

1 [Health Code - Subacute Care Reporting Requirements]

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3 **Ordinance amending the Health Code to require general acute care hospitals in the City**  
 4 **to report annually to the Department of Public Health the number of, and certain**  
 5 **demographic information regarding, patients transferred to a health facility outside of**  
 6 **the City to receive subacute skilled nursing care and patients who qualify for subacute**  
 7 **skilled nursing care but are not transferred to a health facility outside of the City.**

8 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.  
 9 **Additions to Codes** are in *single-underline italics Times New Roman font*.  
 10 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.  
 11 **Board amendment additions** are in double-underlined Arial font.  
 12 **Board amendment deletions** are in ~~strikethrough Arial font~~.  
 13 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code  
 14 subsections or parts of tables.

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13 Be it ordained by the People of the City and County of San Francisco:

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15 Section 1. Article 3 of the Health Code is hereby amended by adding Sections 140  
 16 through 140.3, to read as follows:

17 **SEC. 140. FINDINGS.**

18 *San Francisco has a shortage of subacute skilled nursing care beds in the City, which often*  
 19 *necessitates transferring patients from general acute care hospitals in the City to subacute skilled*  
 20 *nursing care facilities outside of the City. Some City residents who receive subacute skilled nursing*  
 21 *care at facilities outside of the City, and their families, face hardships associated with traveling to, and*  
 22 *receiving care at, these facilities. As the City strives to increase the number of subacute skilled nursing*  
 23 *care beds in San Francisco, it is necessary to understand the full scope of the need for subacute skilled*  
 24 *nursing care beds based on the number of patients who qualify for subacute skilled nursing care in an*  
 25 *acute care hospital and are either transferred outside of the City or remain in the City in an acute care*

1 hospital. Accordingly, Section 140.2 requires public and private general acute care hospitals in the  
2 City to report the number of and aggregated demographic information regarding qualified subacute  
3 skilled nursing care patients to the Department of Public Health.

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5 **SEC. 140.1. DEFINITIONS.**

6 For purposes of Sections 140 through 140.3 the following terms have the following meanings:

7 “City” means the City and County of San Francisco.

8 “Department” means the Department of Public Health.

9 “Director” means the Director of Health or the Director’s designee.

10 “Subacute Health Facility” means a facility located outside of the City and licensed under  
11 Section 14132.25 of the California Welfare and Institutions Code, as amended from time to time, to  
12 provide Subacute Care.

13 “Hospital” means every health facility in the City, whether public or private, licensed as a  
14 general acute care hospital, as defined by Section 1250(a) of the California Health and Safety Code, as  
15 amended from time to time.

16 “Subacute Care” means skilled nursing care consisting of adult subacute care, which is a level  
17 of care designed for patients who have an acute illness, injury, or exacerbation of a disease process,  
18 and pediatric subacute care, which is a level of care for patients under 21 years of age who use a  
19 medical technology that compensates for the loss of a vital bodily function.

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21 **SEC. 140.2. REPORTING TO THE DEPARTMENT OF PUBLIC HEALTH.**

22 (a) Hospitals owned by the City or private entities shall disclose to the Department the  
23 following information in the form of a report to be submitted annually to the Department by January 31  
24 for the preceding calendar year, except that the submission deadline for calendar year 2021 shall be  
25 April 30, 2022. The Department shall request such information from Hospitals owned by non-City

1 public entities. The report shall present patient information in aggregate, de-identified form consistent  
2 with state and federal laws governing the confidentiality of medical information.

3 (1) The total number of patients who were City residents and the total number of  
4 patients who were not City residents, transferred by the Hospital to a Subacute Health Facility for the  
5 purpose of receiving Subacute Care.

6 (2) The total number of patients who were City residents and the total number of  
7 patients who were not City residents, who qualified for Subacute Care while admitted to the Hospital  
8 but were not transferred by the Hospital to a Subacute Health Facility.

9 (3) The following aggregate demographic information for each category of patient: age,  
10 race/ethnicity, gender (as well as sexual orientation and gender identity, if normally collected by the  
11 Hospital), patient's insurance provider (by way of example but not limitation, Medi-Cal, Medicare, or  
12 the specific private insurance provider), and housing status (by way of example but not limitation,  
13 people experiencing homelessness, marginally housed, or permanently housed).

14 (b) The Director may issue rules or guidelines regarding the information required by this  
15 Section 140.2 including the format by which Hospitals will transmit the report.

16 (c) The Department shall annually submit a written report to the Health Commission based on  
17 the annual reports submitted by the Hospitals to the Department. The Department's report to the  
18 Health Commission shall include not only statistical information but also such future plans and/or  
19 recommendations, as the Department deems appropriate, for provision of Subacute Care in the City.

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21 **SEC. 140.3. GENERAL WELFARE.**

22 In enacting and implementing Sections 140–140.2, the City is assuming an undertaking only to  
23 promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an  
24 obligation for breach of which it is liable in money damages to any person who claims that such breach  
25 proximately caused injury.

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Section 2. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

APPROVED AS TO FORM:  
DAVID CHIU, City Attorney

By: /s/ Henry L. Lifton  
HENRY L. LIFTON  
Deputy City Attorney

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