



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: October 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 2017 Federal and State Legislative Summary and 2018 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 2017 legislative session; 3) key federal updates; 4) a summary of emerging legislative issues; and 5) a draft of SFDPH federal and state plans for the 2018 legislative cycle.

1. Background
2. Summary of 2017 State Legislative Session
3. Key Federal Updates for 2017
4. Emerging and Legislative Issues
5. Attachment: Draft 2018 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 emailed to Department leadership in October for the opportunity to review the plans and provide feedback and to and issues for inclusion. The draft legislative plans will be submitted to the Mayor's Office for review and incorporation into City-wide state and federal legislative plans by October 30, 2017. Any changes made by the Health Commission will be incorporated into the final plan submitted to the Mayor's Office.

SUMMARY OF 2017 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 City-wide lobbyists advance the City's positions and/or we may write letters directly to legislators or provide expert testimony.

During the 2017 session, important topic areas included: Medi-Cal, medical and adult use cannabis, immigration/sanctuary cities, substance misuse and treatment, criminal justice, supportive housing, asthma prevention, childhood poisoning prevention, family planning, parental leave, HIV/AIDS, automated speed enforcement, climate change, and food assistance and safety.

During the 2017 session, SFDPH:

- Tracked 178 state bills; XX* of these were chaptered or signed into law and XX* were vetoed
- Recommended taking active positions on 14 bills, all of which were approved by the Mayor's State Legislation Committee.

*Counts will change as several bills await the Governor's approval or veto. The last day for the Governor to sign legislation into law or veto them is Oct 15th.

Table 1 list the outcomes for the bills that positions were taken through the Mayor's State Legislation Committee. The table also notes where SFDPH took positions jointly with other City agencies.

Table 1. Bill Positions through the Mayor’s State Legislation Committee, 2017

Subject	House/No	Status	Description	Position
Housing	AB 74	Awaiting action by Governor 10/15	Requires Department of Housing and Community Development (HCD) to establish the Housing for a Healthy California Program to create supportive housing opportunities through grants to counties for capital and operating assistance and/or operating reserve grants and capital loans to developers	Support ¹
State Fair Hearing for Medi-Cal Beneficiaries	AB 205	Awaiting action by Governor 10/15	Requires Medi-Cal managed care (MCMC) plans, including county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) to maintain a network of providers within specified time and distance standards, with differing requirements by provider type and county. Requires, if a MCMC plan cannot meet the time and distance standards, the MCMC plan to submit a request for alternative access standards.	Support
Medi-Cal: asthma preventive services.	AB 391	Awaiting action by Governor 10/15	Establishes the Asthma Preventive Services Program Act of 2017 and provides coverage of asthma preventive services under the Medi-Cal program. Requires Department of Health Care Services (DHCS), in consultation with external stakeholders, to develop a coverage policy consistent with specified federal and clinically appropriate guidelines. Requires the entity supervising qualified asthma services providers to ensure that the providers satisfy specified requirements.	Support
California Retail Food Code: microenterprise home kitchen operations.	AB 626	Stalled in committee	Would allow local jurisdictions to authorize, by ordinance or resolution, the operation of microenterprise home kitchens, through which home cooks would be allowed to sell a limited number of meals.	Oppose
Emergency Medical Services Authority: task force: transportation alternatives	AB 820	Stalled in committee	Would authorize the Emergency Medical Services Authority (EMSA) to establish a task force to develop a report evaluating alternative destinations to a general acute care hospital for first responders to transport a patient who may be a danger to himself, herself, or others or gravely disabled as a result of a mental health disorder.	Support ²
Childhood lead poisoning: prevention	AB 1316	Signed into Law	Revises the existing standard of care for those children determined to be at risk for lead poisoning and requires all children to be screened for blood lead levels (BLL).	Support
Unlawful employment practice: parental leave	SB 63	Signed into law	Makes it an unlawful employment practice for an employer, of 20 or more employees, to refuse to allow an eligible employee to take up to 12 weeks of job protected parental leave to bond with a new child within one year of the child’s birth, adoption or foster care placement. This bill also prohibits an employer from refusing to maintain and pay for the employee’s continued group health coverage during the duration of the leave.	Support
Medi-Cal Managed Care Plans	SB 171	Awaiting action by Governor	Would requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to increase contract services payments to designated public hospitals	Support

		10/15	(DPH) by a uniform percentage, and to establish a program under which DPHs may earn performance-based quality incentive payments from plans. This bill would implement a federal option to require a Medi-Cal managed care plans to provide a remittance if the plan fails to meet an 85% medical loss ratio (MLR)	
Infectious and communicable diseases- HIV and AIDS: criminal penalties	SB 239	Signed into law	Modifies criminal penalties related to human immunodeficiency virus (HIV) that specify higher punishment than those that apply to other communicable diseases. Specifically, it makes the intentional transmission of HIV a misdemeanor (instead of felony) punishable by imprisonment in a county jail for not more than 6 months, if certain circumstances apply.	Support
Human trafficking recognition and reporting: training: hotels and motels.	SB 270	Stalled in committee	Would require a hotel or motel that provides lodging services in the state to train its employees who are likely to interact or come into contact with victims of human trafficking in recognizing the signs of human trafficking and how to report those signs to the appropriate law enforcement agency.	Support ³
License plates: Reproductive Freedom Fund	SB 309	Stalled in committee	Would require the DHCS to apply to sponsor a reproductive freedom license plate program with the revenue generated from the license plates to be deposited in the California Reproductive Freedom Fund and to be used for the Family Planning, Access, Care, and Treatment program (Family PACT).	Support ⁴
Massage therapy: certification: credit hours	SB 314	Signed into Law	Requires the CA Massage Therapy Council to accept hours earned by an applicant for certification as a massage therapist if those hours were earned from a school providing education in the state that was unapproved by the council after July 1, 2016, based solely on the fact that the National Certification Board for Therapeutic Massage and Bodywork took denial or disciplinary action against the school.	Oppose ⁵
Public utilities: gas and electric service disconnections	SB 598	Signed into law	Requires the California Public Utilities Commission (CPUC) to adopt rules, policies and regulations with the goal of reducing the statewide level of gas and electric service disconnections for nonpayment by residential customers and prohibits disconnections of residents with life-threatening medical conditions that require utility service, who are unable to pay for service, who are willing to enter into an amortization agreement, as provided, and who satisfies certain other conditions.	Support
Medi-Cal: family planning providers	SB 743	Awaiting action by Governor 10/15	Would prohibit Medi-Cal managed care plan, as defined, from restricting the choice of a qualified provider, as defined, from whom a beneficiary enrolled in the managed care plan may receive family planning services covered by Medi-Cal. Bill would require a Medi-Cal managed care plan to reimburse an out-of-plan or out-of-network qualified provider at the applicable fee-for-service rate. If federal approval is required to implement these provisions, the bill would be implemented only to the extent that federal approval is obtained.	Support

*Status for bills will change as several bills await the Governor's approval or veto. The last day for the Governor

to sign legislation into law or veto them is Oct 15th.

- (1) Joint position with Department of Homelessness and Supportive Housing and Mayor's Office
- (2) Joint position Fire Departments and Department of Emergency Management
- (3) Joint position with Department on the Status of Women
- (4) Joint position with Mayor's Office
- (5) Joint position with Department on the Status of Women

KEY FEDERAL UPDATES FOR 2017

The Affordable Care Act (ACA) implementation saw continued success in 2017 as the national uninsured rate stayed at a historic low of 8.6 percent and San Francisco's uninsured rate dropped to 3.3 percent (2016 ACS 1-year estimates). 15.1 million Americans are now enrolled since the Medicaid expansion and about 2.6 million young adults staying on their parents plan. The latest data on marketplace enrollments only were notably down to only 10.3 million by March 15, 2017 compared to last year's 12.7 million. This is attributed to the lack of enforcement of the individual mandate and lack of federal marketing. In 2017, San Francisco had 37,170 (March-2017) enrolled in the insurance marketplaces and 78,738 (March-2017) enrolled since the Medicaid expansion. San Francisco also has another 148,235 residents enrolled in the San Francisco Health Plan (March-2017). Healthy San Francisco has 13,571 residents enrolled in their program.

During 2017, SFDPH federal advocacy efforts focused on opposing ACA repeal and replace legislation and supporting Sanctuary City policies. The 2017 Budget Resolution on ACA repeal, known as Concurrent Resolution 3, was introduced on January 3, 2017 and passed by the Senate and the House. On March 6, 2017 the American Health Care Act (AHCA) was introduced by House Republicans. It was withdrawn before its first house floor vote on March 24, 2017, but a revised version was passed on May 4, 2017. On June 22, 2017, the Senate introduced their version of the ACA repeal and replace known as the Better Care Reconciliation Act (BCRA). On the week of July 23, 2017, three Plans to repeal and replace failed in the Senate. This included the revised BCRA, the "skinny repeal", which was a watered down version of the BCRA, and a straight repeal bill without any replacement. On September 11, 2017 the Graham-Cassidy bill, another repeal and replace bill, was introduced. On September 26, 2017, the Republican Senate leadership announced that the Senate would not hold a vote on the Graham-Cassidy bill. This bill was the last attempt to repeal or amend the Affordable Care Act under the 2017 budget resolution. President Trump and Republicans in Congress have pledged to continue to work on repealing and replacing the ACA. There is some discussion of trying again to address health reform in the 2018 budget resolution, which would otherwise be devoted solely to changes in the tax code. Each of these failed repeal and replace bills would have left tens of millions of Americans uninsured by eliminating the Medicaid expansion, cost-sharing subsidies, tax credits and the individual and employer mandate, and allowing states to waive essential health benefits and raise premiums for people with pre-existing conditions.

SFDPH and the City were also active in defending San Francisco's Sanctuary City status. The Executive Order on "Sanctuary" or Enhancing Public Safety in the Interior of the United States was signed by President Trump on January 25, 2017. Among several actions aimed at targeting communities that protect immigrants from deportation, the Executive Order sets forth that "Sanctuary Jurisdictions" would not receive federal grants. To protect immigrants' rights, Mayor Lee launched the Equity and Immigrant Services Campaign in January 2017. This campaign focused on serving the legal needs of the

City's immigrant community by promoting ongoing strategies for city departments to partner with community-based organizations and expanding education, outreach, and provide multilingual legal services. On January 31, 2017, The City of San Francisco San Francisco sued President Trump for his Executive Order which threatened to withhold federal funding from sanctuary cities. The lawsuit said that the Executive Order was unconstitutional. On April 25, 2017 a federal judge issued a preliminary injunction which blocks the federal government from enforcing the Executive Order. The judge found that it is unconstitutional for the executive branch to place new retroactive conditions on federal funds. The ruling does not prevent the government from enforcing existing conditions imposed on federal grants or from developing regulations to define a sanctuary jurisdiction. SFDPH also drafted internal policies to ensure immigrants can feel safe accessing health care without fear of deportation and launched a media campaign, "You're Safe Here!".

Two other federal advocacy efforts include supporting federal funding for the Hospital Preparedness Program (HPP) which provides critical support for our nation's hospitals and public health systems and opposing changes to the 340B Program reimbursements and regulatory requirements, which would cut funding to safety net hospitals that are already scarcely resourced, and transfer the savings to better resourced hospitals through changes in pharmaceutical pricing. Lastly, the Health Commission also passed a resolution denouncing President Trump intent to withdraw from the Paris climate accord and affirmed its support for climate and health preparedness.

EMERGING LEGISLATIVE ISSUES

State

Health Care Reform - SFDPH is committed to increasing access to health care for all San Franciscans and will support state legislation that combats any actions on a federal level to roll back the significant coverage gains that have been made in California through the ACA. We will monitor and take positions as needed on the State's proposals in response to federal ACA changes and to the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage. We will also closely monitor any resurgence of SB 562 (Healthy California Act, SB 562 - Lara), a California bill introduced in February 2017 for a single-payer healthcare system, which has been put on hold for 2017.

EMS transport alternative destinations - SFDPH will work will community partners and state legislators to develop legislation that would authorize a local EMS agency to approve transport appropriate individuals to alternative destinations, including sobering centers and other behavioral health centers. This legislation would enable San Francisco to resume its successful practice of allowing ambulances to transport appropriate individuals to the Sobering Center and other approved behavioral health facilities. This legislation will be designed to connect at-risk individuals with a system of behavioral health care to better serve their needs. A more efficient transport policy results in better care for patients, reductions in emergency department overcrowding, and a decrease in unnecessary hospitalizations.

Other state policy SFDPH will watch closely includes safe injection sites, microenterprise home kitchen operations, and legislation that increases access and funding for family planning. SFDPH also will continue to work closely with the SFMTA to pass new state legislation so San Francisco can pilot test Automated Speed Enforcement (AB 342) to achieve the City's Vision Zero goal.

Federal

Health Care Reform - Despite repeated failings to legislatively repeal and replace the ACA, Congressional Republicans and President Trump are expected to continue attempts to undermine the ACA through a series of executive and budgetary actions. An executive order to allow for new association health plans and/or to allow for the sale of insurance plans across state lines is now pending. These plans would also likely be exempt from many of the ACA protections such as covering people with pre-existing conditions or providing the ten essential health benefits. As for selling insurance across state lines, insurers from lightly regulated states where policies may offer fewer benefits and lower premiums would be able to sell plans in highly regulated states. These actions may lead to financially unsustainable markets where healthier individuals turn to leaner plans and less healthy individuals stay in comprehensive plans. There are also discussions by Congressional Republican to cut Medicaid and the ACA provisions as part of the tax reform. Proposed cuts to Medicaid and Medicare have been reported to be at least \$1 trillion.

Cost Sharing Reduction Payments - There is continued uncertainty regarding the Trump administration's payment of the cost-sharing reduction payments. The continued month-to-month uncertainty about the payments has caused instability in the marketplace and is likely to cause insurers to hike premiums. The CSR payments became controversial and the subject of a lawsuit between the Obama administration and the House Republicans in 2014. The lawsuit claimed that the CSRs were illegal because Congress did not appropriate the funds; however the Obama Administration appealed the ruling at the time. The Trump Administration inherited the lawsuit and has yet to make a final decision on whether to continue or drop the lawsuit. In the beginning of August, 18 state attorneys general, including California, have been granted permission to intervene on the case arguing that the Trump Administration would not adequately represent their interest. For now, it remains unclear on the next steps Congress and the White House will take on the CSRs payment.

The Federal Budget - On September 7th, Congress approved legislation to raise the debt ceiling and passed a continuing resolution to keep the government funded to December 15. Congress will have to take action in December to keep the government funded and raise the government's borrowing capacity in the long term. There is speculation that action will be taken to cut funding to the Medicaid Program and the Centers for Disease Control (CDC).

Health Care Reform and Medi-Cal

All key provisions of the 2010 Patient Protection and Affordable Care Act (ACA) are in place as of October 2017 and the legislation has continued to be successful in reducing the rates of uninsured. The San Francisco Department of Public Health (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 and enhance local efforts to offer premium support. As health care coverage expands, it is imperative that the State protects existing health and human services funding to counties to cover uncompensated care for the residually uninsured and resources related to increased casework and additional mandates or requirements on local agencies aimed at protecting the environment and promoting healthy and safe communities.

SFPDPH is committed to increasing access to health care for all San Franciscans and will support state legislation that combats any actions on a federal level to roll back the significant coverage gains that have been made in California. We will monitor and take positions as needed on the State's proposals in response to federal ACA changes and to the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage, including coverage expansion, the individual mandate and affordability, Covered California eligibility and financing, and Medi-Cal eligibility and financing. Special attention should be paid to policies that:

- **Increase Eligibility:** 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.
- **Increase Services:** Support policies and proposals that efficiently address the health needs for populations with complex, chronic conditions in the least restrictive settings and use case management approaches, including increased access to and funding for comprehensive home and community based services. Support proposals that enable individuals to easily determine their 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.
- **Ensure maintenance and enhancement of the safety net system:** 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.

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- **Support Whole Person Care Pilot:** Enhance integration of mental health and substance use treatment, primary care, and social services to create seamless care and support of social determinants of health for patients. This may include supporting capacity to appropriately share data across systems in order to improve coordination and efficiency of care; and payment reforms.
 - **Support the Expansion of the Assisted Living Waiver:** The Assisted Living Waiver (ALW) is a Home and Community-Based Services (HCBS) waiver that was created by legislation that directed the California Department of Health Care Services (DHCS) to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit. It is currently a pilot project in 15 counties, including San Francisco. A key goal of the pilot project was to enable low-income, Medi-Cal eligible seniors and persons with disabilities who would otherwise require nursing facility services to remain in or relocate to community based care.
 - **Increase Medi-Cal provider reimbursement rates:** Oppose further reductions to Medi-Cal provider rates and advocate to raise rates where feasible; 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).
 - **Ensure Value-Based Payment Models advance Equity:** 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 safe and healthy housing and integrated services for homeless and at-risk populations that include increased access to behavioral and chronic healthcare services.

- Support healthy, safe and high-quality housing, particularly for low-income people. Housing quality has a significant impact on people's health and well-being. Issues such as the existence of lead, water leaks, poor ventilation, mold, dirty carpets, pest infestations, and location near toxic sources can result in numerous health problems such as developmental delays in children, skin disease, headaches, asthma, and other respiratory conditions.
- Support increases to funding and coordination to address the needs of people who are currently homeless, especially those most vulnerable and living on the streets and in places unfit for human habitation. Affordable and supportive housing are critical to preventing and ending homelessness and cost the same or less than shelter, incarceration, hospitalization and other crisis response interventions.

Mental Health and Substance Use

Support legislation and policies that ensure parity applies to mental health levels of care, such as treatment received in residential or intensive outpatient settings, substance use disorders and coverage through health plans and Medi-Cal.

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- **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.
 - **Support Mental Health Adolescent Services:** Support funding for adolescent mental health services and promote care and payment models that better integrate behavioral health in the pediatric primary care setting.

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.
- Support legislation that would require the State to carve out the inpatient psychiatric services and reimburse California Medi-Cal Mental Health Plan's on a risk-basis.
- Support legislation that allows for the continued expansion on medical assisted treatment and preventive harm reduction programs such as naloxone distribution.

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.
- Support legislation that allows jails and prisons to treat opioid addictions with medical assisted therapy by allowing the administration of methadone or buprenorphine.

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.

- **Health Equity**
 - 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 policies that enable systems and providers to reduce health inequities. As an example, the City supports infrastructure for the collection, analysis, and utilization of race, language, and ethnicity and disability data in monitoring and planning to reduce or eliminate disparities.
 - Health in All Policies: Increase opportunities to include health implications into cross-sector policies outside the health arena to promote health, equity and sustainability.
- **Chronic Disease Prevention & Health Promotion:** Support legislation to increase funding and policies that fully integrate and address population based efforts for chronic disease prevention and health promotion, including efforts to reduce cancer, diabetes, obesity, oral health, heart disease and stroke. Support efforts to increase funding for community health, nutrition and physical activity services.
- **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 Medical Services:** The Emergency Medical Services Agency directs plans, evaluates and regulates the San Francisco EMS System in collaboration with other city departments, private partners and community providers. The EMS System provides critical out-of-hospital acute medical care and/or transport to definitive care for those in need. The EMS Agency also mass gathering and special events planning to ensure community safety. Support efforts to adequately fund and enhance Emergency Medical Services (EMS) response systems and EMS disaster preparedness initiatives. Support legislation that authorizes a local EMS agency to approve transport appropriate individuals to alternative destinations, including sobering centers and other behavioral health centers.
- **Public Health Preparedness:** Natural and human-made disasters including the recent fires in California, heat wave in San Francisco, earthquakes, acts of terrorism, projections of more frequent and severe extreme weather events and emerging communicable diseases demonstrate the need to ensure that there is a coordinated system in place to respond to any hazard. 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. Advocate for adult use cannabis legislation that includes investment in adolescent health from its revenues.

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- **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.

- Support policies and increased funding for climate change adaptation and resilience programs and allocations that promote equity, health, preparedness and participation and leadership in implementing solutions.
- Support policies and funding for programs that address the disproportionate environmental and health impacts of pollution and vehicular traffic through and within low-income communities.

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. Support funding to automate and report data to prevent decreases in rate adjustments by CMS.

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. Support funding to help younger adults that live with long-term disabilities outside inpatient care.

Palliative Care

Support efforts that increase awareness of, provide funding for, and promote access to palliative care in all settings: coordinated early access, especially for persons of color; 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, including psychiatrists, to address primary care and behavioral health provider shortages. Support efforts that evaluate the allocation of different types of health professionals in the workforce to assure access to high quality care.

Health Information and Technology

- 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.
- Telemedicine can provide access to care for high-risk and vulnerable individuals who cannot access traditional services. Support clear policies for the integration of telemedicine into service provision, as well as new payment and service models that allow telemedicine expansion.

2018 SFDPH DRAFT FEDERAL LEGISLATIVE PLAN

Health Care Reform

All key provisions of the 2010 Patient Protection and Affordable Care Act (ACA) are in place as of October 2017 and the legislation has continued to be successful in reducing the rates of uninsured. 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 ACA. We will actively:

- Oppose legislation that would reduce the benefits or programs created by the ACA or

withdraw funding for implementation.

- Monitor any new State or Federal legislation that would modify funding or responsibilities related City's role in implementing the 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.
 - Strongly oppose any efforts to use the Prevention and Public Health Fund from the Affordable Care Act (ACA) as an offset for revenue lost in any other legislative proposals. Such actions could eliminate the Fund, and mark a severe blow to this monumental commitment to prevention and public health under the Act.
 - Support the recommendation that members of the House and Senate Appropriations Committees allocate the Prevention Fund, and ensure that PPHF resources are allocated in a manner that enhances counties' efforts to prevent disease and injury, promote health and ultimately reduce healthcare costs.
- **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 Federal efforts to place a per-capita cap on funding or limiting the ability of states to leverage funds through assessments on provider.**
- **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.** Support stabilizing funding levels for Health Centers to ensure continued viability, invest in access and prevention, and meet increasing demand. 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.

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- **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.
 - **Oppose cuts to the federal 340B program that would jeopardize enable covered entities that serve the poor to obtain discounted medications that would offset the uncompensated care for this population.** This program is essential to many hospitals' ability to provide care to uninsured and underinsured patients. The discounts received through the program not only enable patient access to free or low-cost medications, but they also help offset the total cost of uncompensated care, which may include critical services such as chemotherapy and HIV treatments. Hospitals, such as Zuckerberg General Hospital serving the poor shoulder more of the financial burden of caring for patients who are uninsured or underinsured.

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.
- **Support continued access of Medicaid coverage for low-income adults without children.** The Affordable Care Act expanded coverage for the poorest Americans by creating an opportunity for states to provide Medicaid eligibility, effective January 1, 2014, for individuals under 65 years of age with incomes up to 133 percent of the federal poverty level (FPL). For the first time, states were able to provide Medicaid coverage for low-income adults without children and be guaranteed coverage through Medicaid in every state without need for a waiver. This effort expanded coverage to many LGBT individuals that did not have children become eligible for health coverage.
- **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 SFDPH 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. Support legislation that allows jails and prisons to treat opioid addictions with medical assisted therapy by allowing the administration of methadone or buprenorphine.

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.

National Institutes of Health Funding (NIH)

The National Institutes of Health (NIH) is a global leader in medical research which supports new knowledge to help prevent, detect and diagnose and treat disease and disability. There has been a decline in NIH funding over the last decade. Support legislative and budget proposals to increase funding for the NIH and protect federal support for the NIH.

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.

- **Increased Clinical Pharmacist Use and Funding in Primary Care.** Support the Pharmacy and Medically Underserved Areas Enhancement Act to include pharmacists on the list of recognized healthcare providers.
- **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 as appropriate. 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.
- Telemedicine can provide access to care for high-risk and vulnerable individuals who cannot access traditional services. Support clear policies for the integration of Telemedicine into service provision, as well as new payment and service models that allow Telemedicine expansion.

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.

- **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, including substance use disorders, psychiatric disorders and patients that require close observation.

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 fund