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President

Laurie Green, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraudo ED.D
Commissioner

Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



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**MINUTES
HEALTH COMMISSION MEETING
Tuesday July 19, 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 Cecilia Chung
Commissioner Suzanne Giraudo, Ph.D

Excused: Commissioner Susan Belinda Christian, J.D.
Commissioner Tessie Guillermo

The meeting was called to order at 4:03pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 5, 2022.

Commissioner Comments:

Mr. Morewitz noted that Commissioner Green suggested the following corrections prior to the meeting:

Page 7, item 4, "COVID-19 Update:"

- She noted that Dr. Philip said people should make masking decisions based on their level of comfort; she asked how this recommendation fits in with the needs of people who are vulnerable and can't leave their apartment to do any necessary activities of daily living.
- Shawna Reeves requested that the indoor mask mandate be reinstated and noted that repeat COVID infections may lead to long-term health issues.
- They noted that the number one symptom of long COVID in children ~~are~~ is mental health issues.
- Yaneer Bar-YamWe provided public comment and submitted ~~ta~~ a summary of their comments:

Commissioner Chow requested that contract information under item 10, "Consent Calendar," be filled in.

Action taken: The Health Commission approved the minutes of the July 5, 2022 meeting, with the corrections noted above.

3) DIRECTOR'S REPORT

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

SAN FRANCISCO WAITS FOR FEDERAL RESUPPLIES OF MONKEYPOX VACCINES

San Francisco has expended doses of the monkeypox vaccine (Jynneos). DPH has urgently requested additional allocations of Jynneos from federal supplies and is waiting to hear how much the next allocation will be and when it will arrive in San Francisco

DPH's strategy has been to get vaccines out as fast as possible. DPH most recently received 2,308 doses from federal supplies and quickly distributed those vaccines to more than 10 locations. These included DPH-sites, community clinics such as the San Francisco AIDS Foundation's Strut clinic, and to the Kaiser Permanente health system.

DPH acknowledges that there are many gay and bisexual men, transgendered people and others in the LGBTQ+ community who need protection from monkeypox, and that vaccine supplies are inadequate. DPH requested 35,000 doses from federal supplies as a starting point to getting on the path toward our goal of vaccinating every person who could benefit from a vaccine.

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 this disease and protecting people.

For more information on monkeypox in SF, including case counts, vaccine locations and health guidance go to: sf.gov/monkeypox

MONKEYPOX VACCINE AT ZSFG

The monkeypox clinic at ZSFG Hospital was stood up in record time and began giving the Jynneos vaccine on Friday, July 8 to people who may have been exposed to the virus. As of the week of July 11, more than 1,700 people had been vaccinated at DPH sites. The ZSFG clinic will reopen when we receive more federal vaccine supplies.

ZSFG MEDICAL UNIT SERVING SF PRIDE

ZSFG Emergency Department staff set up an onsite medical unit at this year's PRIDE parade. Thankfully, they had few medical emergencies but did function to help parade goers who had used substances to recover. Being on site kept valuable space in our already busy Emergency Department (ED) available. Thanks to all the staff who contributed, including our partners at the SF Fire Department and ZSFG ED staff Chris Colwell and Courtney Shay.

WELCOMING NEW RESIDENTS AT ZSFG

On June 17, 2022, ZSFG welcomed a new group of UCSF residents onto our campus. Throughout the month, we onboarded and hosted over 500 new residents and fellows. UCSF has one of the nation's largest graduate medical education programs and ZSFG is one of the primary training sites for these exceptional healthcare provider trainees. While at ZSFG, the students learn to provide clinical care for our diverse patient population and engage in health systems changes through quality improvement and patient safety initiatives. In the same month in which we welcome the new trainees, we also graduate a cohort of residents and fellows who will embark on their new careers and become leaders in their fields. Congratulations to all our new residents as well as our graduates!

DPH TRAUMA INFORMED SYSTEMS TRAINING OPPORTUNITY

On August 11th at 11:30am, DPH staff are invited to attend an Intro to Mindfulness training from Jenee Johnson, Program Innovation Leader. Find out more by visiting the Eventbrite link:

<https://www.eventbrite.com/e/374005649967>

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

July 2022

Health Commission - Director of Health Report

(July 7, 2022 Medical Exec Committee)

	July	(FY 2022-2023) Year-to-Date
<i>New Appointments</i>	0	0
Reinstatements	0	0
<i>Reappointments</i>	3	3
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired/Separated	7	7
<i>Disciplinary Actions</i>	0	0
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

<i>Current Statistics – as of 7/5/2022</i>		
Active Medical Staff	35	
As-Needed Medical Staff	16	
<i>External Consultant Medical Staff</i>	41	
<i>Courtesy Medical Staff</i>	1	
<i>Affiliated Health Practitioners</i>	7	
TOTAL MEMBERS	100	

<i>Applications in Process</i>	9
<i>Applications Withdrawn this month</i>	0

Commissioner Comments:

Commissioner Bernal thanked Dr. Colfax for the report.

4) COVID-19 AND MONKEY POX UPDATE

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

Public Comment:

Kelly, Senior and Disability Action, urged the DPH to reinstate an indoor mask mandate. She does not want to get long COVID, even though she is vaccinated. Even wearing an N95 mask does not protect someone from COVID transmission. She is also concerned about the Monkey Pox outbreak.

Patrick Monette Shaw made verbal comments and submitted the following written summary:

I appreciate Dr. Philips' remarks on possibly resuming mask mandates. SFDPH's COVID data reporting web site showed as of Sunday July 17 that 42,872 additional COVID cases have been reported in the past five months since March 1, 2022 — that's fully 27% of the 164,258 cases since the pandemic started in March 2020. As well, COVID-related deaths have increased by 139 since March 1, representing 15% of San Francisco's now 928 cumulative deaths. Given this increase and BA.4 and BA.5 SFDPH should ask Mayor Breed to resume mandating all San Franciscans wear masks both indoors and outdoors, as neighboring Bay Area Counties are starting to do, given virulence of new COVID variants. The San Francisco's AIDS Foundation and DPH adopted a goal to reduce human suffering from the HIV/AIDS virus. You should reduce the human suffering caused by COVID: Resume mandating wearing of masks both indoors and outdoors, now!

Raia Small, Senior and Disability Action staff, urged a reinstatement of an indoor mask mandate. They noted that COVID-19 cases have exponentially increased. They do not agree with Dr. Philip's assessment that people are gathering in many places and exposing themselves to COVID. She noted that many people who experience health issues are not putting themselves at risk.

Jennifer, Senior and Disability Action member, stated that seems to be no urgency to reinstate a mask mandate even though the Centers for Disease Control categories many with health issues as high risk. She urged more public health preventative measures to protect the most vulnerable. She also is concerned about health care worker burn out.

Amy Balton is parent of a school aged child and urged a reinstatement of a masking mandate at school because there is no guarantee of social distancing and consistent mask use. She noted that it only takes one child to not wear a mask to spread COVID-19 across the school campus.

Caller Jackson shared concerned that the Health Commission make sure to amplify voices from the community. They noted that people want to feel safe to use public transit if necessary for activities of daily living. They urged the Commissioners to listen to people with disabilities.

Joe urged a reinstatement of a mask mandate for public transportation, noting that scientific guidance is necessary on these issues. He added that wearing a mask to protect oneself among unmasked people is not effective.

Michael, Senior and Disability Action member, urged a return to a mask mandate, noting that we should care more about people's health and wellness more than businesses.

Vinnie from the Alice B Toklas Democratic Club member stated that Monkey Pox is entirely preventable and urged the DPH and Health Commission to apply pressure at the federal and state level for more testing and expanded access for paid sick leave a vaccine access. He also thanked the DPH for including sex workers in the vaccine eligibility criteria.

Elizabeth Vanzelli is concerned that COVID-19 cases are spiking and there are no mitigation measures being implemented by the DPH. She added that there are no off ramps if things get worse. San Francisco is experiencing some of its highest cases. She is immune compromised and does not understand why the City has abandoned people with vulnerable health issues.

Sara, Senior and Disability Action, stated that she is in a high transmission risk category and lives with others who are at high risk of COVID transmission. She noted that the Bay Area is experiencing the highest surge in cases and urged a reinstatement of an indoor mask mandate.

Alissa urged a reinstatement of an indoor mask mandate.

Vivian Imperiale submitted the following written public comment:

I worked at Laguna Honda Hospital for ten years, ending in 2013. There is a reason that people living at Laguna Honda are called "residents", rather than "patients." Laguna Honda is their home. The staff and fellow residents become their extended family. They get individualized medical care and counseling and meals and activities. There is a little farm and gardens and a library and computers. What is about to happen makes no sense. LHH is being told to remove all the residents so the hospital possibly can be re-certified. Think about it. The county removes the people it serves so that it can serve people. There is no logic in this. Advocate for the removal of deficiencies while keeping the hospital open and not disrupting the lives of 600+ residents.

Commissioner Comments:

Commissioner Chow noted that the federal government has extended the expiration dates on home COVID-19 test kits.

Commissioner Giraudo noted that Los Angeles is considering reinstating an indoor mask mandate and asked if San Francisco is considering a mask mandate, specifically a mask mandate on MUNI. She noted that since Bart currently requires masks, it is confusing to riders who also use Muni. Dr. Philip stated that it is difficult to enforce masking and noted that New York City has had issues with enforcing their mask mandate. She added that the high transmission end points are not clear. She also stated that DPH and City leaders will observe how the Los Angeles mask implementation works out.

Commissioner Green asked what criteria would trigger a different approach with mask mandates in San Francisco. She also asked what San Francisco is doing to ensuring individuals who have lower income or no income have access to high quality masks. Dr. Philip stated that the DPH is working with community partners to encourage mask availability; she noted that the federal government also has a mask availability program.

Commissioner Green asked if it is possible to work with MUNI to make high quality masks available to riders. Dr. Philip stated that she will discuss this suggestion with MUNI leadership.

Commissioner Chow noted that people riding on public transportation are forced to be in close contact for possibly long rides and asked if there is data to indicate higher transmission rates in this area. Dr. Philip noted that many people are out and about, and it is difficult to determine the location at which people have become infected. She also stated that those individuals attending outdoor events with a large group of attendees should consider wearing masks.

Commissioner Bernal noted that Bart implemented mask mandates without a Health Officer order. Dr. Philip stated that Muni has the authority to institute mask mandates for its riders.

5) GENERAL PUBLIC COMMENT

Patrick Monette Shaw made verbal comments and submitted the following written summary:

Please stop downplaying the severe crisis San Francisco faces with LHH's probable closure, given CMS' de-certification and termination of LHH's provider participation agreement in CMS' reimbursement program affecting so many San Franciscans depending on Medi-Cal. During the eight months since LHH flunked its October 14, 2021 CMS/CDPH abbreviated standard inspection, the LHH-JCC and the full Health Commission have abused "*closed sessions*" to hide your deliberations from members of the public. It was shocking hearing Dr. Chow downplay during the LHH-JCC meeting on July 12 that "*the elimination of 120 beds at LHH [won't be so bad] because it won't displace current residents.*" Chow's hubris was showing! Doesn't he understand eliminating those 120 beds will affect thousands of San Franciscans far into the future denied admission to LHH and dumped out-of-county? Dr. Chow has served 30 years on this Commission. He should save face and resign immediately from this Commission!

6) RESOLUTION: AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

Max Gara, MPH, Health Program Planner, presented the item.

Public Comment:

Debbi Lerman, Director of the Human Services Network, stated that she has been a member of the workgroup since its inception. She urged the Health Commission to adopt the revised standards. She added that the workgroup sought to balance of available and affordable options for employees and employers.

Commissioner Comments:

Commissioner Chow complimented Mr. Gara for presenting complex material. He is pleased that the group strived to balance accessibility and affordability.

Commissioner Green noted concern that individuals do not forgo medical care due to financial constraints. She added appreciation for the solutions offered in the revisions being considered by the Health Commission.

Commissioner Bernal thanked Mr. Gara for including the names of the workgroup participants, noting that labor organizations were included.

Action Taken: The Health Commission unanimously approved the resolution. (see attached)

7) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) CLOSURE PLAN AND CMS RECERTIFICATION UPDATE

Roland Pickens, Director, San Francisco Health Network and Acting LHH CEO, and Wilmie Hathaway, DO, LHH Chief Medical Officer, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following written summary:

LHH's on-line Closure Dashboard shows between 5/16/22 and Sunday 7/17/22 there were 40 planned discharges to SNF's (1 to a San Francisco SNF; the other 39 to out-of-county SNF's), plus 16 planned discharges to community-based facilities (12 in San Francisco and 4 out-of-county), for a total census reduction of 56 since May. LHH's actual discharge reports to CMS/CDPH includes LHH's 13 unplanned AWOL's/AMA's bringing the total census reduction to 69 since May 16. The census two days ago on Sunday 7/17/22 is now 613 residents. However, on 10/14/21 LHH had a census of 710 residents, so the 613 census as of 7/17/22 indicates the census has shrunk by 97 residents since 10/14/21. Of the 40

people discharged to SNF's, at least two died; that's a 5% death rate potentially due to transfer trauma. The Dashboard must start reporting post-discharge expirations and AWOL's/AMA's, obtained from the Public Conservator and our Long-Term Ombudsman.

Commissioner Comments:

The Commissioners made no comments.

8) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

This item was deferred until the 8/2/22 health commission meeting.

9) OTHER BUSINESS:

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following written summary:

In addition to my testimony today on expanding data element reporting on the LHH Closure Dashboard to include post-transfer and post-discharge patient outcomes (including post-discharge deaths due to transfer trauma), as an equity matter I recommend this Commission require and direct LHH to expand the data reported the on-line Dashboard to include reporting the demographics of residents discharged, including data on gender, race/ethnicity, and age ranges — and most importantly, how many of the discharges involved “behavioral health” patients, vs. long-term care SNF patients. As well, the weekly Dashboard lumps into a single category “Board & Care, Residential Care Facility (RCF), and RCFE (Elderly).” I believe and recommend that the Health Commission should direct LHH to break out number of the discharges to each type of facilities, not aggregating them into a single number. That would provide more context to members of the public, and shouldn't be burdensome to LHH's staff.

10) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Green, LHH JCC member, gave an update from the July 12, 2022 LHH JCC meeting. She noted that the committee discussed an Executive Team Report presentation on the CMS mandated closure plan and recertification efforts. The presentation included much of the information which was shared in today's presentation. This included workflow for patient assessment and discharge processes and dashboards showing activities related to patient assessments and Laguna Honda staff attempts to find placements for patients. The committee also reviewed Laguna Honda activities related to recertification including mock surveys conducted by consultants and a pilot reorganization to high performing skilled nursing home leadership and staffing models. The committee heard about the need for Laguna Honda to find another food vendor with more extensive food options before it can begin necessary kitchen renovations. Staff also presented on the CMS mandate to reduce bed occupancy to a maximum of 2 people per room, which will reduce the facility's bed capacity by 120. The committee reviewed the Regulatory Affairs report and discussed a presentation on LGBTQ Resident Experience at Laguna Honda Hospital. The Fellow who worked on the project included some recommendations for future implementation. In closed session, the committee approved the Credentials Report and PIPS Minutes Report.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following written summary:

I'm disappointed by the brief report a Commissioner just made to the full Commission on the July 12 LHH-JCC meeting on LHH's closure. I apologize for my passionate comments during the July 12 meeting “shamming” Commissioners, in particular Dr. Chow, for only holding closed session — not open session — deliberations on LHH's closure. Dr. Chow's statement during today's Health Commission meeting he feels “it's a shame 120 of LHH's beds are being eliminated” was ironic. Chow knows 420 beds were eliminated from LHH's 2010 replacement hospital rebuild project. The additional 120-bed cuts brings the total of LHH's bed eliminated to 540, nearly half of the 1,200 beds planned for LHH's rebuild. On May 19, 2015 then-Commission president Chow claimed a “new” City Attorney petition no

longer required the Commission rule on whether St. Mary's 32-bed SNF closure would or wouldn't be detrimental to San Franciscans. Chow should resign in disgrace.

11) 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, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER QUALITY UPDATE REGARDING
RECENT REGULATORY SURVEY ACTIVITY**

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).

12) ADJOURNMENT

The meeting was adjourned at 8:03pm.

**Health Commission
City and County of San Francisco
Resolution No. 22-16**

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 2022, 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 four 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 global pandemic and subsequent economic crisis; 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 19th, 2022 with an explanation of the process and description of the recommendations; and

WHEREAS, A review of the current Minimum Standards against 165 plans on the small business market in 2022 found that only 5 percent of silver plans are compliant; with the changes recommended here, this increases the share of compliant silver plans to 75 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 2023 and 2024:

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 California Patient-Centered Benefit Design Out-of-Pocket limit for a silver coinsurance or copay plan during the plan’s effective date. In 2023, the limit is \$8,750</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>: \$300 <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>: 60 percent/40 percent

	<ul style="list-style-type: none"> • <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>: \$60 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. <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>
9. Pre/Post-Natal Care	<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>
10. Ambulatory Patient Services (Outpatient Care)	<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
11. Hospitalization	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
12. Mental Health & Substance Use Disorder Services, including Behavioral Health	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
13. Rehabilitative & Habilitative Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
14. Laboratory Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
15. Emergency Room Services & Ambulance	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.
16. Other Services	The full set of covered benefits is defined by the California EHB Benchmark plan .

I hereby certify that the San Francisco Health Commission adopted this resolution at its meeting of July 19, 2022.

Mark Morewitz, MSW
Health Commission Executive Secretary