

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, October 3, 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 David Pating, M.D., Vice President
Commissioner 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.

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF SEPTEMBER 19, 2017

Commissioner Comments:

Commissioner Pating requested that the following revision be made to his comment on item 5, the Community and Public Health Committee report back, "He noted that the San Francisco Health Network referral data indicates that its rate for referrals and scheduling patient appointments wait time for appointments is lower than the state average.

Action Taken: The minutes were unanimously approved with the revision noted above.

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>

U.S. Senate Continues in their efforts to repeal and replace the ACA

On September 13th, Sen. Graham (R-SC) and Sen. Cassidy (R-LA) introduced legislation to repeal and replace the Affordable Care Act (ACA). The bill contains many of the same provisions of the two previous GOP attempts to overhaul healthcare (BRCA and AHCA), including eliminating the individual and employer mandate, deeply cutting Medicaid, and defunding Planned Parenthood. The biggest change under the plan is that money spent under the ACA for the expansion of Medicaid and insurance subsidies would be shifted to block grants

and distributed to states to run their own health systems at their discretion. The grants would be distributed based on a formula where higher-spending states that expanded Medicaid for their residents would receive less funding than under current law.

The bill has not yet been analyzed by the Congressional Budget Office, but already healthcare analysts estimate that the Graham-Cassidy plan would have much of the same impact as other Senate and House Republican repeal and replace bills. It would cause many millions of people to lose coverage, radically restructure and deeply cut Medicaid, increase out-of-pocket costs for individual market consumers, and weaken or eliminate protections for people with pre-existing conditions.

The legislation must be passed by September 30th if it is to be passed under a simple majority threshold. Afterwards, the budget reconciliation vehicle allowing for a 50-vote threshold expires, and the legislation would then require the 60 votes often required for major legislation.

Of note, Senate Democrats on the same day released their own legislative version of healthcare reform, which would establish a national health insurance program for all U.S. residents also known as “Medicare for all”. The bill is co-sponsored by 16 Democratic senators, including Sen. Harris (D-CA).

Three Month Extension passed for the Federal Budget and Hurricane Relief Funding

On September 7th, Congress approved legislation to raise the debt ceiling and passed a continuing resolution to keep the government funded to December 15th. This legislation also provides federal aid for victims of Hurricane Harvey and Hurricane Irma. The legislation was the result of a bipartisan agreement between President Trump and Democratic congressional leaders. This agreement reduces pressure to resolve these issues this month, but Congress will have to take action in December to keep the government funded and raise the government’s borrowing capacity in the long term.

AB 186 - Supervised Safe Injection Site Fails in California Senate

Assembly Bill 186 (AB 186), which would make California the first state in the nation to permit illegal drug use in designated places, failed passage in the legislature. The bill, sponsored by Assembly Member Eggman (D-Stockton), and Senator Wiener (D-San Francisco), had passed through the Assembly, two Senate subcommittees, but lost by two votes on a full vote by the Senate. Republican members unanimously opposed the bill in the vote while several Democrats abstained or voted no.

This bill would have extended the harm reduction strategies already used in California by enabling local governments to permit programs to provide drug users a safe and hygienic space to use pre-obtained drugs under the supervision of trained staff. Specifically, the legislation would permit Alameda, Humboldt, Los Angeles, Mendocino, San Francisco, and San Joaquin counties—and the cities within them—to approve entities to establish and operate a safer drug consumption program for individuals 18 years of age or older, until January 1, 2022.

The legislation aims to help address the rising use of heroin and opiates and subsequent overdoses. In April of 2017, the San Francisco Board of Supervisors enacted a resolution charging the Department of Public Health with convening a task force to develop recommendations on the operation of safe injection services. The legislation has not been supported by law enforcement, which contends the injection sites would become crime magnets that normalize hard drugs rather than helping addicts in their recovery.

SB 554 will allow Nurse Practitioners and Physician Assistants to Prescribe Buprenorphine

On September 11th, Governor Jerry Brown signed SB 554 which would grant the ability for NPs and PAs to prescribe buprenorphine for the treatment of opioid addiction. On July 22, 2016, President Obama signed CARA (Comprehensive Addiction and Recovery Act) into law as Public Law 114-198. One of CARA’s important provisions was to expand access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery

support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying NPs and PAs until Oct. 1, 2021. The bill the governor signed brings state regulations and law into line with these new federal rules.

Nurse Practitioners and Physician Assistants have a growing role as Primary Care Providers, especially in safety-net settings such as the San Francisco Health Network (SFHN) and medically underserved communities throughout the state. NPs and PAs are essential members of the healthcare team in all of our 14 SFHN Primary Care health centers, working alongside physicians and other medical professionals. Many of our NPs and PAs bring expertise in different areas of care for vulnerable populations, and among these is primary care for people living with substance use disorders. It is essential that NPs and PAs have access to all available treatments for opioid dependence and chronic pain, and buprenorphine has emerged as an effective tool for treating both disorders. Several nurse practitioners working in SFDPH have already taken the 24 hours of required training, and notified the secretary of HHS of intent to prescribe buprenorphine. Governor Brown's signing of SB 554 is an important step toward improving access to buprenorphine therapy for all Californians suffering from opioid dependence and chronic pain. This law has potential for expanding access to treatment for opioid use disorder, in particular in remote underserved areas where the only provider might be a nurse practitioner.

SFDPH Continues to Improve Response to Heat-Related Incidents

In response to the record-breaking temperatures in San Francisco over the Labor Day weekend, San Francisco activated its emergency response structure to manage the effects of the heat wave. Public health and safety were the top priorities throughout the weekend.

Years of preparation were put to use and our emergency plans worked as they were intended during this rapidly evolving event. Through coordination at the Emergency Operations Center, which is managed by the Department of Emergency Management, city agencies made additional resources, such as cooling centers and extended pool hours, available to the public over the weekend. Emergency medical professionals in the Emergency Operations Center monitored the situation closely and reacted quickly to a surge in 911 call volume, by taking steps to increase local capacity and initiating a request for mutual aid. Mutual aid plans, a best practice emergency response tool that complements local efforts in times of unusually high demand, were already in place for situations such as this one.

We continue to learn with every emergency activation. With high heat forecast for the Sep 9-10 weekend following the Labor Day heat wave, the Department of Public Health activated its Incident Management Team for intensive planning and collaboration with other city agencies.

With a focus on communication to vulnerable populations and the public, leaders from DPH, the Department of Aging and Adult Services and the Department on Homelessness and Supportive Housing adopted a strategy to inform, instruct and outreach as the conditions dictated. We launched a public messaging effort on Twitter, Facebook and Next Door informing residents and the media of the heat forecast and reminding people to pull shades, drink water and seek air conditioning. Working with DEM and Sunday Streets, these messages were broadcast to thousands of people, and the SF Alert system was put to use on Sunday, when the temperature peaked.

DPH and the Local Emergency Medical Services Agency closely tracked utilization of the city's emergency response system, which was able to meet the demand. The weekend's activation further strengthened the collaboration and protocols between DPH and the other city agencies that provide emergency response and care for vulnerable populations. We are proud of the unified and coordinated efforts during these two weekend heat events and recognize the contributions of 9-1-1 dispatchers, paramedics, EMTs, emergency service coordinators, police officers, firefighters, hospitals, doctors, nurses, public health professionals, the Homeless Outreach Team, librarians and recreation staff. Our businesses, nonprofits and congregations

opened their doors to the community and our residents checked in one another. Our City showed its heart during the heat wave and we are better prepared for the future hot days that we know are coming.

SFHIP shares important Health-related information with Faith-Based Communities

In an effort to better connect with the community, SFHIP has begun to work with over 17 faith-based partners in San Francisco to get important health related information out. Thanks to a Metta Fund Grant, SFHIP has been able to conduct trainings and provide resources and education around Food Insecurity, Heart Health, Children's Oral Health and more. The second Annual Church Enrichment conference was held on Sunday, September 10th, in the Bayview, and members of SFHIP, Public Health and SF Cancer Initiative were on hand to present on Hunger, Heart Health and Cancers that heavily impact the Black/African American community.

Injectable PrEP Study Presented at the International AIDS Society Conference in Paris

Results from a phase 2 injectable PrEP study evaluating long-acting injectable Cabotegravir (CAB LA) as a novel PrEP agent were presented at the 9th IAS Conference on HIV Science in Paris, France in July 2017. This study conducted by the HIV Prevention Trials Network (HPTN 077) enrolled 199 men and women across research sites in the United States, Brazil, Malawi, and South Africa, including a site at Bridge HIV at SFDPH. Participants in the study received either an 800 mg dose of CAB LA every 12 weeks or a 600 mg dose every 8 weeks after a 4-week loading dose. This study found both dosing regimens to be safe and well-tolerated, and the 600 mg dose every 8 weeks consistently showed appropriate drug levels in both men and women. This latter dosing schedule is currently being tested in HPTN 083, a large phase 3 study evaluating the safety and efficacy of CAB LA for HIV prevention when compared to daily oral Truvada®, the only form of PrEP currently approved by the US Food and Drug Administration. Bridge HIV is currently enrolling men who have sex with men and transgender women at risk for HIV acquisition into HPTN 083 at two sites in San Francisco (Bridge HIV) and the East Bay (EBAC). More information about this study can be found at www.giveprepashot.org.

SFDPH Launches Transgender PrEP Study

Bridge HIV and the Center for Public Health Research have launched the Stay Study, one of the first demonstration projects to increase access to PrEP in the transgender and gender non-conforming community. PrEP is a daily pill for HIV prevention that has been shown to be safe and highly effective, however PrEP awareness and use has remained low in the transgender and gender non-conforming community. The study will enroll approximately 200 transgender and gender-nonconforming individuals and provide a year of free Truvada®. PrEP delivery will be integrated into transgender care programs at our four collaborating community clinics – Tom Waddell Urban Health Center, Castro Mission Health Center, Asian and Pacific Islander Wellness Center, and Tri City Health Center – each with longstanding expertise providing transgender care. Visit <http://www.staystudy.org> for more information.

**SAN FRANCISCO HEALTH NETWORK
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL & TRAUMA CENTER**

September 2017

Governing Body Report - Credentialing Summary
(9/21/17 MEC)

	9/2017	07/2017 to 07/2018
<i>New Appointments</i>	19	112
Reinstatements		
<i>Reappointments</i>	38	174
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	14	77
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	6	26
Additions	9	42
Proctorship Completed	27	73

<i>Current Statistics – as of 8/31/17</i>		
Active Staff	574	
<i>Courtesy Staff</i>	501	
Affiliated Professionals (non-physicians)	263	
TOTAL MEMBERS	1,338	

<i>Applications in Process</i>	69
Applications Withdrawn Month of September 2017	0
SFGH Reappointments in Process 10/2017 to 12/2017	130

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

September 2017

Health Commission - Director of Health Report

(September 7, 2017 Medical Exec Committee)

	September	(FY 2017-2018) Year-to-Date
<i>New Appointments</i>	3	7
Reinstatements	0	0
<i>Reappointments</i>	6	17
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	2	4
<i>Disciplinary Actions</i>	0	0
<i>Administrative Suspension</i>	2	3
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

<i>Current Statistics – as of 9/01/2017</i>		
Active Medical Staff	36	
As-Needed Medical Staff	9	
<i>External Consultant Medical Staff</i>	44	
<i>Courtesy Medical Staff</i>	2	
<i>Allied Health Professionals</i>	15	
TOTAL MEMBERS	106	

<i>Applications in Process</i>	5
<i>Applications Withdrawn this month</i>	0

Commissioner Comments:

Commissioner Chow stated that he is pleased that the SFPDH worked with the Department of Emergency Management to distribute alerts as part of the City's response to the recent heat. He asked that the SFDPH share more information with the public regarding how to receive alerts. Director Garcia stated that the SFDPH will put the link to the information on SFDPH.org.

Commissioner Pating congratulated Dr. Barry Zevin and Eliza Wheeler for their recognition by the California Society of Addiction Medicine.

Commissioner Chow asked for an update on court ruling that barred enforcement of the San Francisco Board of Supervisors' January 2015 ordinance to decrease sugary drink consumption by requiring health warnings. Dr. Tomas Aragon, SFDPH Health Officer, stated that the court ruled that warning labels cannot be required on sugary beverages. He noted that the City Attorney's Office is still deciding how to proceed on the situation. He noted that the recently passed soda tax will fund public awareness campaigns.

4) GENERAL PUBLIC COMMENT

There was no public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Chair, stated that the committee reviewed and recommended for approval, the Contracts Report and new contract request with KPMG. Greg Wagner, SFDPH CFO, also presented the SFDPH FY2016-17 fourth quarter financial report. She noted that the Committee may make recommendations on the Contract Report format.

Commissioner Chow noted that the Community and Public Health Committee may wish to review the new contracts chosen through recent RFP processes to best understand the impact on the service system.

6) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following:

- OCTOBER 2017 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH KPMG LLP, IN THE AMOUNT OF \$7,667,172 FOR ADMINISTRATIVE PROJECT MANAGEMENT SERVICES TO STAND UP THE ELECTRONIC HEALTH RECORD PROJECT MANAGEMENT OFFICE (EHR PMO), DURING THE EHR PROJECT BUILD, AND ASSIST WITH THE TRANSITION OF THE PMO OPERATION AND MANAGEMENT TO CITY EMPLOYEES AFTER THE NEW EHR SYSTEM GOES LIVE FOR THE PERIOD OCTOBER 1, 2017 TO SEPTEMBER 30, 2020 (36 MONTHS).

7) PROPOSED CANNABIS ORDINANCE AND TASK FORCE BRIEFING

Nicole Elliot, Director, San Francisco Office of Cannabis, Dan Sider, San Francisco Planning Department, and Mavis Asiedu-Frimpong, Assistant Director of SFDPH Office of Policy and Planning, presented the item.

Public Comment:

Margot, a cannabis operator, stated that she is grateful for Ms. Elliot's work. She was prescribed and became addicted to opiates due to an injury; cannabis helped her wean off the opiates. She opened a business two years ago and looks forward to being "legitimate." She is concerned by the recent proposed legislation that will delay permits because the public will be ready to legally purchase cannabis on January 1, 2018. '

Terrance Allen, Co-chair of the San Francisco Cannabis Taskforce, stated that he is speaking as a cannabis user. He thanked the Health Commission and SFPDPH for their work on this issue. He is concerned that if opportunities are not provided in a timely manner, it will stimulate the growth of the black market. He encouraged education of the millions of tourists who may choose to use cannabis when they visit San Francisco. He also stated that there needs to be more than eight cannabis smoking lounges in the City because many people cannot smoke at home.

Commissioner Comments:

Commissioner Loyce asked when the Office of Cannabis Equity Program will be established. Ms. Elliot stated that the Office of Cannabis is developing an Equity Report which will be presented to the Board of Supervisors. Soon after, the Equity Program will be established using data from the report along with data from the Controller's Office and Human Rights Commission.

Commissioner Bernal asked for information regarding San Francisco's contemplation of future federal law enforcement. Ms. Elliot stated that the Office of Cannabis is tracking federal actions carefully to learn how other states are responding.

Commissioner Pating stated that the public's perceptions of the risks and benefits of Cannabis are magnified. He noted that how well the City and state regulate and educate will impact the scale of the substance's risks and benefits. He offered the following comments:

1. The impact of legal cannabis on youth is his biggest concern. He hopes the City can develop effective public education programs and regulations.
2. The mental health population is an unrecognized risk due to panic, anxiety, and psychotic episodes. He encouraged the SFPDPH to assist mental health clinics to be aware how close commercial cannabis sales are in proximity to the facilities.
3. He hopes that lessons learned from alcohol sales can be applied to cannabis regulations. This includes the density of sales outlets of both substances. He noted that the most effect metric to determine density of these sales outlets is the health and safety of the population within the neighborhoods.
4. He is curious about how regulatory officers will understand the vast array of products such as tinctures, wax, candies, edibles, flowers, stems, and teas.
5. He is confident that the SFPDPH will develop effective strategies for community outreach, education and treatment. He is also interested in the SFPDPH conducting research on the social impact of cannabis and alcohol on communities to help inform policies.
6. He requested that the Health Commission receive regular updates as more information is known on regulations, data, and programs. Director Garcia stated that the SFPDPH will report on this issue every quarter to ensure the Health Commission and public are well informed.

Commissioner Karshmer encouraged San Francisco to coordinate with other area county offices to utilize consistent best practices. Ms. Elliot stated that the Office of Cannabis staff are reviewing policies of neighboring counties.

Commissioner Chow encouraged San Francisco to consider looking at issues of density of alcohol and cannabis sales together when considering new permits to avoid oversaturation in any neighborhood. Mr. Sider stated that San Francisco is able to utilize data on concentration of existing tobacco, alcohol, or cannabis sales businesses when making decisions regarding permits or zoning policy; he added that locations of substance use facilities, mental health clinics, and schools are also factors in the policy-setting and permit process.

Commissioner Pating asked for clarification of conditional use approval process. Mr. Sider stated that Planning Department staff conduct analysis of a request and forward recommendations to the Planning Commission, which determines if the use is appropriate.

Commissioner Pating suggested that the SFPDH should be involved in the process to determine conditional use for cannabis-related proposals. Director Garcia stated that the Mayor's Office of Cannabis coordinates all relevant concerns. She added that the Planning Department and SFDPH have discussed this suggestion and will continue to consider the option. She also stated that the SFDPH is concerned about clean air and cross contamination; the SFDPH Environmental Health section is involved in monitoring these issues.

Commissioner Chow asked for confirmation that the SFDPH will be checking on safety of cannabis business environments and verifying that the scales work properly. Ms. Asiedu-Frimpong stated that the state will be a strong regulatory partner with standard processes enforced throughout the state; she added that this will include labeling issues, manufacturing site, and dosage requirements. Any gaps will be filled in by the local regulatory bodies like the SFDPH.

Commissioner Chung noted that the odor from growing cannabis will have to be addressed due to the close proximity of buildings in San Francisco. She also suggested that the Vision Zero initiative may benefit from incorporating issues related to cannabis use because pedestrians, bicyclists, and drivers can be impacted by cannabis use. Ms. Asiedu-Frimpong stated that odor control may be included in the local regulations; she added that development of awareness campaigns will include consultation with the Vision Zero initiative.

Commissioner Sanchez stated that communicating with the public, including seniors and other groups who utilize medical cannabis, regarding the SFPDH activities on this topic, is important to educate the impacted communities.

8) UPDATE FROM THE OFFICE OF COMPLIANCE AND PRIVACY AFFAIRS

Margaret Rykowski, RN, MS, Director, gave the presentation.

Commissioner Comments:

Commissioner Karshmer requested that future presentations include comparison data to previous years to best understand trends. Director Garcia noted that Ms. Rykowski has been in her Director role since March, 2017 and can provide this information next year.

Commissioner Chow asked if the SFDPH Compliance and Privacy Affairs Office interacts with the Controller's Office Whistleblower program. Ms. Rykowski stated that the SFDPH Compliance and Privacy Affairs Office works closely with the Controller's Office and Human Resources.

Commissioner Sanchez thanked Ms. Rykowski for the report and looks forward to future presentations to include trend data.

Commissioner Loyce asked for more information regarding the type of information necessary to start a whistleblower case. Ms. Rykowski stated that after an individual states an issue, her Office conducts a preliminary exploration of the situation to determine if the complaint is substantiated by fact. If this confirmation occurs, a full investigation is conducted.

Commissioner Bernal asked for more information regarding the impact of an electronic health record (EHR) on compliance issues. Ms. Rykoski stated that an EHR will help increase privacy and reduce unauthorized access. Bill Kim, SFDPH Chief Information Officer, stated that the SFDPH currently has control over access to its systems but an EHR will allow access issues to be managed at a granular level.

9) SFDPH FY2016-17 FOURTH QUARTER FINANCIAL REPORT

Greg Wagner, SFDPH CFO, presented the report.

Commissioner Comments:

Commissioner Chow asked for more information regarding the anticipated one-time primary care settlements. Mr. Wagner stated that \$9M has been added to a reserve account to prepare for possible pay back of these funds. This is expected to be a one-time issue. This payment would not impact the stability of the SFDPH reserve account of current budget.

10) OTHER BUSINESS:

This issue was not discussed.

11) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the September 26, 2017 meeting, the JCC approved a temporary Chief of Anesthesia. Due to the late hour, he encouraged the Health Commissioners, and the public, to review the agenda and minutes from the meeting online.

12) COMMITTEE AGENDA SETTING

Commissioner Chow stated that the Health Commission will discuss the SFDPH budget on December 19th at its next planning session.

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

- 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

Commissioner Chung requested that the Health Commission hold a moment of silence to honor those who were hurt or killed and those that acted courageously to help others during the shooting in Las Vegas.

The Health Commission held a moment of silence before adjourning at 7:36pm.