forward and there are already competing bills within the GOP that are aiming to get bipartisan support. If the Senate passes an ACA repeal bill that is different than the House version, which is considered very likely, a joint House and Senate conference committee will need to reconcile the differences and each pass the bill again before it goes to the President for signature.

San Francisco remains committed to ensuring health care access for our residents and will continue to work toward this goal. We are continuing to ensure that our clients and patients know that nothing has changed – all programs and benefits remain in place. We encourage San Franciscans to continue to access care as they have in the past. The Office of Policy and Planning will continue to monitor activity at the state and federal level to understand policy developments and work with local leaders and our partnerships to protect our City’s advancement in health as a result of health care reform.

2017-2018 State Legislative Session

California Legislators were busy in the first few months of the 2017-18 Legislative Session, introducing over 2000 bills. The legislature has continued to push bills out of the house of origin in advance of the June 2nd deadline. SFDPH has been tracking over 190 bills and has worked with the City to take positions on the following legislation:

Support

- AB 74 – Housing for a Healthy California Program (Medi-Cal for homeless rental assistance)
- AB 391 – Asthma Preventive Services Program Act of 2017
- AB 820 – Community Paramedicine
- SB 63 – Paid Family Leave
- SB 239 – Decriminalization of HIV/AIDS
- SB 270 – Human Trafficking Training for Hotel Workers
- SB 309 – California Reproductive Freedom License Plate

Oppose

- AB 626 – Microenterprise Home Kitchens
- SB 314 – Massage Therapy Certification Credit Hours

As endorsed by the Health Commission, SFDPH has been actively working with the SFMTA and many non-profit organizations on AB 342, the Safe Streets Act of 2017, which would authorize the use of automated speed enforcement cameras. This bill is now officially a “two-year” bill. This means that no vote was taken at Assembly Transportation Committee and legislative work will resume in January 2018 where the bill left off. Progress has been made with key stakeholders and coalitions that will be built on next year and for many years to come to improve traffic safety.

California State Budget Proposal 2017-2018 — Health and Human Services

On May 11, 2017 Governor Brown released the May Revision to his proposed 2017-18 State Budget. The May Revision, which closely mirrors his January plan, incorporates updated revenue estimates including a \$2.5 billion reduction in the expected revenue shortfall. The May Revision includes \$158.7 billion (\$33.7 billion General Fund (GF) and \$125.1 billion other funds) for all health and human services programs, a decrease of \$324.8 million GF compared to the January Governor’s Budget. Following are some of the key health elements of the May Revision:

- Makes a current year adjustment to reduce by \$620 million the Medi-Cal shortfall predicted in the January budget. This is largely due to savings from drug rebates in Medi-Cal managed care, retroactive managed care rate adjustments, and slower caseload growth than previously estimated.
- In the current year, increases AIDS Drug Assistance Program (ADAP) by \$2.6 million due to increases in medication-only clients and drug prices.
- In the budget year, increases ADAP by \$13.5 million, due to lower enrollment in private insurance attributable to the reduction in the health insurance exchange enrollment period.
- Provides \$44.7 million in federal funding to reflect the award of the Federal Cures Act Opioid State Targeted Response grant, which will allow the state to expand medication-assisted treatment, largely to underserved and rural areas of the state.
- Proposes to end the use of contract pharmacies in the 340B program in Medi-Cal, consistent with recent concerns raised by federal agencies.
- Adds \$48 million to eliminate the Newly Qualified Immigrant (NQI) Affordability and Benefit Program, which would have moved NQI from state-only Medi-Cal into Covered California insurance and instead retaining them in full scope Medi-Cal.

While Governor Brown maintained a cautious approach about the direction of the economy and the uncertainty of Federal actions that could hurt the state’s bottom line, he reaffirmed the State’s commitment to health care. The Governor will continue to strongly oppose changes that reduce the federal share of Medi-Cal and disrupt insurance markets under Covered California.

Medical Respite and Sobering Center Expansion

The Mayor’s 15-16 FY Budget included funding for one-time capital costs and \$2.4 M in annual ongoing operating costs for 30+ new Medical Respite beds for homeless patients with chronic medical needs. The Medical Respite saves lives, and now we will be able to save even more. This expansion of an extra 34 beds brings the total number of beds to 79 and allows us to further support addressing the medical needs of clients that cannot be adequately supported in the existing homeless shelter system. It also provides a space to allow for a period of recovery and stability for clients vs. being on the street and using emergency services. The facility is located at 1171-1185 Mission Near 8th street.

Supervisorial District Health Profiles

The Office of Policy and Planning at DPH has compiled health data and created 11 Supervisorial District Health Profiles to provide a user-friendly way to showcase the health of San Franciscans. Each profile includes an interactive map and printable profile with key indicators about the social, economic, physical, and mental health and well-being of San Francisco’s diverse communities. Within each profile, there is valuable data at the district, ZIP code, and neighborhood levels, with comparisons to the San Francisco averages. The health

issues and determinants include: Demographics, Housing and Homelessness, Crime rates, Health Insurance Coverage, Healthy Food Access, Women's Health, Socioeconomic status, Life Expectancy, Hospitalizations, Emergency Room Visits, and more. These profiles are publicly-available on our DPH website under Knowledge Sharing and Collaboration, and will be updated as new data become available.

<https://www.sfdph.org/dph/comupg/knowlcol/chip/districthealthprofiles.asp>

Commissioner Comments:

Commissioner Chow asked if the proposed state budget changes will impact patients' ability to receive medications through the Walgreen's sites. He noted that this expanded access has been important to many people. Ms. Chawla stated that there is little detail on that issue at present. She added that she will update the Health Commission as more information is known.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Committee Chair, stated that the committee reviewed the proposed resolution supporting the Board of Supervisors' proposed ordinance prohibiting the sale of menthol and other flavored tobacco products in San Francisco. He also stated that the Committee heard an overview of the San Francisco Health Network Behavioral Health section. The Committee has requested two additional presentations on this section during the next year. One presentation will focus on the True North goals to be developed and second will present additional data to give context to the current spectrum of services. These additional presentations will enable the Health Commission to better understand this section and the issues related to patient flow, service models, and patient outcomes.

6) STDs IN SAN FRANCISCO IN THE ERA OF GETTING TO ZERO

Susan Philip MD, MPH, Director Disease Prevention and Control Branch, gave the presentation.

Public Comment:

Joe Hollendoner, CEO of the San Francisco AIDS Foundation (SFAF), stated that HIV and STD prevention efforts go hand in hand. SFAF is honored to partner with the SFDPH in both areas. He added that over 16,000 STD screenings are conducted at the SFAF STRUT site.

Luke Adams stated that the use of fear in prevention campaigns targeting men-who-have-sex-with men (MSM) has been shown to be ineffective. He encouraged the SFDPH to continue developing sex-positive STD/HIV prevention campaigns. He also stated that class issues play into how people access STD/HIV testing. He noted that City Clinic and SFAF's Strut site are both sex positive and accessible to all income levels and classes.

Commissioner Comments/Follow-Up:

Commissioner Chung asked for more information regarding how various sub-populations are impacted by specific STDs. Dr. Phillip stated that young women of color are more impacted by Chlamydia; she noted that gay men are impacted by a range of STDs.

Commissioner Pating asked if resistance to medications used to treat STDs is a concern. Dr. Phillip stated that there is a global concern for resistance to medications that treat Gonorrhea. She added that there is additional concern on the West Coast for resistance and the SFDPH is part of a monitoring process on this issue.

Commissioner Pating asked if there have been any long-term tertiary Syphilis cases. Dr. Phillip stated that there have been several Ocular Syphilis cases in Seattle but none in San Francisco. She also noted that the SFDPH supports three-site testing which includes the throat, rectum, and urethra via urine sample.

Commissioner Pating asked if the rate of newborns born with STDs has changes. Dr. Phillip stated that there were two cases of congenital Syphilis in 2009 in San Francisco. She noted that there were 40 such cases in Fresno and added that the disparity in the number of these cases is due to the prevention efforts implemented in San Francisco.

Commissioner Pating asked if the MSM and young women are discreet populations or is there overlap. Dr. Phillip stated that the SFDPH is attempting to monitor this issue through tracking of sexual partners of people diagnosed with STDs.

Commissioner Pating asked if partner outreach is conducted for all STD cases. Dr. Phillip stated that the SFDPH does not conduct outreach on all STD patients but instead focuses its resources on those individuals staff feel can be found.

Commissioner Pating asked if there is a possibility of moving away from condom messages for STD prevention and instead focus on messages to test. Dr. Phillip stated that both are important because the SFDPH wants to support those MSM who still use condoms as part of their STD/HIV prevention strategies.

Commissioner Pating asked how much an STD test costs. Dr. Phillip stated that because the SFDPH operates the lab that processes the STD tests, it benefits from volumes of scale. She noted that it costs approximately \$10 per test for the SFDPH.

Commissioner Loyce stated that he would like to see deeper analysis on the population of men returning from prisons who have engaged in sex with other men and have gotten STDs. Dr. Phillip stated that she can add this population in her next STD update.

Commissioner Karshmer stated that every medical provider needs training on the 3-site testing model. Dr. Phillip stated that the goal is to train and educate all providers.

Commissioner Chow encouraged the SFDPH to educate the MSM community on the possibilities of drug-resistance.

Commissioner Sanchez thanked Dr. Philip for the outstanding report. He noted that it is due to the innovative efforts of the SFDPH that its STD prevalence is lower than it could be.

7) SAN FRANCISCO HEALTH NETWORK UPDATE: OUR BRAND STORY

Rachel Kagan, Director of Communications, SFDPH, gave the presentation.

Commissioner Comments:

Commissioner Karshmer stated that she loves the heart symbol. She encouraged the San Francisco Health Network (SFHN) to make sure that messaging is inclusive so everyone feels welcome.

Commissioner Sanchez stated that the outreach materials do a good job of capturing the definition of SFHN. Ms. Kagan stated that the materials are being developed to be flexible as changes to the SFHN occur in the future.

Commissioner Pating stated that he likes the heart symbol. He also suggested developing a card with information on various services as an outreach tool.

Commissioner Chow stated that it is important that everyone feels that SFHN is a place for them and that programs are identified so the public has an understanding of the spectrum of services offered.

8) OTHER BUSINESS:

This item was not discussed.

9) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez stated that at the May 9, 2017 LHH JCC meeting, the Committee heard presentations on the IHSS Public Authority Mentorship, California End of Life Option Act Implementation at LHH, Cultural Humility Strategic Goal Update, along with the Administrator's Report. The Committee approved hospital-wide policies and procedures in open session and the Credentials Report in closed session.

Commissioner Pating stated that he was very impressed with the LHH implementation of the California End of Life Option Act.

10) COMMITTEE AGENDA SETTING

Mr. Morewitz stated that the July 18, 2017 Health Commission meeting will be held in Visitation Valley and will focus on public health issues in that neighborhood. He noted the address of the meeting is 1099 Sunnysdale Avenue.

11) 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.

12) ADJOURNMENT

The meeting was adjourned at 6:01pm.