



STATE LEGISLATION COMMITTEE
Wednesday, March 11, 2020
11:00am – 1:00pm
City Hall, Room 201

MEMBERS:

Mayor's Office (Chair) -- Edward McCaffrey
Board President Norman Yee -- Jen Low
Supervisor Sandra Fewer -- Ian Fregosi
Assessor's Office -- Holly Lung
City Attorney's Office -- Mary Jane Winslow
Controller's Office -- Dan Kaplan
Treasurer's Office -- Eric Manke

AGENDA

I. ROLL CALL

II. APPROVAL OF MEETING MINUTES (Action Item). Discussion and possible action to approve the minutes from the meeting of February 12, 2020.

III. STATE LOBBYIST OVERVIEW AND UPDATE (Discussion Item). The City's state lobbyist will present to the Committee an update on State legislative matters.

IV. PROPOSED LEGISLATION (Discussion and Action). Discussion and possible action item: the Committee with review and discuss state legislation affecting the City and County of San Francisco. Items are listed by Department, then by bill number.

New Business

Department of Public Health

Presenter: Max Gara

1. AB 2258 (Reyes) Doula care: Medi-Cal pilot program
Recommended Position: Support
The bill would support efforts to address maternal-child health inequities by requiring Medi-Cal to pilot full-spectrum doula care as a fully covered benefit for 3 years in the 14 California counties that have the highest number of Black births, including San Francisco.

2. SB 855 (Wiener): Health coverage: mental health or substance abuse disorders
Recommended Position: Support
This bill would improve access to behavioral health services by requiring insurance companies to cover all medically necessary mental health care and substance use disorder treatments, not just emergency crisis care.

3. SB 888 (Wiener): Substance use disorder services: contingency management services
Recommended Position: Sponsor
This bill seeks to address the increase in methamphetamine use and overdose deaths by expanding substance use disorder treatment options covered under Medi-Cal by requiring Medi-Cal to pay for contingency management.

4. SB 932 (Wiener): HIV counselors
Recommended Position: Support
This bill aims to address the major increase in syphilis infections by allowing HIV counselors to perform rapid testing for syphilis in addition to testing counselors are already allowed to provide for HIV and hepatitis C virus (HCV). The bill would also allow HIV counselors to receive HIV counseling training through a course that has been certified by the Office of AIDS.

V. GENERAL PUBLIC COMMENT

Members of the public may address the Committee on items of interest that are within the Committee's subject matter jurisdiction and that do not appear on the agenda.

VI. ADJOURNMENT

Disability Access

Room 201 of City Hall is located at 1 Dr. Carlton B. Goodlett Place, and is wheelchair accessible. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible Muni lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness, as well as Muni Metro stations at Van Ness and Civic Center. For more information about Muni accessible services, call 923-6142. There is accessible parking at the Civic Center Plaza garage.

Know Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Donna Hall at Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102, by phone at 415-554-7724, by fax at 415-554-7854, or email the Sunshine Ordinance Taskforce Administrator at sotf@sfgov.org. Citizens may obtain a free copy of the Sunshine Ordinance by contacting the Task Force, or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at www.sfgov.org/sunshine.htm.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code Sec. 2.100 -2.160) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone 415-581-2300, fax 415-581-2317, Internet website: www.sfgov.org/ethics.

Cell Phones and Pagers

The ringing and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

Public Comment

Public Comment will be taken on each item on the agenda before or during consideration of that item.

Document Review

Documents that may have been provided to members of the State Legislation Committee in connection with the items on the agenda include proposed state legislation, consultant reports, correspondence and reports from City departments, and public correspondence. These may be inspected by contacting Edward McCaffrey, Manager, State and Federal Affairs, Mayor's Office at: (415) 554-6588.

Health Considerations

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.



**STATE LEGISLATION COMMITTEE
DRAFT MINUTES
Wednesday, February 12, 2020
11:00am – 1:00pm
City Hall, Room 201**

MEMBERS:

Mayor's Office (Chair) -- Edward McCaffrey
Board President Norman Yee -- Jen Low
Supervisor Sandra Fewer – Chelsea Boilard
Assessor's Office -- Holly Lung
City Attorney's Office -- Mary Jane Winslow
Controller's Office -- Dan Kaplan
Treasurer's Office – Eric Manke

Meeting commenced at 11:03 a.m.

AGENDA

I. ROLL CALL

Present: Edward McCaffrey, Holly Lung, Mary Jane Winslow, Dan Kaplan, Eric Manke

Absent: Jen Low(joined at 11:14 a.m.), Chelsea Boilard (joined at 11:14 a.m.)

II. APPROVAL OF MEETING MINUTES (Action Item). Discussion and possible action to approve the minutes from the meeting of December 15, 2019.

No public comment.
Motion to approve: Holly Lung
Seconded by: Dan Kaplan
Approved: 5-0

III. STATE LOBBYIST OVERVIEW AND UPDATE (Discussion Item). The City's state lobbyist will present to the Committee an update on State legislative matters.

Chelsea Boilard and Jen Low were noted present at 11:14 a.m.

IV. PROPOSED LEGISLATION (Discussion and Action). Discussion and possible action item: the Committee with review and discuss state legislation affecting the City and County of San Francisco. Items are listed by Department, then by bill number.

New Business

Treasurer and Tax Collector

Presenter: Krista Brown

1. SCR 69 (Bradford) Prisoners: wages.

Recommended Position: Support

This bill would increase the earnings of incarcerated people working for the California Prison Industry Authority (CALPIA), the Division of Juvenile Facilities, and the California Department of Corrections and Rehabilitations (CDCR) to a livable wage. With an increased wage, incarcerated workers would have the opportunity to meet their financial responsibilities to their families and prepare for successful reentry, thereby decreasing recidivism rates and promoting public safety.

No public comment.

Motion to Support: Chelsea Boilard

Seconded by: Mary Jane Winslow

Approved: 7-0

Department of Public Health

Presenter: Max Gara

2. SB 803 (Beall): Mental health services: peer support specialist certification.

Recommended Position: Support

This bill would establish a statewide certification program for peer support specialists and provide the structure needed to maximize the federal funding for peer services under Medi-Cal. This bill would help address the statewide behavioral health workforce shortage while helping to increase its diversity and effectiveness.

No public comment.

Motion to Support: Dan Kaplan

Seconded by: Eric Manke

Approved: 7-0

3. SB 854 (Beall): Health care coverage: Substance use disorders.

Recommended Position: Support

This bill would improve access to substance use treatment by prohibiting a mental health plan or insurer from imposing any prior authorization requirements or any step therapy requirements before authorizing coverage for FDA-approved prescriptions.

No public comment.

Motion to Support: Eric Manke

Seconded by: Edward McCaffrey

Approved: 7-0

V. GENERAL PUBLIC COMMENT

Members of the public may address the Committee on items of interest that are within the Committee's subject matter jurisdiction and that do not appear on the agenda.

No public comment.

VI. ADJOURNMENT

Meeting concluded at 11:34 a.m.

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Date Submitted	3/4/2020
Submitting Department	Department of Public Health
Contact Name	Zea Malawa; zea.malawa@sfdph.org
Contact Email	415-581-2571
Contact Phone	Maxwell Gara; Maxwell.gara@sfdph.org 415-554-2621
Reviewed and approved by Department Head?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Reviewed and approved by Commission?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

AB 2258

Assemblymember Reyes, District 47, Democrat

Doula care: Medi-Cal pilot program

Recommended Position

- | | |
|---|---|
| <input type="checkbox"/> SPONSOR | <input checked="" type="checkbox"/> SUPPORT |
| <input type="checkbox"/> SUPPORT if amended | <input type="checkbox"/> OPPOSE |
| <input type="checkbox"/> OTHER & Describe | |

Summary

The bill would support efforts to address maternal-child health inequities by requiring Medi-Cal to pilot full-spectrum doula care as a fully covered benefit for 3 years in the 14 California counties that have the highest number of Black births, including San Francisco.

Background/Analysis

The United States has the highest maternal mortality rate in the developed world. For women of color, particularly Black women, the maternal mortality rate remains three to four times higher than White women. Black women make up 5 percent of the pregnancy cohort in California, but 21 percent of the pregnancy-related deaths. In San Francisco, the preterm birth rate (a leading cause of infant mortality) is nearly twice as high among Black women as it is for White women.¹

Even though Black and Pacific Islander women have the highest rates of prenatal

morbidity in San Francisco, women from these communities are the least likely to seek prenatal care.² Recent research of Black women conducted in San Francisco and other Bay Area counties reveal that these health outcomes are largely due to structural racism and racist experiences in the clinical setting, as most women from these communities felt disrespected, stereotyped, and coerced throughout their maternity care interactions.³ One strategy to address these inequities is provide doula care, which is a proven method of improving outcomes for women having babies; however, few of the women facing the greatest risk can access doulas due to socioeconomic barriers.

A doula is a non-medical birth worker who provides education, advocacy, and support for women during pregnancy, birth, abortion, and miscarriage. Doulas do not stand in for or replace the care of medical providers such as OB/GYN doctors, nurses, and/or midwives. Rather, they enhance routine prenatal care for pregnant and postpartum women by providing social and emotional support, individualized and culturally specific education, and strategies to reduce stress and other barriers to healthy

¹ San Francisco Department of Public Health, Maternal, Child and Adolescent Health Epidemiology Tableau Dashboard. (Accessed August 2018). SF Preterm Birth 5-Year Dashboard by Social Determinants 2018.

² California Dept. of Public Health, Newborn Screening Program, Breastfeeding Data (Apr. 2016).

³ Oparah, J. C., Arega, H., Hudson, D., Jones, L., & Oseguera, T. (2018). Battling over birth: Black women and the maternal health care crisis.

pregnancies.⁴ Numerous studies demonstrate that doulas can reduce the impacts of racism and racial bias in health care on pregnant women of color by providing individually tailored, culturally appropriate, and patient centered care and advocacy. Women receiving doula care have been found to have improved health outcomes for themselves and their infants, including higher breastfeeding initiation rates, fewer low birthweight babies, and lower rates of cesarean sections.

Challenge

While doula care offers tremendous benefit for women experiencing marginalization and risk of adverse birth outcomes, including women of color, immigrant women, and low-income women, they often cannot afford to pay out of pocket for doula care.

Solution/Recommended Proposal

The bill would support efforts to address maternal and birth health inequities by requiring Medi-Cal to pilot full-spectrum doula care as a fully covered benefit for 3 years in the 14 California counties that have the highest number of Black births: Los Angeles, San Bernardino, Sacramento, San Diego, Alameda, Riverside, Contra Costa, Kern, Fresno, San Joaquin, Solano, Orange, Santa Clara, and San Francisco. Doulas will be able to bill Medi-Cal for prenatal care, care during labor and delivery, postpartum care, and additional services that encompass a broader and more holistic vision of support for the pregnant person. Additionally, the bill would require DHCS to convene a Doula Advisory Board to create a list of core competencies required for doulas who provide services under Medi-Cal.

Departments Impacted & Why

This bill will allow the Department of Public Health to offer an additional valuable benefit to its pregnant patients. San Francisco DPH helped to launch a

community doula program (SisterWeb) in 2017. Currently, SisterWeb can offer free doula services to low income residents through grant funding. The passage of this bill will ensure the long-term sustainability of this important program once the grants have expired. San Francisco Health Plan will be required to provide educational materials about the availability of doulas to eligible clients.

Fiscal Impact

City Fiscal Impact: It is unclear how the bill will impact the city's general fund. There is ample research that demonstrates the cost of poor maternal and birth outcomes to our system. Interventions that mitigate these outcomes can have a significant return on investment.

State General Fund: While a statewide fiscal impact analysis has not been conducted, it is likely to result in costs to the State's General Fund.

Support / Opposition

Co-sponsored by Western Center on Law & Poverty, Black Women for Wellness, Birthing Project USA, National Health Law Program, South Los Angeles/South Bay African American Infant & Maternal Mortality Community Action Team and North State Doula Program. Supporters include SisterWeb, March of Dimes, Black Birthing Justice, California Nurse-Midwives.

There is no registered opposition as of 2/28/20.

⁴ Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during

childbirth. Cochrane Database of Systematic Reviews. 2017(7).

Date Submitted	3/4/ 2020
Submitting Department	Department of Public Health
Contact Name	Max Gara; 415-554-2621
Contact Email	Maxwell.gara@sfdph.org
Contact Phone	Sneha Patil; 415-554-2795 Sneha.patil@sfdph.org
Reviewed and approved by Department Head?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Reviewed and approved by Commission?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

SB 855
Senator Wiener; District 11; Democrat
Health coverage: mental health or substance abuse disorders

Recommended Position

- | | |
|---|---|
| <input type="checkbox"/> SPONSOR | <input checked="" type="checkbox"/> SUPPORT |
| <input type="checkbox"/> SUPPORT if amended | <input type="checkbox"/> OPPOSE |
| <input type="checkbox"/> OTHER & Describe | |

Summary

SB 855 would improve access to behavioral health services by requiring insurance companies to cover all medically necessary mental health care and substance use disorder treatments, not just emergency crisis care.

Background/Analysis

Mental health and substance use disorders (SUD) are significant issues in San Francisco and across California. In 2017, 35.9 percent of adults surveyed in San Francisco reported needing help for mental health or substance use issues.¹ In 2018, 34 percent of adults in California a serious mental health diagnosis have a co-occurring SUD diagnosis.²

Similar to physical health care, behavioral health care is provided by public and private systems and insurance plans. Most San Franciscans have private health insurance (employer sponsored, individual market). In 2017, an estimated 662,633 San Francisco residents, or 75.3 percent of the

population, had private insurance. Overall, an estimated 96.7 percent of residents received some form of health insurance coverage in 2018. Despite these high rates of health coverage, there can still be barriers for residents to accessing services and treatment. Barriers include lack of available treatment providers or programs, inability to pay for treatment, and lack of behavioral health parity. Behavioral health parity refers to health insurance with coverage of mental health and substance use disorder care that is offered on an equal basis as coverage of physical health care, including medical and surgical benefits. Historically, health plans have covered treatment for mental health and SUD conditions differently than treatment for physical conditions, often making behavioral health benefits substantially less generous than benefits for physical health conditions.

Challenge

While federal and state law require health plans to cover a broader scope of mental health benefits than would be required by otherwise, there continues to be issues with access to mental health and substance disorder services among the privately insured. For example- California’s parity law, the California Parity Act (1999), requires insurance companies to fund emergency

¹ California Health Interview Survey

² California Health Care Almanac: Substance Use in California: A Look at Addiction and Treatment, California; Health Care Foundation, October 2018, www.chcf.org;

mental health services. The Act, though, does not apply to all mental health conditions nor to any SUDs, leaving out many behavioral health conditions. Additionally, the lack of a definition for “medically necessary treatment” has created ambiguity about what plans will cover. Plans commonly use level of care criteria that wrongly denies needed coverage. Therefore people with insurance must often experience a full mental health crisis before receiving care.

Solution/Recommended Proposal

In order to improve and expand access to behavioral health treatment for those with private insurance, SB 855 would:

- Require health insurance plans to provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders, as specified, under the same terms and conditions applied to other medical conditions.
- Prohibit health plans from limiting benefits or coverage for behavioral health conditions to short- term or acute treatment
- Require health plans to immediately cover services out-of-network at in-network rates if the required services are not available.

Overall, this bill will require private health insurance companies to provide significantly broader access to behavioral health care, giving people living with mental illness and substance use disorder the ability to access treatment sooner and receive the support they need.

Departments Impacted & Why

San Francisco Department of Public Health (DPH) would not be directly impacted by this bill, as it does not apply to County Behavioral Health or Medi-Cal plans.

The bill would likely reduce private patients' utilization of SFDPH's behavioral health system (BHS). Most privately insured clients enter BHS through higher acuity settings (e.g. PES, inpatient psychiatric, and ADU). While DPH attempts to navigate these

patients back into the private system, there can be challenges, including:

- Private plan may disagree with DPH's BHS assessment that individual needs high level of care;
- Individual may be under-insured, and private plan may not cover service (ex. limited residential treatment coverage);
- Private plans may provide coverage, but not have agreements with providers that allow patients to access care.

This bill would address these issues by increasing access to lower levels of care for private payor patients that can prevent behavioral health conditions from worsening into a crisis, and ensuring that when private patients enter DPH's system of care, they can be transitioned back into the private system and receive access to the services they need.

The bill would likely also strengthen the future efforts of the Office of Private Insurance Accountability, one of the measures included in Mental Health SF. The Office will advocate for insured people with mental illness to make sure that they receive the care to which they are legally entitled.

Fiscal Impact

Potential cost savings to SFDPH if there is decreased utilization of crisis services by private clients.

Support / Opposition

- The Kennedy Forum (Co-sponsor)
- Steinberg Institute (Co-sponsor)
- County Behavioral Health Directors Association
- Anaheim Lighthouse
- Autism Deserves Equal Coverage
- California Access Coalition
- California Alliance of Child & Family Services
- California Council of Community Behavioral Health Agencies
- Congress of California Seniors
- Mental Health and Autism Project
- National Health Law Program

No recorded opposition.

Section 51478 of Title 22 of the California Code of Regulations.

- Provisions of bill would be contingent on funds allocated under the annual Budget Act, and receiving federal financial participation.

The Methamphetamine Task Force, convened in response to growing meth use in the City, identified expanding the use of CM as a key strategy to reduce the medical and social impacts of meth use on San Francisco.

Departments Impacted & Why

San Francisco Department of Public Health would be positively impacted by the bill, which would allow for an important treatment option Meth-related SUDs to be reimbursed under Medi-Cal. Further, Medi-Cal insured clients will have access to treatment options that best fit their needs

Fiscal Impact

These changes could potentially reduce costs to the City by increasing reimbursement opportunities from the state.

Support / Opposition

Supported by the San Francisco AIDS Foundation and sponsored by the City and County of San Francisco.

No opposition on file as of 3/4/2020.

Departments Impacted & Why

The bill would positively San Francisco Department of Public Health by allowing HIV counselors to conduct rapid testing for a wider array of STIs, and better meet the needs of the community.

Fiscal Impact

No fiscal impact.

Support / Opposition

Sponsor: AIDS Project Los Angeles (APLA).

Support: San Francisco AIDS Foundation,

Opposition: None on file.