HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

London N. Breed Mayor
Department of Public Health

Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
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MINUTES
HEALTH COMMISSION MEETING
Tuesday August 2, 2022 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Suzanne Giraudo, Ph.D
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Cecilia Chung

The meeting was called to order at 4:02pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 19, 2022.

Action taken: The Health Commission unanimously approved the minutes of the July 19, 2022 Meeting.

3) RESOLUTION HONORING TRACEY PACKER, MPH

This item was deferred until the September 6, 2022 meeting.

4) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item.

Note: During the presentation of this item, audio/visual equipment issues occurred and Commissioner Bernal called a brief recess to assess the situation. The meeting format was moved to fully remote via Webex due to these technical issues.

NEW SOUTHEAST FAMILY HEALTH CENTER OPENS TO SERVE AS HEALTHCARE HUB FOR BAYVIEW-HUNTERS POINT NEIGHBORHOOD RESIDENTS

The 22,000-square foot neighborhood health clinic provides a family-oriented primary care model with comprehensive behavioral health services tailored to serve the diverse health needs of the Bayview-Hunters Point community. The facility is built to receive LEED Gold certification.

Mayor London N. Breed, Supervisor Shamann Walton, DPH, and San Francisco Public Works today announced the opening of the new Southeast Family Health Center (SEFHC), which will serve residents of the Bayview-Hunters Point neighborhood and San Francisco Health Network patients.

SEFHC is part of an important legacy of community-driven health advocacy in the neighborhood, and expands the original Southeast Health Center, which first opened its doors as a stand-alone, community-based clinic in 1979. The existing health center has been among the busiest clinics in the San Francisco Health Network, serving more than 4,000 patients annually who are predominantly low income and rely on the health center for their healthcare. The existing primary care clinic will remain next door and will continue to support the healthcare needs of the community, including office space for clinic staff and dental services for patients.

The new SEFHC expands a community vision to support the health of Bayview-Hunters Point residents by providing affordable and quality healthcare and meet the increasing need for health services that approach health care from a 'whole person' approach, integrating physical health, mental health, and other supports aimed at improving overall wellbeing.

The state-of-the-art facility expands health access for residents and includes 21 patient care rooms for medical and behavioral health needs, as well as additional services including podiatry, optometry, clinical pharmacist consultation, and laboratory with plans to add X-ray services in the near future. Additionally, SEFHC has spaces dedicated for community groups to provide education and community services as well as two large rooms for community events.

SEFHC features artwork of San Francisco-based artists with deep ties to the Bayview community. Funded through the Art Enrichment Ordinance, which allocates 2% of the total construction costs of public projects for public art, the San Francisco Arts Commission reviewed over 200 Bayview Artist Registry applications before selecting and commissioning three finalists to create installations celebrating African American culture and the community’s historic role in establishing the original Southeast Health Center.

The $39.5 million Southeast Family Health Center project is primarily funded by the Public Health and Safety Bond, overwhelmingly passed by San Francisco voters in 2016. The $350 million bond supports essential seismic and service delivery improvements to aging facilities that San Francisco relies on to protect the health and safety of residents, neighborhoods and businesses. The bond also funds capital improvements to the Maxine Hall and Castro Mission health centers as well as clinic facilities at Zuckerberg San Francisco General.

The Southeast Family Health Center was also funded by the San Francisco Office of Community Investment and Infrastructure and the San Francisco Public Utilities Commission, which funded environmental sustainability features such as photovoltaics panels on the roof and electric vehicle charging stations in the staff parking areas. These environmental sustainability features will help the facility achieve a Leadership in Energy and Environmental Design (LEED) Gold certification, a globally recognized symbol of sustainability achievement and leadership.

DPH AND VACCINE PARTNERS PRIORITIZE FIRST DOSES OF MONKEYPOX VACCINE

In effort to provide vaccines to broader at-risk populations, second doses will be deferred until supply increases

San Francisco has a significant number of monkeypox cases and lacks sufficient vaccine supply for the number of people who need the vaccine. Given the rapid increase in cases, and in accordance with guidance being developed at the California Department of Public Health (CDPH), the strategy of DPH is to prioritize first doses for at-risk people until adequate vaccine supply is received.

DPH and vaccine partners will prioritize first dose of Jynneos vaccine to as many at-risk people as possible and will defer second dose appointments until sufficient supply is received. Given the rapid increase of cases and very limited number of vaccines, this strategy will allow more people to receive a dose. This approach is endorsed by the CDPH and is consistent with approaches taken by New York City, the United Kingdom and Canada. This decision is based on the available scientific evidence, the accelerating outbreak, the high number of eligible people and extreme shortage of Jynneos vaccine nationally.

According to the U.S. Food and Drug Administration, Jynneos is indicated for prevention of smallpox and monkeypox disease in adults. However, since no vaccine is 100 percent effective, it is important for individuals to reduce their risk of potential exposures to monkeypox both before and after being vaccinated.

Demand for vaccine is high and supply extremely limited. DPH requested 35,000 doses to begin to meet the need.

DPH and vaccine partners will notify the community when vaccine supply is available for second doses to complete the vaccine series. If a person receives one dose, a second dose can be administered without having to restart the series, even if the second dose is given after the minimum interval of four weeks.

San Francisco has currently identified 281 cases of monkeypox to date but anticipates more cases will occur. DPH will continue to keep the public updated on vaccine supplies and other resources, such as testing and treatment, that are essential to curbing the spread of monkeypox and protecting the community.

In addition to vaccine, prevention measures offer some level of protection. These include avoiding close physical contact if sick, especially if there is a new or unexpected rash or sore. For those who choose to have sex while sick, it is best to avoid kissing and other face-to-face contact. Also, sores should be covered with clothing or sealed bandages. This may help reduce — but not eliminate — the risk of transmission. Cleaning hands, sex toys, and bedding before and after sex or other intimate activities is advised. When making plans, people should consider the level of risk. Having sex or other intimate contact with multiple or anonymous people can increase risk of exposure.

For more information on monkeypox in SF, including eligibility for vaccine, case counts, vaccine locations and ways to avoid infection visit: sf.gov/monkeypox. If you are a provider, please visit here for important information for your patients.

LAGUNA HONDA HOSPITAL TO PAUSE PATIENT TRANSFERS

The Centers for Medicare and Medicaid Services (CMS) terminated Laguna Honda Hospital's participation in the Medicare and Medicaid Provider Participation Programs in April 2022. As a result, CMS required Laguna Honda to transfer or discharge all residents by mid-September. Finding appropriate placements at a new facility is a challenge and takes time. In many cases, residents have relied on us for their healthcare for years and their continued wellbeing is our highest priority.

This is an extremely challenging time for our community of residents and their families, our staff and all those who care about Laguna Honda Hospital. The transfer and discharge of residents has been challenging as many have complex healthcare needs. Regulators agreed to the City's urgent request to pause all transfers at Laguna Honda Hospital. Accordingly, **Laguna Honda will pause the discharge and transfer of all residents. This impacts approximately 600 residents.**

CMS, CDPH and the California Department of Health Care Services (DHCS) are all in agreement with decision. Laguna Honda continues to work towards recertification in the Medicare and Medicaid Provider Participation Programs.

FY 2022-23 AND FY 2023-24 BUDGET APPROVED

On July 27th the Mayor signed the Board approved FY 2022-23 and FY 2023-24 budget legislation into law. DPH's FY 2022-23 DPH's budget is $2.997 million and includes significant investments in the department which focus on continuing COVID-19 Response, increased investments in Behavioral Health Services, hospital operations for both ZSFG and LHH, strengthening population health infrastructure and support for DPH operations. This budget could not have been developed without the incredible support of the finance team and we are grateful for their work.

The FY 2022-23 and 2023-24 budget was approved by the Board of Supervisors on Tuesday, July 26th and Mayor London Breed signed the budget legislation into law on July 27th. The City's final approved budget is $13.9 billion and focuses on investments to deliver on basic services including homelessness, public health, street cleanliness, public safety, and equity. Overall DPH's budget remains at $2.997 billion as it did in the Mayor's Proposed June 1 budget, with only minor changes described below.

As part of the review by the Budget and Finance Committee, DPH's budget was reduced by $12.3 million in FY 2022-2023 and $2.2 million in FY 2023-2024. These cuts represent less than 1% of DPH's total budget. The reductions are administrative in nature, and primarily one-time to reflect delays in implementation, but will not affect our ongoing ability to deliver services.

Offsetting the reductions, the Board of Supervisors allocated back $2.7 million in FY 2022-2023 and $200,000 in FY 23-24 for the following initiatives for DPH.

DPH Division	Description	FY22- 23	FY23-24
SF Health Network	Enhanced Mental Health Services for Long Term Survivors of HIV - Enhancing the system of mental health services to benefit long term survivors of HIV	200,000	200,000
Population Health	Community Services for the Mayan/Indigenous community - Provide a range of services including CT/CI, service navigation and linkage, and health education and promotion, including specific capacity within the Mayan/indigenous community.	200,000	
SF Health Network	CBO Prevention and Response Pilot in Permanent Supportive Housing - Community Based Overdose Prevention and Response Pilot in PSH	100,000	
Population Health	Support for Black African American Wellness Peer Leaders	250,000	
Behavioral Health	Suicide Prevention - Suicide prevention and crisis services support	100,000	
Behavioral Health	Drop- in services for women - Services and operation of of a drop-in services for women	1,500,000	
Behavioral Health	Support for transitional housing for mothers with children	178,985	
Behavioral Health	Staffing to coordinate case management and case advocacy to help residents navigate behavioral health resources, income support, access to housing and other support needs in Tenderloin and other neighborhoods	75,000	
Behavioral Health	Accessible mental health services for the Latinx population in District 11	28,000	
Behavioral Health	District 11 mental health coordinator to create a mental referral and services system between schools and CBOs to support the mental health needs of the families, youth, and seniors	100,000	
	Total$	2,731,985	200,000

We are pleased that the FY 2022-23 and 2023-24 budget continues to support the major strategic initiatives of the department and are grateful for the support we have received from the Mayor's Office and Board of Supervisors.

ZSFG MONKEYPOX VACCINE UPDATE

At ZSFG and at DPH, we are at the frontlines of this emergency; at ZSFG we have mobilized quickly to vaccinate thousands of San Franciscans. As of 7/27/22, the ZSFG monkeypox clinic has given out 3,127 vaccines to San Franciscans who may have been exposed to monkeypox, prioritizing those who are disproportionately impacted including SFHN patients and Latino/a/x and Black/African American men who have sex with men. The drop-in appointments were busy all week until vaccine ran out on Monday, July 25. We have been told we will receive another 4,220 doses and will resume appointments and walk-ins as soon as possible. A big shout out to the incredible ZSFG and primary care staff who have been critical to this work including the nursing staff from SFHN Primary care, ZSFG Specialty care and ZSFG Inpatient teams! You make us proud.

PASSING OF DPH EMPLOYEE QUIJUAN MALOOF

DPH is saddened to share the news of the passing of Quijuan Maloof, Jail Health Services Health Tech and Health Worker III on Wednesday, July 20, 2022.

Born and raised in San Francisco and a graduate of San Jose State, Quijuan worked for the department of public health (DPH) for 20 years. Prior to working for DPH he was a marine and later an EMT. His first thirteen years were with the DPH's Adult Immunization and Travel Clinic. Quijuan served the department and the community as a disease investigator with the Communicable Disease Control team and then as front desk operations manager. He brought a lighthearted sense of humor to his work, made lasting friendships, and treated clients and staff with the utmost respect. In 2011 the health department held it's first DPH Got Talent! Show. A fundraiser to send foster kids to summer camp. Quijuan auditioned along with 31 other staff and was selected to showcase his talent as a master magician. His performance was a big hit, and those in attendance, still remember it to this day.

The past seven years he has been an integral team member of Jail Health Services. Although Quijan didn't have a great deal of experience working with people with severe mental illness, he quickly became one of the most loved, and respected staff at Jail health. His creativity and enthusiasm were infectious and brought an energy to the jail that was transformational. His colleagues and his patients loved him dearly.

It is important to note that Quijuan's presence outside of work was even larger. He was the most enthusiastic, engaged, and adventurous person many of us have ever met. He went to magician school and did brilliant magic tricks, he traveled the world, he went sky diving, he started a podcast with one of his former Jail health colleagues, he was a talented artist, and those who knew him well know that his favorite meal was a burger at 7-Mile Restaurant. His favorite place was Hawaii where he married his beloved wife Marsha, and later officiated one of his colleague's wedding. And that is just the half of it, as Jail Behavioral Health and Reentry Services Director Tanya Mera stated: "*He was the definition of a ray of sunshine and had the biggest and best heart*."

On behalf of the department, we extend our deepest condolences to his wife Marsha, the Maloof family, Quijuan's friends, and all those in the community who are impacted by his passing.

DPH in the News

Commissioner Comments:
Commissioner Chow asked for more information regarding the expected length of the CMS-approved "pause" for mandatory discharging patients from Laguna Honda Hospital (LHH). He also asked for clarification regarding the CMS mandate to eliminate triple patient rooms due new regulations. Roland Pickens, Interim LHH CEO and Director of the San Francisco Health Network, stated that the DPH and LHH are in discussions with CMS regarding the length of the pause on mandated patient discharges. He noted that LHH continues to plan for only two patients to share a bathroom, per CMS mandated regulations.

5) COVID-19 AND MONKEY POX UPDATE

Grant Colfax MD, DPH Director of Health and Susan Philip, MD, Health Office and Director of Population Health Division, presented the item.

Public Comment:

Alice, a member of Senior and Disability Action, provided the following written comment:

> She supports all needed COVID/MPXV-safety/equity measures, including those advocated during today's public testimony and the MPXV safety and equity measures advocated by Vinny Eng, the San Francisco AIDS Foundation, and the Harvey Milk LGBTQ Democratic Club, including paid sick leave. Reinstating broad mask requirements like during the Delta surge is essential for our health and safety. The New York Times COVID case tracker says today "The **test positivity rate** in San Francisco County is very high" https://www.nytimes.com/interactive/2021/us/san-francisco-california-covid-cases.html . We are all vulnerable to long COVID, even if boosted especially if our boosters are waning. Please see the sources I submitted in earlier public testimony. The CDC recommends N95s or better for healthcare workers in a room with a person with likely MPXV.
> See https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html#anchor_1653508909869 . The need to wear these masks around people who might have MPXV should be clearly communicated.

Alissa, Senior and Disability Action, stated that many seniors cheered when Bart reinstated its mask mandate. She added that several Bart Board members spoke of their frustration with DPH for not reinstituting a MUNI mask mandate. She urged the DPH to not be silent in these matters.

A caller stated that they hope the DPH and federal government will get aggressive with Monkey Pox in order to shut it down. They said everyone is waiting for the San Francisco Health Officer to lead. When she is asked about reinstating a mask mandate, she does not respond appropriately. They urged that she lead, using all available safety measures.

Allison, Senior and Disability Action, stated that she supports all prevention measures for Monkey Pox and COVID-19. She noted that the COVID test positivity rates in San Francisco are very high and the cases are likely undercounted due to the large amount of home testing. She requested that an indoor mask mandate be reinstituted, adding that long COVID is devastating. She also advocated for provision of housing for those experiencing Monkey Pox and live with others, in addition to paid Monkey Pox sick leave.

Jenna, Senior and Disability Action, asked if the DPH is counting long COVID-19 patients who committed suicide, number of patients who died due to post-COVID episodes, and the number of patients who died due to COVID risks. She requested that long COVID be discussed at every Health Commission meeting. She asked why mask mandates are not required at all necessary services.

Vivianne, Alice B. Toklas LGBTQ Democratic Club, requested that the DPH address the overrepresentation of Monkey Pox cases in the LGBTQ community and urged for right-to-recover paid leave for those suffering from Monkey Pox.

A caller noted that they are grateful to live in the Bay Area in regard to how the San Francisco community came together in solidarity during the first part of the pandemic. They are upset that the preventative measures have been abandoned, and the rise in new cases. They urged a reinstatement of a mask mandate, stating that consistent mitigation strategies are needed. They also requested a mask mandate in schools.

Elizabeth urged a reinstatement of the mask mandate, noting that COVID case numbers are sky high. She has been a prisoner in her apartment and noted that many others share her experience. She is unable to go to her doctor or any necessary service because she has to take a bus to get there. In addition, masking is not mandated in office buildings where these services are offered.

Commissioner Comments:
Commissioner Bernal noted that when he obtained his Monkey Pox vaccine at the ZSFG clinic, he was very impressed with the efficiency of the staff.

Commissioner Green stated that until 1972, the Smallpox vaccine was given to children. She asked how the efficacy of the childhood vaccine may provide protection against Monkey Pox. Dr. Philip stated that efficacy of the Smallpox vaccine is about 3-5 years but may still protect against severe illness many years later. She noted that as more vaccine is made available by the federal government, there will be increased access within San Francisco through other provider systems, in addition to those managed by the DPH. She noted that the DPH is also considering equity to ensure the vaccine distribution system is set up to provide services to meet the needs of the community.

Commissioner Green asked if there will eventually be an online appointment system for Monkey Pox vaccines similar to how the COVID-19 vaccines were distributed. Dr. Philip stated that the DPH is exploring how best to use vendors at community sites. In addition, the state may utilize its “My Turn” website for Monkey Pox vaccine appointments.

Commissioner Chow asked for more information regarding treatment for Monkey Pox. Dr. Phillip stated that the treatment for Monkey Pox is the same treatment for Smallpox. Federal regulators consider the treatment an investigational drug use, so much paperwork is necessary to fill out before treating a patient.

Commissioner Chow asked for more information regarding the referral process for medical providers to ensure patients receive treatment when needed. Dr. Philip suggested that medical providers reach out to City Clinic for treatment guidance.

Commissioner Chow asked for an update on discussions with MTA regarding masking. He added that Los Angeles instituted a mask mandate on public transportation and health services. He added that signs encouraging masking on MUNI are not always visible. Dr. Philip stated that masks are required in shelters and other congregate settings and residential senior settings. She added that MTA reports that 80% of riders wear masks, per its surveillance video. She added that all Bay Area Health Officers encourage mask wearing. She continues to discuss these issues with the MTA leadership. She reminded the Commissioners that individual entities, such as MTA or businesses, can requires masks. In regard to long COVID, she noted that there is currently no shared definition and no way to track cases. Commissioner Chow asked for more information on long COVID at a future Health Commission meeting.

Commissioner Bernal asked if the MTA Board can approve a mask mandate for MUNI riders. Dr. Philip stated that the MTA Board has authority to institute a mask mandate for riders.

Commissioner Green asked for more information on the DPH collaboration with UCSF on long COVID. Dr. Philip stated that the two organizations are working with San Mateo public health leadership to plan a research project to help define long COVID and determine its prevalence. The study will be conducted at multiple sites.

Commissioner Green noted that Bart staff have masks available to hand out to riders and asked if MUNI provides masks. Dr. Philip stated that she is meeting with the MTA Director later in the week and will discuss the matter with him.

6) GENERAL PUBLIC COMMENT

There was no general public comment.

7) RESOLUTION: ACCESS TO REPRODUCTIVE HEALTH CARE IS A PUBLIC HEALTH ISSUE

Mr. Morewitz stated that the resolution had been introduced and discussed at the July 5, 2022 Health Commission meeting.

Commissioner Comments:

Commissioner Green, an OB/GYN medical provider, stated that within the past 10 days, she has had 3 cases in which the patient's fertility and health would have been put in jeopardy had they not had access to termination of pregnancy. She is grateful to be practicing in California and noted empathy for her colleagues practicing in states that have laws that prevent people from accessing this service, when it is medically necessary. She is appreciative of everyone who supports the resolution and supports Women's rights.

Commissioner Bernal thanked Mr. Morewitz for drafting the resolution.

Action Taken: The Health Commission unanimously approved the resolution (Attachment A)

8) RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION 54953(e)

Commissioner Bernal introduced the item.

Public Comment:

A caller stated that they are glad the Health Commission meetings are remote and hope this continues so the public can particulate remotely.

Action Taken: The Health Commission unanimously approved the resolution (Attachment B)

9) SAN FRANCICO EMERGENCY MEDICAL SERVICES UPDATE

John Brown, MD, Medical Director, and Andrew Holcomb, Acting EMS Director, presented the item.

Commissioner Comments:

Commissioner Green asked if the app allows someone to connect to the 911 emergency system, noting it is difficult to perform CPR and call 911. She also asked if data assessments include boarders in hospitals or the emergency department and ICU bed availability. Mr. Holcomb stated that the app does not call 911, but does provide instruction on how to perform CPR. He added that EMS is working with community groups to teach people CPR. He added that EMS works with hospital partners and the Hospital Council in regard to accessing hospital staffing and boarding data. Dr. Brown stated that St. Francis and St. Mary's hospitals have had success with decreasing in diversion rates and have been sharing their expertise with ZSFG.

Commissioner Chow, noting concern about the community CPR numbers, asked if EMS has reached out to the San Francisco/Marin Medical Society and hospital personnel. Mr. Holcomb stated that the CPR Consortium

includes EMS, San Francisco Fire Department, and community groups. EMS deploys CPR equipment and training for groups. They intend to hold CPR trainings and match groups with EMS providers, in addition to distributing Narcan.

Commissioner Chow also suggested reaching out to the Medical Society, nursing unions, and other medical staff groups.

Commissioner Chow asked how the EMS Alert system interacts with patient preference for hospitals. Mr. Holcomb stated that EMS attempts to keep individuals in their medical homes unless they have medical needs such as trauma, which requires care at a specialized hospital.

10) 2016 PUBLIC HEALTH AND SAFETY BOND UPDATE

Mark Primeau, DPH Capital Oversight Advisor, Terry Satz, ZSFG Capital Planning and Facility Services, Alicia Murasaki, UCSF Assistant Vice Chancellor, and Joe Chin, DPW, presented the item.

Commissioner Comments:
Commissioner Chow thanked the presenters for the presentation and noted the similarities of the supply chain issues now with the cost of steel and building materials which drove up the costs of the LHH new building construction.

11) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Guillermo chaired the August 2, 2022 Finance and Planning committee meeting. She noted that the Committee discussed and recommends that the full Health Commission approve all items on the Consent calendar.

12) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following items:

- **AUGUST 2022 CONTRACTS REPORT**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH TRYFACTA, INC TO TRYFACTA, INC. TO PROVIDE AS-NEEDED, STAFFING FOR THE LAGUNA HONDA RECERTIFICATION PROJECT. INITIALLY, THE PROVIDER HAS BEEN TASKED WITH PROVIDING TEMPORARY STAFF TO SUPPORT THE LHH RECERTIFICATION PROJECT AND AS-NEEDED SOCIAL WORKERS. THE PROVIDER HAS THE ABILITY WITH APPROVAL FROM THE CITY AND OUR LABOR PARTNERS TO PROVIDE OTHER REQUIRED STAFF. THE TOTAL PROPOSED CONTRACT AMOUNT IS $3,500,000 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF JUNE 17, 2022 THROUGH DECEMBER 31, 2023 (7 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH REGENTS OF THE UNIVERSITY OF CALIFORNIA/SF TO RECRUIT, TRAIN, AND SUPPORT A CADRE OF ED-BASED CLINICAL CHAMPIONS WHO WILL ADVOCATE FOR ENHANCED AND EXPANDED SUBSTANCE USE ASSESSMENT AND NAVIGATION ACROSS SEVEN SAN FRANCISCO HOSPITALS, WHILE PROVIDING ONGOING TRAINING AND ORIENTATION TO ED STAFF. THE TOTAL PROPOSED CONTRACT AMOUNT IS $379,866 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF AUGUST 1, 2022 THROUGH JUNE 30, 2024 (23 MONTHS).**

13) OTHER BUSINESS:

This item was not discussed.

14) JULY 19, 2022 COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Giraudo, chair, stated that at the July 19, 2022 Community and Public Health Committee meeting, a robust update was given on the Behavioral Health Services internship pipeline. She noted there is a new website and centralized onboarding process for DPH interns. A Jail Health Services update was also presented. Commissioner Giraudo noted that the number of people incarcerated has increased in the past weeks since the new District Attorney shifted policy focus. Thirty five percent of the jail population is unhoused and 80% of the inmates are in a pre-adjudication, meaning that they are still waiting for their court proceeding. Jail Health Services is adding new discharge planning positions to assist with connecting incarcerated individuals with community services.

15) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the July 26th ZSFG JCC meeting, the committee reviewed standard reports including the Regulatory Affairs Report, CEO Report, and HR Report. A presentation on Quality Core Measures was discussed. During the Medical Staff Report, the committee approved Otolaryngology Rules and Regulations, Botox Standardized procedures, surgery privileges list, Family and Community Medicine Privileges List, and the Orthopaedic Surgery Privileges list. In closed session, the committee approved the Credentials Report and PIPS Minutes report.

16) CLOSED SESSION

A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

B) Vote on whether to hold a Closed Session. (Action Item)

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6: Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

17) POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Health Commission unanimously voted not to disclose discussions held in closed session.

18) ADJOURNMENT

The meeting was adjourned at 7:13pm.

Attachment A

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 22-19

ACCESS TO REPRODUCTIVE CARE IS A PUBLIC HEALTH ISSUE

WHEREAS, the American Public Health Association formally recognized abortion access as a public health concern in 1970, before abortion was legal at the federal level in all states; and

WHEREAS, Access to the full spectrum of sexual and reproductive health care, including abortion, is fundamental to the health of individuals, families, and communities; and

WHEREAS, Full sexual and reproductive health also entails access to pregnancy-related support and care ranging from preconception, prenatal, and miscarriage services to labor and delivery, postpartum, and gynecological care; and

WHEREAS, Abortion can be conducted through a surgical procedure or by taking medication; and

WHEREAS, The latest available U.S. data from the Centers for Disease Control and Prevention and the National Center for Health Statistics are that maternal mortality due to legal induced abortion is 0.41 per 100,000 procedures, as compared with the overall maternal mortality rate of 23.8 per 100,000 live births; and

WHEREAS, In the United States, the opportunity to obtain a full range of reproductive health services, including abortion, often varies by race/ethnicity, income, educational attainment, health insurance coverage, immigration status, disability status, age, geographic location, sexual orientation, and gender identity; and

WHEREAS, Laws prohibiting or restricting access to surgical or medication abortions threaten all childbearing individuals and their families, but disproportionately impact People of Color, younger people, those with lower incomes, as well as queer, and transgender people; and

WHEREAS, The Turnaway Study followed nearly 1000 women across the U.S. who sought abortion, including some who presented for care just under the state-defined gestational limits in effect at the clinic at which they sought care, and some who were up to 3 weeks past the clinics' gestational age limits and were immediately turned away. The study found that restricting people's ability to obtain abortions is associated with worsening of already precarious living conditions for vulnerable women:

- Women who were turned away from having an abortion and went on to give birth experienced an increase in household poverty lasting at least four years relative to those who received an abortion.
- Among women with existing children at the time they sought abortion, four years later the existing children of those who were more likely to live in poverty compared to the children than women who received an abortion.
- Years after an abortion denial, women were more likely not to have enough money to cover basic living expenses like food, housing and transportation.
- Being denied an abortion was associated with lowered credit scores, increased debt, and increased number of negative public financial records, such as bankruptcies and evictions.
- Women turned away from getting an abortion were more likely to stay in contact with a violent partner.
- The financial wellbeing and development of children was negatively impacted when their mothers were denied abortion; and

WHEREAS, On June 24, 2022, the United States Supreme Court struck down Jane Roe v. Henry Wade decision, removing federal protection for abortion in all states; and

WHEREAS, Many states passed highly restrictive abortion laws in preparation for the removal of federal protection. The result is that abortion is now completely illegal in some states and highly restricted in other states. Some of these state laws make it a felony for a person to leave the state to get an abortion, for a provider to perform surgical or medical abortion, or to aid a person in getting an abortion. Additional laws allow for individuals to be able to sue anyone who assists a person getting an abortion; and

WHEREAS, When abortion was illegal in the United States, women with financial means generally were able to obtain abortion by finding private doctors they could pay to perform the procedure or by traveling to other countries. Poor women and Women of Color experienced a disproportionate burden of suffering and death due to unsanitary abortions provided illegally, often by unscrupulous and unqualified practitioners, and by attempts to abort themselves with the use of poisons and instruments like coat hangers; and

WHEREAS, From 1972-74, the illegal abortion mortality rate for Women of Color was 12 times that for White women; and

WHEREAS Restrictions on the use of federal funds to provide abortions have limited the access to abortion services at American Indian Service Facilities for Native American women, who experience disproportionately high rates of sexual assault and unintended pregnancies; and

WHEREAS, Transgender and non-binary individuals who seek abortion services may also face barriers to care including economic hardship, discrimination, and stigma; the gender exclusivity of sexual and reproductive health care language and environments; and lack of provider understanding about the reproductive health care needs of transgender and non-binary people; and

WHEREAS, People facing physical or psychological restrictions of their freedom of movement, including those experiencing intimate partner/domestic violence or human trafficking, may struggle to access needed sexual and reproductive health services, including abortion; and

WHEREAS, on July 8, 2022, President Biden signed an Executive Order to protect access to FDA-approved abortion medication, strengthen enforcement of the Affordable Care Act's contraceptive protections and defend the legal rights of both patients and providers; and

WHEREAS, on July 15, 2022, Speaker Nancy Pelosi and Democrats in the U.S. House of Representatives advanced two bills preserving access to reproductive health care: the Women's Health Protection Act which will enshrine the protections of Roe v. Wade into federal law and restore the right to an abortion nationwide; and the Ensuring Women's Right to Reproductive Freedom Act which will reaffirm the right to freely travel across state lines to obtain an abortion; and

WHEREAS, Abortion is legal in California. The Governor and state legislature are attempting to pass legislation and policy to make the state a sanctuary for people seeking abortions in California from states which have outlawed abortion.

BE IT RESOLVED, The San Francisco Health Commission supports the right for every pregnant person to have a full range of sexual and reproductive health services, including abortion, available to them by trained licensed professionals; and

FURTHER RESOLVED, The San Francisco Health Commission lauds Mayor London Breed for her efforts to work with the San Francisco Department of the Status of Women to prepare for a possible influx of pregnant people visiting San Francisco for abortion services; and

FURTHER RESOLVED, the San Francisco Health Commission commends the San Francisco Department of Public Health for its full range of inclusive reproductive health services designed to meet the needs of diverse individuals.

I hereby certify that the San Francisco Health Commission adopted the foregoing resolution at its August 2, 2022 meeting.

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Mark Morewitz, M.S.W.
Health Commission Secretary

Data Sources:

"Abortion Is a Public Health Issue: Achieving Access and Equity," County of Los Angeles Public Health Report; February 2022 http://publichealth.lacounty.gov/owh/SexualReproHealth/OWHAbortionReport.pdf

2019 Center for Disease Control Abortion Statistics;
https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm

Guttmacher Institute. Induced Abortion in the United States. Published September 2019.
https://www.guttmacher.org/fact-sheet/induced-abortion-united-states"
"Reproductive Rights Denied: The Hyde Amendment and Access to Abortion for Native American "Women Using Indian Health Service Facilities." Shaye Beverly Arnold. American Journal of Public Health: 2014

History
Abortion did not become politically controversial in the United States until the 1800's, when states began regulating who could provide pregnancy-related care, including abortion.

United States Laws regulating abortion and maternity care at the time served to empower White, male physicians, while disenfranchising female midwives, notably including Black African American midwives, who throughout two centuries of slavery had continued the traditional African practices of serving their communities as healers and spiritual leaders.

The American Medical Association, founded in 1847, increasingly sought to control maternity care practice by criminalizing others who provided abortion and arguing that abortion was immoral and dangerous. States laws that criminalized abortion were also motivated by racism, fearing that newly arriving immigrants, whose birth rates were higher than those of the resident White Anglo-Saxon population, would become dominant if White Americans could choose to abort; and (National Abortion Federation. History of Abortion. Available from https://prochoice.org/education-andadvocacy/about-abortion/history-of-abortion/)

Data collected from New York City in the early 1960's demonstrated the stark disparities, with abortion-related deaths among non-white and Puerto Rican women twice as common as White women.

In 1973, the U.S. Supreme Court handed down the Jane Roe v. Henry Wade decision, which legalized abortion at the federal level and invalidated all state abortion bans.

As states began to legalize abortion and allow people to legally terminate their pregnancies, maternal and infant mortality declined dramatically. After New York State legalized abortion up to 24 weeks gestational age in April 1970, health department officials noted a 37% decline in the maternal mortality rate by the end of 1971.

The California Therapeutic Abortion Act, passed in 1967, allowed for abortion when pregnancy posed a substantial risk to the physical or mental health of the mother or when pregnancy resulted from rape or incest. The law, however, required those seeking abortion to receive approval from hospital therapeutic abortion committees that required at least two physicians to approve pregnancy termination. This requirement favored White women with financial means who were most able to find sympathetic doctors; it often overlooked the needs of poor women and Women and Color.

Public Health Data
By age 45, nearly 1 in 4 American women will have intentionally terminated a pregnancy.

The latest available U.S. data from the Centers for Disease Control and Prevention and the National Center for Health Statistics are that maternal mortality due to legal induced abortion is 0.41 per 100,000 procedures, as compared with the overall maternal mortality rate of 23.8 per 100,000 live births.

In 2017, approximately 18% of all pregnancies in the United States ended in abortion, with 66% occurring by eight weeks of gestation and 88% by 12 weeks.

Despite its demonstrated safety record, abortion is extensively regulated in many states, with restrictions on patients and providers that do not exist in any other area of medicine. These restrictions, may pose risks of significant harm.

Data show abortion is safer than many common medical procedures including wisdom teeth removal and colonoscopy.

For People of Color, low-income people, young people, and immigrants, barriers to accessing abortions may include experiences of racism, discrimination, stigma, and marginalization in interactions with the health care system; cultural and/or linguistic issues; uncertainty about what the steps are for obtaining and paying for abortion services; lack of reproductive health knowledge; religious concerns; and strict federal immigration enforcement.

Black African American women experience pregnancy-related death at 3 times the rate of White women in the United States, and over twice the risk of experiencing an infant's death during the first year of life.

Medication Abortion

Medication abortion allows people to terminate a pregnancy or treat early miscarriage without surgery, using the safe and effective Food and Drug Administration-approved prescription drugs, mifepristone and misoprostol.

Medication abortion is an approved, safe and effective means of ending a pregnancy of less than 10 weeks gestation; evidence also suggests safety and efficacy of medication abortion to 11 weeks and through the entire first trimester when used under clinical guidance.

Research demonstrates that medication abortion can be performed safely without an ultrasound to measure gestational age or to confirm completion of abortion, removing key requirements for the need to visit an abortion provider in person.

Despite its demonstrated safety and efficacy, mifepristone access in the U.S. has been limited because the medication has been subject to unique and burdensome FDA-imposed restrictions known as a Risk Evaluation and Mitigation Strategy. These restrictions prohibit mifepristone sales by retail or mail-order pharmacies. Consequently, mifepristone, which is crucial in areas with severe abortion provider shortages and/or with repressive abortion policies, has been underutilized.
These restrictions, in place for 20 years, were lifted during the COVID-19 pandemic and permanently removed in December 2021. These changes allow people in some states to access abortion services through telehealth and safely end their pregnancies without traveling to a clinic, although this information has not been widely disseminated to providers or the public.

Roughly half of states already have restrictions in place limiting access to mifepristone and/or telehealth abortion services.

Attachment B

Health Commission
City and County of San Francisco
Resolution No. 22-20

RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION 54953(e)

WHEREAS, California Government Code Section 54953(e) empowers local policy bodies to convene by teleconferencing technology during a proclaimed state of emergency under the State Emergency Services Act so long as certain conditions are met; and

WHEREAS, In March, 2020, the Governor of the State of California proclaimed a state of emergency in California in connection with the Coronavirus Disease 2019 ("COVID-19") pandemic, and that state of emergency remains in effect; and

WHEREAS, On February 25, 2020, the Mayor of the City and County of San Francisco (the "City") declared a local emergency, and on March 6, 2020 the City's Health Officer declared a local health emergency, and both those declarations also remain in effect; and

WHEREAS, On March 11 and March 23, 2020, the Mayor issued emergency orders suspending select provisions of local law, including sections of the City Charter, that restrict teleconferencing by members of policy bodies; and

WHEREAS, Consistent with the Mayor's orders and State law, the Health Commission met remotely during the COVID-19 pandemic through March 6, 2022; and

WHEREAS, On February 10, 2022, the Mayor issued an emergency order that (1) requires decision-making boards and commissions established in the Charter (with the exception of the Board of Supervisors) to hold meetings in person at a physical location where members of the public may attend and provide comment, (2) allows members of those boards and commissions to participate remotely in the in-person meetings for COVID-related health reasons, (3) allows but does not require subcommittees of those boards and commissions to meet in person at a physical location where members of the public may attend and provide comment, and (4) prohibits all other policy bodies (with the exception of the Board of Supervisors and its committees) from meeting in person under any circumstances, with limited exceptions; and

WHEREAS, On September 16, 2021, the Governor signed AB 361, a bill that amended the Brown Act to allow local policy bodies to continue to meet by teleconferencing during a state of emergency without complying with restrictions in State law that would otherwise apply, provided that the policy bodies make certain findings at least once every 30 days; and

WHEREAS, While federal, State, and local health officials emphasize the critical importance of vaccination (including a booster once eligible) and consistent mask-wearing, regardless of vaccination status, to prevent the spread of COVID-19, the City's Health Officer has issued at least one order (Health Officer Order No. C19-07y, available online at www.sfdph.org/healthorders) and one directive (Health Officer Directive No. 2020-33i, available online at www.sfdph.org/directives) that continue to recommend measures to promote safety for indoor gatherings, including vaccination, masking, improved ventilation, and other measures, in certain contexts; and

WHEREAS, The California Department of Industrial Relations Division of Occupational Safety and Health ("Cal/OSHA") has promulgated Section 3205 of Title 8 of the California Code of Regulations, which requires most employers in California, including in the City, to train and instruct employees about measures that can decrease the spread of COVID-19; and

WHEREAS, Without limiting any requirements under applicable federal, state, or local pandemic-related rules, orders, or directives, the City's Department of Public Health, in coordination with the City's Health Officer, has advised that for group gatherings indoors, such as meetings of boards and commissions, people can increase safety and greatly reduce risks to the health and safety of attendees from COVID-19 by maximizing ventilation, wearing well-fitting masks regardless of vaccination status (and as strongly recommended for everyone by the State of California's indoor masking order and Health Officer Order No. C19-07y), encouraging vaccination (including a booster as soon as eligible), staying home when sick or when experiencing any COVID-19 symptom, discouraging consumption of food or beverages in the meeting, following good hand hygiene practices, and making informed choices when gathering with people whose vaccination status is not known; and

WHEREAS, the Health Commission will begin meeting in person consistent with the Mayor's February 10, 2022 order, allowing members to participate by video from a separate location for COVID-related health reasons and providing members of the public an opportunity to observe and provide public comment either in person or remotely; now, therefore, be it

RESOLVED, That the Heath Commission finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the Health Commission has considered the circumstances of the state of emergency.

2. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its committees in person without allowing certain members of this body to attend remotely would present imminent risks to the health or safety of certain attendees due to COVID-19, and the state of emergency continues to directly impact the ability of those members to meet safely in person; and, be it

FURTHER RESOLVED, That for at least the next 30 days, the Health Commission will hold in-person meetings, with some members possibly appearing remotely. If all members of the Health Commission are unable to attend in person for COVID-related health reasons, then the Health Commission will hold the meeting remotely without providing an in-person meeting location. If the Health Commission votes to allow it and appropriate space is available, the Health Commission's subcommittees may hold in-person meetings as well, or alternatively, the subcommittees may hold meetings exclusively by teleconferencing technology (and not by any in-person meetings or any other meetings with public access to the places where any policy body member is present for the meeting). All meetings of the Health Commission and its committees will provide an opportunity for members of the public to address the body and will otherwise occur in a manner that protects the statutory and constitutional rights of parties and the members of the public attending the meeting via teleconferencing; and, be it

FURTHER RESOLVED, That the Executive Secretary of the Health Commission is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Health Commission within the next 30 days. If the Health Commission does not meet within the next 30 days, the Executive Secretary is directed to place a such resolution on the agenda of the next meeting of Health Commission.

I hereby certify that the San Francisco Health Commission at its meeting on August 2, 2022, adopted the foregoing resolution

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Mark Morewitz, MSW
Health Commission Executive Secretary