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President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

Karim Salgado
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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MINUTES

HEALTH COMMISSION MEETING

Tuesday July 16, 2024 4:00 p.m.

101 Grove Street, Room 300

San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Laurie Green, MD, President
Commissioner Edward A. Chow M.D
Commissioner Susan Belinda Christian, J.D.
Commissioner Karim Salgado

Excused: Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 2, 2024.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

These 7/2/2024 minutes include my testimony this Commission's 6/18/2024 minutes indicated LHH's "Continuous Care at the Bedside" initiative was a key component of LHH's nine-step "sustainability" plan for compliance with CMS regulations presented at the 4/10/2024 CMS Quality Conference. After Commissioner Green requested HSAG's report analyzing the CCBI initiative, I obtained it from another records requestor. HSAG recommended LHH continue the CCBI. These minutes report Commissioner Giraud suggested because there's no code in EPIC for subacute services, it's difficult for hospitals to collect and report subacute discharge data. Giraud suggested SFDPH request EPIC Corporation add a code for subacute discharges. On 6/22/2021, I published my article: "An Epic Lie: \$167.4 Million Database That Couldn't," reporting Epic Corporation's Media Relations Department confirmed to me EPIC has an entire module with discharge location information, overhead displayed here today. This Commission should require Eric Raffin and all hospitals immediately begin using that module!

Action taken: The Health Commission unanimously approved the July 2, 2024 meeting minutes.

3) **GENERAL PUBLIC COMMENT**

Chris Ford Kline stated that he is working to finalize the presentation related to healthcare records and privacy. He is willing to work with the DPH leadership and the Commission on these important issues.

Patrick Monette-Shaw made comments and submitted the following summary:

It's long occurred to me ask why there's an SFGH-JCC and an LHH-JCC, but no JCC for the San Francisco Health Network (SFHN). After all, SFHN was stood up and created — back in 2013, approximately — to pull SFDPH's 13 or so community-based primary care health centers and mental health clinics under an “umbrella” network, dubbed SFHN, never intended to micromanage LHH. But sadly, we never hear in any JCC setting any oversight of the primary care and mental health clinics operating under the SFHN umbrella. This suggests to observers that this Health Commission may also not be providing sufficient oversight in this Commission's role as the “governing body” over those primary care and mental health clinics. SFHN managers have no experience managing primary health centers, like they had no experience running LHH. It's high time this Commission created an SFHN-JCC. Insufficient oversight of SFHN's clinics appears to be long overdue.

4) **DIRECTOR'S REPORT**

Naveena Bobba, MD, Deputy Director of Health, presented the item.

DISEASE SURVEILLANCE USING WASTEWATER

Wastewater surveillance is a relatively new method of monitoring disease trends that began during the COVID-19 pandemic. Since COVID-19 was the first virus to be tracked in this way, scientists understand how to interpret wastewater data for COVID-19 better than for the pathogens that have been subsequently added. Wastewater data for COVID-19 has been shown to correlate well with trends in the community—when COVID-19 wastewater detections increase, we know that means COVID-19 infections are rising, and vice versa. There is some variability in the data from day to day, so it is important to see the data as trends over time rather than place significance on any single data point. DPH partners with the California Department of Public Health, WastewaterSCAN, and other local health departments to interpret and understand wastewater surveillance data as the science evolves.

There are several websites that show wastewater surveillance data:

- WastewaterSCAN Dashboard (currently shows COVID-19, flu, RSV, mpox, and other pathogens)
data.wastewaterscan.org
- California Wastewater Surveillance Network Dashboard (currently shows COVID-19 only)
www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CalSuWers-Dashboard.aspx
- National Wastewater Surveillance System (currently shows COVID-19, flu, and mpox)
www.cdc.gov/nwss

San Francisco has two sewersheds, Southeast and Oceanside, so the wastewater data must be viewed one sewershed at a time. The Southeast sewershed receives wastewater from the majority of the residents, commuters, and visitors to the city.

ZSFG HOSPITAL AND NURSING CARE CENTER FULLY ACCREDITED BY JCC

The Joint Commission has now fully accredited ZSFG Hospital and Nursing Care Center for another three years after completing a survey on campus in February. During their visit earlier this year, the survey team was very complimentary of the care and services they observed including the 4A Skilled Nursing team, who impressed the surveyor with their compassionate care; the Kitchen team for cleanliness; the Emergency Management program for being “rock solid”; and Facilities Services for cleanliness of the utility rooms. They also called out ZSFG's exceptional work promoting diversity, equity and inclusion. Congratulations to the entire ZSFG team for their work toward this achievement.

ZSFG WELCOMES NEW EXECUTIVE TEAM MEMBERS

This month, ZSFG welcomed three new members to the Executive Team to continue fostering the partnership between ZSFG and UCSF through the Vice Dean of the School of Medicine. Please join us in welcoming Jeff Critchfield, MD; Mary Mercer, MD, MPH; and Laurae Pearson.

Jeff has taken on the role of Interim Vice Dean where he will lead the team in creating innovative programs and training the next generation of providers, further strengthening the partnership between UCSF and the City and County of San Francisco.

Mary Mercer will serve in the Chief of Staff role, contributing to key quality and safety initiatives across ZSFG.

Laurae Pearson will fill the role as the Associate Dean of Administration and Finance, working with her team to assess processes that support UCSF at ZSFG.

DPH STAFF ACCEPTED INTO AMERICA'S ESSENTIAL HOSPITALS FELLOWS CLASS OF 2024-2025

America's Essential Hospitals recently welcomed the largest class in the 36-year history of its Fellows Program: 50 rising leaders from 27 essential hospitals will explore best practices in leadership, diversity and inclusion, policymaking, and other topics. Two of those leaders are from the DPH SF Health Network (SFHN): Angelica Journagin, Chief Administrative Officer at ZSFG and Nader Hammoud, Vice President of Support Services in Central SFHN Administration.

Designed for senior clinical and administrative personnel, this Fellowship has produced more than 750 alumni, including CEOs, other hospital executives, and national health care thought leaders. The program, established in 1988, provides strategic leadership and advocacy training to help member hospitals develop and inspire their high-potential staff.

POWER TO HEAL: MEDICARE AND THE CIVIL RIGHTS REVOLUTION

DPH employees and community members recently attended two free screenings of the documentary "Power to Heal: Medicare and the Civil Rights Revolution." Presented by the California Physicians Alliance. The film educates viewers on the historic struggle for equitable health care access. Through learning partnerships like this, the DPH Office of Health Equity continues to develop ways to incorporate health equity into our department's daily practices.

COVID-19 UPDATE

As of 06/11:

- San Francisco's 7-day rolling average of COVID test positivity is 11.1%.
- Thirty-three percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Commissioner Comments:

Commissioner Green thanked Dr. Bobba for the report.

5) AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

Max Gara, Senior Health Planner, presented the item.

Public Comment:

Debbie Lerman stated that she has participated on the workgroup since its inception. She expressed support for the standards put forth by the DPH. She noted that all workgroup members shared deep concerns about the cost of deductibles. Non-profits need to choose affordable plans for its workforce. Nonprofit organizations

are also concerned about raising wages in order to recruit and retain workers; this may result in organizations choosing cheaper insurance plans.

Commissioner Comments:

Commissioner Green thanked the members of the workgroup for their participation and the Office of Policy and Planning staff for their work on this important item.

Commissioner Chow thanked the workgroup members for their participation and stated that he supports approval of the standards.

Commissioner Green asked the DPH and/or City offers analysis to employers about which plan is best for them to choose. Mr. Gara stated that the DPH provides the standards and FAQs online to address general questions. However, it does not provide assistance to employers regarding which plan is best for them.

Commissioner Green asked if it vets insurance brokers to make sure they have the best interest of employers and employees. Mr. Gara stated that is outside the scope of the DPH jurisdiction and would align more with the Office of Standards and Enforcement.

Commissioner Green asked if some staff live outside San Francisco and work remotely for businesses located within the city. Mr. Gara stated that the Office of Standards and Enforcement would determine which staff may be covered by the company's insurance.

Action Taken: The Health Commission unanimously approved the Accountability Ordinance Minimum Standards. (See attached)

6) DPH GIFT REPORT FY2023-24

Drew Murrell, DPH CFO, presented the item.

Commissioner Comments:

Commissioner Green thanked Mr. Murrell for presenting the item.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

President Laurie Green, LHH JCC members, stated that at the July 9th Laguna Honda Hospital JCC meeting, the committee acknowledged the dedicated staff and the hard work that led to Medicare recertification. During the Executive Team Report, the committee heard from some of the newly hired leadership and welcomed them to the Laguna Honda team. Dr. Lam reviewed the current COVID-19 cases and prevention efforts among staff and residents. Ms. Simon gave an overview of the Admission Priorities, which were also shared at the last full Health Commission meeting. The committee also reviewed the Regulatory Affairs report, including recent CDPH surveys which investigated older incidents. Laguna Honda Quality leadership is working with CDPH to reconcile records in the hope that CDPH can investigate and clear out all older cases. The committee also reviewed the Human Resources report and reviewed and recommended that the full Commission approve the policies on the Consent Calendar, pending responses to Commissioner questions. At this time, all questions have been answered sufficiently. In closed session, the committee approved the Credentials Report and the PIPS Minutes Report.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

While included in this Commission's 7/2/2024 meeting minutes, it's unfortunate Commissioner Green's summary report of the 7/9/2024 LHH-JCC meeting today she neglected mentioning the week before during the Commission's 7/2/2024 meeting on out-of-county discharges made by private-sector hospitals during 2023, Green asked Ms. Altman a how many skilled nursing beds remain in San

Francisco. Mr. Morewitz refused to provide me data Altman stated she would provide Green. I received that data today under a records request. SFDPH provided freestanding SNF bed data from a 2022 California HCAI “Long-Term Care Financial Data” pivot table, reporting 1,132 freestanding SNF beds, over-estimated by 152 beds. CDPH’s “Cal Health Find” system reports today just 980 freestanding SNF beds, 152 less than HCAI’s two-year-old, out-of-date data. Just 980 freestanding SNF beds demands this Commission direct LHH it must submit a waiver to save LHH’s 120 beds immediately! What’s the delay submitting the bed waiver request?

8) CONSENT CALENDAR

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

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response
2	Facility-wide	24-16 Appendix 5	Code Blue Appendix 5 Code Blue Record
3	Facility-wide	24-16 Appendix 6	Code Blue Appendix 6 Code Blue Drill Record
4	Facility-wide	24-16 Appendix 7	Code Blue Appendix 7 Code Blue Drill Record
5	Facility-wide	25-11	Medication Errors and Incompatibility
6	Facility-wide	75-01	Security Management Plan 2022-2023
7	Facility-wide	75-15	Security Records Retention and Disclosure Policy
8	EVS	90-01	Environmental Services
9	EVS	II	Environmental Services
10	EVS	III	Environmental Services Organizational Chart
11	EVS	V	EVS Staff General Information
12	EVS	VI	Performance Guidelines
13	EVS	VII	Work Rules
14	EVS	XIII	Patient, Residence Care Areas
15	EVS	XVIII	Microfiber Damp Mopping Cleaning
16	EVS	XX	Privacy Curtain Replacement
17	EVS	XXII	EVS Temporary Services
18	EVS	XXIII	Environmental Services – Management of Electronic Equipment
19	MSPP	001-03 and PMA Admissions Project Flowchart	Laguna Honda Acute Medical Unit Admission Guidelines
20	Nursing	A 9.0	Sick Leave Intermittent FMLA Tardy Call – In
21	Nursing	B 6.0	Items at Bedside
22	Nursing	B 7.0	Nursing Care of Resident with Seizure
23	Nursing	D 4.0	Care of a Prosthetic Eye (Artificial Eye)
24	Nursing	D9 3.0	Bed Stripping and Terminal Cleaning
25	Nursing	D9 8.0	Charging of Electric Wheelchair
26	Nursing	E 5.0	Enteral Nutrition Support
27	Nursing	F 5.0	Nursing Management of Urinary Catheters
28	Nursing	F 6.0	Ostomy Management
29	Nursing	G 1.0	Vital Signs
30	Nursing	H 1.0	Collection of Urine Specimen

31	Nursing	H 6.0	After Hours STAT Blood Draw
32	Nursing	J 6.0	IV Maintenance
33	Nursing	D5 2.0	Limb Care following Amputation
34	Nursing	D5 6.0	Elastic & Anti-Embolism Stockings
35	Nursing	D9 6.0	Water Pitchers
36	Nursing	F 4.0	Application of Condom Catheter
37	Nursing	M 2.0	Guideline for Prevention, Assessment and Management of Residents at Risk for Dehydration
38	Nursing	M 3.0	Medi-Therm II Hyper/Hypothermia Machine
39	Nursing	M 4.0	Protocol for Personal Laundry and Use of Washer and Dryer Machine
40	Nursing	M 6.0	Transport Gurney Protocol
41	Nursing	M 7.0	Electric Medical/Surgical Bed Protocol
42	Nursing	M 8.0	Electronic Wheelchair Scale Protocol
43	Nursing	M 16.0	Protocol for Resident Escort Off Hospital Grounds
44	OC	<i>TBD</i>	Outpatient Clinic Vacation Request & Approval
45	OC	<i>TBD</i>	Outpatient Clinic Sick Call
46	OC	A2	Outpatient Clinic Appointment System
47	OC	A3	Outpatient Clinic Flow and Activities
48	OC	A5	Nurse and Resident Call System
49	OC	A6	Clinic Staff Licensure & Certification
50	OC	B1	Simple Surgical Procedures in Outpatient Clinic
51	OC	B2	Protocol for Flame Use for Denture Molding in Patients Who are on Chronic Oxygen in Dental Suites

9) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

Commissioner Susan Christian, who chaired the meeting, stated that the committee heard a robust Presentation on HIV Health Services, which oversees approximately \$46 million in services for people with HIV in San Francisco. Federal funding for this group has been steadily reduced. Mayor Breed has committed to backfilling cuts made to Ryan White funding in order to sustain our service system.

One of the initiatives this section oversees is Ending the HIV Epidemic which focuses on trans women, people who are experiencing homelessness, people with a recent history of incarceration, and people with high risk substance use.

HIV Health Services also focuses on two other populations: Black African Americans and People experiencing unstable housing, in an effort of improving viral suppression. The San Francisco HIV Community Planning Council, which represents San Francisco, Marin, and San Mateo, decides Ryan White funding priorities each year.

The second presentation was on the Reserve for Accelerated Disease Response or RADR. This group develops infrastructure to support first responders and others deployed to respond to emergency disease situations such as Mpox or COVID. The group has developed digital modules and in person trainings to support first responders understanding everything about their job, from onboarding and computers, to understanding many diseases. The group presenting was dynamic and enthusiastic about their work. Unfortunately, funding for this work was tied to federal COVID funding, which has been cut. The group is currently looking for other funding and is attempting to embed their learning into other DPH sections.

10) OTHER BUSINESS:

Commissioner Green noted that the Commissioners recently received their bound FY22-23 DPH Annual Report and remarked how beautiful the final version is.

11) ADJOURNMENT

The meeting was adjourned at 5:03pm.

Attachment

**Health Commission
City and County of San Francisco
Resolution No. 24-11**

AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

WHEREAS, On July 1, 2001, the Healthcare Accountability Ordinance (HCAO) went into effect, requiring that employers doing business with the City provide health insurance coverage for their employees that meets all the Minimum Standards or pay a fee to offset costs for health care provided by the City and County of San Francisco to the uninsured; and

WHEREAS, The HCAO provides the Health Commission with the authority and responsibility to determine Minimum Standards for health plan benefits offered by City contractors and lessees, as well as certain subcontractors and subtenants; and,

WHEREAS, the HCAO requires that the Health Commission review the Minimum Standards at least every two years and make changes as necessary to ensure that they are consistent with the current health insurance market; and

WHEREAS, In May 2024, DPH convened the Minimum Standards Workgroup, with representatives from various entities including health insurance broker firms, health plans, employers, labor advocates, and others, with the task of making recommendations for a revised set of Minimum Standards; and

WHEREAS, This workgroup met three times with the purpose of reviewing and making recommendations for changes to the Minimum Standards, with the goal to balance the needs of employers and employees that would ensure health insurance plan options for employers, retain comprehensive benefits for employees, and consider affordability for both; and

WHEREAS, The workgroup recognizes the financial challenges experienced by both employers and employees during this post-pandemic environment; and

WHEREAS, The workgroup emphasizes the importance of maintaining access to affordable and comprehensive care for employees, while ensuring that employers have access to quality health plans for their staff; and

WHEREAS, Taking into consideration the workgroup's recommendations, DPH produced a written report to be presented to the full Health Commission on July 16th, 2024 with an explanation of the process and description of the recommendations; and

WHEREAS, A review of the current Minimum Standards against 178 plans on the small business market in 2024 found that only 33 percent of silver plans are compliant; with the changes recommended here, this increases the share of compliant silver plans to 77 percent; and

WHEREAS, DPH supports the proposal developed in conjunction with the HCAO Minimum Standards Workgroup, as described fully in this resolution, and is respectfully requesting approval from the Health Commission;

THEREFORE, BE IT RESOLVED, That the Health Commission thanks the Minimum Standards Workgroup for its thorough and thoughtful engagement and collaboration to develop recommended changes to the HCAO Minimum Standards for the Health Commission's consideration; and be it

FURTHER RESOLVED, That the Health Commission approves the following revised Minimum Standards effective January 1 for the calendar years 2025 and 2026:

Benefit Requirement	New Minimum Standard
Type of Plan	<p>Any type of plan that meets all the Minimum Standards as described below.</p> <p>All gold- and platinum-level plans written in California are deemed compliant if:</p> <ul style="list-style-type: none"> the employer covers 100 percent of both the plan premium and medical services deductible; and the plan covers all required covered services standards (5, 8-16) <p>Employers may use any health savings/reimbursement product that supports coverage of the medical deductible.</p>
1. Premium Contribution	Employer pays 100 percent
2. Annual OOP Maximum	<p><u>In-Network</u>:</p> <ul style="list-style-type: none"> Employer must cover in-network out-of-pocket expenses up to 50 percent of plan’s annual out of pocket maximum. These expenses must be covered on a first-dollar basis. Employers may use any health savings or reimbursement product that supports compliance with this minimum standard. OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.). <i>The plan’s out of pocket maximum cannot exceed the Federal out-of-pocket limit for a self-only coverage plan during the plan’s effective date. In 2025, the limit is \$9,200</i> <p><u>Out-of-Network</u>: Not specified</p>
3. Medical Deductible	<ul style="list-style-type: none"> <u>In-Network</u>: \$3,000 <u>Out-of-Network</u>: Not specified
4. Prescription Drug Deductible	<ul style="list-style-type: none"> <u>In-Network</u>: \$400 <u>Out-of-Network</u>: Not specified
5. Prescription Drug Coverage	Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	<ul style="list-style-type: none"> <u>In-Network</u>: 55 percent/45 percent <u>Out-of-Network</u>: 50 percent/50 percent
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> <u>In-Network</u>: \$65 per visit. When coinsurance is applied See Benefit Requirement #6 <u>Out-of-Network</u>: Not specified
8. Preventive & Wellness Services	<ul style="list-style-type: none"> <u>In-Network</u>: Provided at no cost, per ACA rules. <u>Out-of-Network</u>: Subject to the plan’s out-of-network fee requirements.

Benefit Requirement	New Minimum Standard
	<p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of preventive services that are required.</p>
<p>9. Pre/Post-Natal Care</p>	<ul style="list-style-type: none"> • <u>In-Network</u>: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules. • <u>Out-of-Network</u>: Subject to the plan’s out-of-network fee requirements. <p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of pre- and post-natal services that are required.</p>
<p>10. Ambulatory Patient Services (Outpatient Care)</p>	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: • Primary Care Provider: See Benefit Requirement #7 • Specialty visits: Not specified
<p>11. Hospitalization</p>	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
<p>12. Mental Health & Substance Use Disorder Services, including Behavioral Health</p>	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
<p>13. Rehabilitative & Habilitative Services</p>	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
<p>14. Laboratory Services</p>	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
<p>15. Emergency Room Services & Ambulance</p>	<p>Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.</p>
<p>16. Other Services</p>	<p>The full set of covered benefits is defined by the California EHB Benchmark plan.</p>

I hereby certify that the San Francisco Health Commission adopted this resolution at its meeting of July 16, 2024.

Mark Morewitz, MSW
Health Commission Executive Secretary