

FILE NO. 070678

ORDINANCE NO.

1 [Planning – institutional master plan update and review for medical institutions.]

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3 **Ordinance amending Planning Code Section 304.5, Institutional Master Plans, to**
4 **require a qualified health planner retained by the Department of Public Health to**
5 **analyze the relationship between the City's long-term health care needs and facility**
6 **planning for medical institutions as part of the Institutional Master Plan and revision**
7 **process; clarifying and updating the Institutional Master Plan process through minor**
8 **changes to generally applicable institutional master plan requirements to citywide**
9 **~~health care needs of medical institutions' institutional master plans, revisions, and~~**
10 **~~conditional use applications, to provide comments to the Planning Department; making~~**
11 **environmental findings; and making findings of consistency with the General Plan and**
12 **priority policies of Planning Code Section 101.1.**

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14 Note: Additions are *single-underline italics Times New Roman*;
15 deletions are *strikethrough italics Times New Roman*;

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17 Board amendment additions are double underlined.
18 Board amendment deletions are ~~strikethrough normal~~.

19

20 Be it ordained by the People of the City and County of San Francisco ("City"):

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Section 1. Findings.

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(1) The institutional master plan review process set forth in Planning Code Section
23 304.5 provides the City, the Planning Commission, and the general public with essential
24 information on the long-term use and development of post-secondary and medical institutions
25 in the City.

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1 (2) The institutional master plan process gives institutions the opportunity to make
2 modifications to their master plans in response to public comments prior to more detailed
3 planning and in advance of requests for authorization by the City of proposed new
4 development.

5 (3) The City adopted Planning Code Section 304.5 in 1978. Nearly thirty years
6 later, the institutional master plan process remains an important planning tool. However,
7 certain elements of the institutional master plan process have become out-of-date and would
8 now benefit from additional clarity. Minor updates to and clarification of Section 304.5 will
9 support the goal of providing the public with important information about key institutions in a
10 clear and efficient manner.

11 (4) Additional information regarding the relationship of proposed medical institution
12 development to citywide healthcare needs will provide the Planning Department with an
13 important perspective for review of medical institutions' institutional master plans, plan
14 revisions, and conditional use applications filed by medical institutions. Such analysis will
15 help prevent loss of services and inefficient or redundant development of healthcare services
16 in the City.

17 (5) The institutional master plan review process does not provide the Planning
18 Commission with the specialized information and analysis necessary to take account of
19 citywide healthcare needs. The existing healthcare review and comment process, set forth in
20 Planning Code Section 304.5(e), does not occur because the designated review agency,
21 West Bay Health Systems Agency, no longer exists.

22 (6) The San Francisco Department of Public Health can provide the expertise needed
23 to analyze medical institutions' master plans in the context of citywide health needs.

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1 Section 2. Environmental Findings, General Plan Findings, and Other Required
2 Findings.

3 (a) The Planning Department has determined that the actions contemplated in this
4 Ordinance are in compliance with the California Environmental Quality Act (California Public
5 Resources Code sections 21000 et seq.). Said determination is on file with the Clerk of the
6 Board of Supervisors in File No. _____ and is incorporated herein by
7 reference.

8 (b) On _____, 2007, the Planning Commission, in Resolution No.
9 _____ approved and recommended for adoption by the Board this legislation and
10 adopted findings that it is consistent, on balance, with the City's General Plan and eight
11 priority policies of Planning Code Section 101.1. The Board adopts these findings as its
12 own. A copy of said Resolution is on file with the Clerk of the Board of Supervisors in File
13 No. _____, and is incorporated by reference herein.

14 (c) Pursuant to Planning Code Section 302, this Board of Supervisors finds that this
15 legislation will serve the public necessity, convenience, and welfare for the reasons set forth in
16 Planning Commission Resolution No. _____, and incorporates such reasons by
17 reference herein.

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19 Section 3. The San Francisco Planning Code is hereby amended by amending Section
20 304.5 to read as follows:

21 SEC. 304.5. INSTITUTIONAL MASTER PLANS.

22 (a) Purposes. The principal purposes of the requirements for institutional master
23 plans contained in this Section are:

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1 (1) To provide notice and information to the Planning Commission,
2 community and neighborhood organizations, other public and private agencies and the
3 general public as to the plans of each affected institution at an early stage, and to give an
4 opportunity for early and meaningful involvement of these groups in such plans prior to
5 substantial investment in property acquisition or building design by the institution;

6 (2) To enable the institution to make modifications to its master plan in
7 response to comments made in public hearings prior to its more detailed planning and prior to
8 any request for authorization by the City of new development proposed in the master plan;
9 and

10 (3) To provide the Planning Commission, community and neighborhood
11 organizations, other public and private agencies, the general public, and other institutions with
12 information that may help guide their decisions with regard to use of, and investment in, land
13 in the vicinity of the institution, provision of public services, and particularly the planning of
14 similar institutions in order to insure that costly duplication of facilities does not occur.

15 (b) When Required. ~~Not later than December 31, 1976, e~~Each medical institution
16 and each post-secondary educational institution in the City and County of San Francisco,
17 including group housing affiliated with and operated by any such institution, as described in
18 Sections 209.2(c), 209.3(a) and (i), 216(a), and 217(a) and (h) of this Code, ~~in the City and~~
19 ~~County of San Francisco~~ shall have on file with the Planning Department a current institutional
20 master plan describing the existing and anticipated future development of that institution as
21 provided in Subsection (c) below. Medical and educational institutions of less than 50,000
22 square feet or medical and educational institutions of less than 100,000 square feet in the C-3
23 district may submit an Abbreviated Institutional Master Plan as described in Subsection (d)
24 below.

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1 Thereafter, at intervals of two years, each such institution shall file an Update ~~a report~~
2 with the Planning Department describing the current status of its institutional master plan. ~~In~~
3 ~~addition, any substantial revisions to the institutional master plan already on file with the~~
4 ~~Planning Department shall be filed with the Department as soon as such revisions have been~~
5 ~~formalized by the management of the institution.~~The requirements for an update are provided
6 in Subsection (f) below.

7 The Zoning Administrator shall be notified whenever the following occur to determine
8 whether a new Institutional Master Plan or an Update shall be required: there are significant
9 revisions to the information contained in the Institutional Master Plan; or 10 years have
10 passed since the last Institutional Master Plan was submitted and heard by the Planning
11 Commission (as described by Subsection (e) below). Significant revisions may include plans
12 to construct new facilities that were not previously discussed in the Institutional Master Plan,
13 plans to demolish existing facilities that were not discussed in the Institutional Master Plan,
14 closure of an existing unit, opening of a new unit, change in use of an existing unit or inpatient
15 facility, an increase in the institutions size by 10,000 square feet or 25% of total square
16 footage (whichever is less), or significant changes in use of existing facilities that were not
17 discussed in the Institutional Master Plan.

18 ~~Each such institution that is newly established after the effective date of this Section~~
19 ~~shall file the required institutional master plan in connection with its establishment, and shall~~
20 ~~file the reports and revisions described above, in accordance with this Section.—~~

21 ~~The institutional master plans, reports and revisions required by this Section shall,~~
22 ~~upon filing, be available for public review at the Planning Department.~~

23 (c) Format and Substance of the Institutional Master Plan. In the case of an
24 institution occupying a site area of 50,000 or more square feet (100,000 or more square feet
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1 in the C-3 District) one or more acres, or occupying a site area of less than one acre50,000
2 square feet (100,000 or more square feet in the C-3 District) but anticipating future expansion
3 over 50,000 square feet (100,000 or more square feet in the C-3 District), the plan submitted
4 shall be a full ~~in~~stitutional ~~master~~ Plan and shall at a minimum contain textual and graphic
5 descriptions of:

6 (1) The nature of the institution, its history of growth, physical changes in the
7 neighborhood which can be identified as having occurred as a result of such growth, the
8 services provided and service population, employment characteristics, the institution's
9 affirmative action program, property owned or leased ~~all ownership~~ by the institution of
10 ~~properties~~ throughout the City and County of San Francisco, and any other relevant general
11 information pertaining to the institution and its services;

12 (2) The present physical plant of the institution, including the location and
13 bulk of buildings, land uses on adjacent properties, traffic circulation patterns, and parking in
14 and around the institution;

15 (3) The development plans of the institution for a future period of not less
16 than 10 years, and the physical changes in the institution projected to be needed to achieve
17 those plans. Any plans for physical development during the first five years shall include the
18 site area, ground coverage, building bulk, approximate floor area by function, off-street
19 parking, circulation patterns, areas for land acquisition, and timing for the proposed
20 construction. In addition, with respect to plans of any duration, the submission shall contain a
21 description and analysis of each of the following:

22 (A) The conformity of proposed development plans to the Comprehensive
23 Plan (Master Plan) of the City and County of San Francisco, and to any neighborhood plans
24 on file with the Planning Department,

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1 (B) The anticipated impact of any proposed development by the institution on
2 the surrounding neighborhood, including but not limited to the effect on existing housing units,
3 relocation of housing occupants and commercial and industrial tenants, changes in traffic
4 levels and circulation patterns, transit demand and parking availability, and the character and
5 scale of development in the surrounding neighborhood,

6 (C) Any alternatives which might avoid, or lessen adverse impacts upon the
7 surrounding neighborhood, including location and configuration alternatives, the alternative of
8 no new development, and the approximate costs and benefits of each alternative,

9 (D) The mitigating actions proposed by the institution to lessen adverse
10 impacts upon the surrounding neighborhood;

11 (4) A projection of related services and physical development by others,
12 including but not limited to office space and medical outpatient facilities, which may occur as a
13 result of the implementation of the institution's master plan;

14 (5) Any other items as may be reasonably required by the Planning
15 Department or Planning Commission.

16 (d) Format and Substance of the Abbreviated Institutional Master Plan. In the case
17 of an institution presently occupying or proposing to occupy a site area of less than 50,000
18 square feet~~one acre~~ or 100,000 square feet in the C-3 District, and placing on file with the
19 Planning Department a statement that the institution does not anticipate any future expansion
20 to more than 50,000 square feet~~one acre~~ or 100,000 square feet in the C-3 District, an
21 abbreviated institutional master plan may be filed, consisting of a textual description of the
22 institution's physical plant and employment, the institution's affirmative action program, all
23 ownership by the institution of properties throughout the City and County of San Francisco,
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1 the services provided and service population, parking availability, and any other relevant
2 general information pertaining to the institution and its services.

3 (~~e~~) Hearing and Acceptance of the Plan. In a case in which a full institutional
4 Master Plan, or revision to such a plan, has been filed and the submission has been
5 determined by the Planning Department to contain all information in accordance with
6 Subsection (c) above, the Planning Commission shall hold a public hearing on such plan or
7 revisions. The Zoning Administrator shall set the time and place for the hearing within a
8 reasonable period, but in no event shall the hearing date be less than 30 days nor more than
9 180 days after the plan, or revisions, have been accepted for filing. An Institutional Master
10 Plan shall be considered accepted when the Planning Commission hearing has closed.

11 In a case in which an abbreviated institutional master plan has been filed in accordance
12 with Subsection (c) above, the Zoning Administrator shall report the filing to the Planning
13 Commission, and the Commission may, at its option, either hold or not hold a public hearing
14 on such plan, as the Commission may deem the public interest to require. In the event a
15 public hearing is to be held on such an abbreviated institutional master plan, the Planning
16 Department or the Commission may require submission of additional information by the
17 institution as deemed necessary for such hearing. An abbreviated Institutional Master Plan
18 shall be considered accepted after the Zoning Administrator reports the filing to the Planning
19 Commission, unless the Planning Commission requests a public hearing, at which case
20 acceptance shall occur when the Planning Commission hearing has closed.

21 The public hearing conducted by the Planning Commission on any institutional
22 Master Plan, or revisions thereto, shall be for the receipt of public testimony only, and shall
23 in no way constitute an approval or disapproval of the institutional Master Plan or revision,
24 or of any facility described therein, by the Planning Commission.

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1 Notice of all hearings provided for herein shall be given in the same manner as
2 prescribed for conditional use applications under Section 306.3 of this Code. The institution
3 may be required to file with its master plan, or revisions thereto, the information and other
4 material needed for the preparation and mailing of notices as specified in that Section.

5 To facilitate accessibility of the Master Plan to the public, once an institutional master
6 plan or abbreviated institutional master plan is determined by the Planning Department to
7 contain all information in accordance with Subsection (c) above, the institution shall provide
8 the Planning Department with ten (10) print versions of the document in addition to any other
9 format deemed useful and appropriate for easy public accessibility.

10 Public testimony, as represented in the official minutes of the Planning Commission
11 and written correspondence to the Commission, concerning the content of an institutional
12 Master Plan and revisions thereto, shall become a part of the institutional Master Plan
13 file at the Planning Department and shall be available for public review.

14 (f) Update to the Plan. Every two years or sooner from the date of the most recent
15 approval, the institution must submit an Update to the Planning Department. This Update
16 shall provide a description of all projects that: (1) have been completed since the most recent
17 submission; (2) are ongoing, including a description of the status and estimated timetables for
18 completion of such projects; (3) are scheduled to begin in the upcoming 24 months, including
19 estimated timetables for the commencement, progress, and completion of such projects; and,
20 (4) are no longer being considered by the institution.

21 The Update will not require a hearing, although the document will be made publicly
22 accessible. Per Subsection (i) below, the Planning Department will not grant any permits to
23 the Institution until the Update is considered complete. The institution shall provide the
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1 Planning Department with ten (10) print versions of the Update in addition to any other format
2 that is deemed useful and appropriate for easy public accessibility.

3 (eg) Submission to Department of Public Health ~~West Bay Health Systems Agency~~. The
4 Planning Department shall submit all ~~all~~ institutional master plans and revisions ~~updates~~, and all
5 conditional use applications filed by medical institutions pursuant to subsections (b) and (f),
6 above, for any changes to inpatient facilities, including the addition or removal of any licensed
7 or staffed hospital beds and emergency services, and transfer of services, ~~shall be submitted by~~
8 ~~the Planning Department to the West Bay Health Systems Agency, designated pursuant to Public Law~~
9 ~~93-641, to the Director of the Department of Public Health~~ for review and comment by a qualified
10 health planner retained by contract by the Department of Public Health on the proposed action and its
11 relationship to citywide healthcare needs. For purposes of this Section, the Department of Public
12 Health contracting process shall include a review of each candidate health planner to ensure there is
13 no potential conflict of interest with regard to the medical institution(s) being reviewed. The Director
14 of Public Health shall prepare a budget to cover actual time and materials expected to be
15 incurred, in consultation with the Planning Department. A sum equal to ½ the expected cost
16 will be submitted by the applicant to the Department of Public Health, prior to the
17 commencement of the review. The remainder of the cost will be due at the time the initial
18 payment is depleted. Each submission shall be made not more than 10 days after the
19 ~~the~~ institutional master plan or update has ~~been~~ accepted for filing. Comments are due
20 back to the Planning Department no later than 90 days after the date of submission.

21 For purposes of this Section, medical institution terms are defined as follows:

22 (1) Inpatient Facility. The term "Inpatient Facility" includes every entity in San
23 Francisco licensed as a general acute care hospital, as defined by Section 1250(a) of the

1 California Health and Safety Code, other than hospitals exempt from taxation under Section
2 6.8-1 of the San Francisco Business and Tax Regulations Code.

3 (2) Licensed Beds. The term "Licensed Beds" includes the number of beds stated
4 on the facility license. It excludes beds placed in suspense and nursery bassinets.

5 (3) Staffed Beds. The term "Staffed Beds" includes beds that are licensed and
6 physically available for which staff is on hand to attend to the patient who occupies the bed.
7 Staffed beds include those that are occupied and those that are vacant.

8 (4) Emergency Services. The term "Emergency Services" includes the ambulatory
9 services cost center in a hospital that provides emergency treatment to the ill and injured who
10 require immediate medical or surgical care on an unscheduled basis, including occasional
11 care for conditions which would not be considered emergencies.

12 (5) Unit. The term "Unit" shall mean a division of area of an inpatient facility that is
13 staffed and equipped to provide a particular kind of care.

14 (fh) Conditional Use Authorizations. In the case of any institution subject to the
15 institutional master plan requirements of this Section, no conditional use or any other
16 entitlement requiring Planning Commission action required for development by the institution
17 under Articles 2-~~or~~ 7 or 8 of this Code shall be authorized by the Planning Commission unless
18 such development shall be as described in the institutional mMaster pPlan, ~~or revisions~~
19 ~~thereto~~ update, filed with the Planning Department, and heard by the Planning Commission as
20 provided in this Section. Additionally, ~~and~~ no hearing shall be held or consent calendar item
21 approved by the Commission on any such application for a new conditional use until ~~six~~
22 ~~months~~ three months shall have elapsed after the date on which the public hearing is closed
23 and ~~commenced on the~~ institutional mMaster pPlan, ~~or on the revisions thereto that relate to~~
24 the proposed development is accepted. The procedures for conditional use applications and
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1 other entitlements requiring Planning Commission action shall be those set forth in Section
2 303 and elsewhere in this Code.

3 Furthermore, no conditional use authorization or any other entitlement requiring
4 Planning Commission action shall be approved by the Planning Commission for any medical
5 institution until the proposed development has first been approved pursuant to Sections 1513,
6 1523 and 1604 of Public Law 93-641 or Sections 437 and 438 of the California Health and
7 Safety Code, if such approval is found by the reviewing agencies to be required under those
8 Sections.

9 In addition, where conditional use authorization is sought with respect to a medical
10 institution, no such authorization shall be approved by the Planning Commission until after at
11 least 75 days shall have elapsed after the requests for review and comments have been
12 made pursuant to Subsection (e) above for both the institutional master plan and the
13 conditional use application. Furthermore, no conditional use authorization shall be approved
14 by the Planning Commission for any medical institution until the proposed development has
15 first been approved pursuant to Sections 1513, 1523 and 1604 of Public Law 93-641 or
16 Sections 437 and 438 of the California Health and Safety Code, if such approval is found by
17 the reviewing agencies to be required under those Sections.

18 (ig) Permit Applications. Commencing on January 1, 1977, ~~t~~The Planning
19 Department shall not approve any building permit application for any construction pertaining to
20 any development of any institution subject to this Section, with the exception of ~~minor interior~~
21 alterations which do not significantly intensify, change or expand the use, occupancy or
22 inpatient services or facilities of the institution as determined by the Zoning Administrator, and
23 are necessary to correct immediate hazards to health or safety, unless that institution has
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1 complied with all the applicable requirements of Subsections (b) ~~and~~, (c) and (f) above with
2 regard to its filing of an institutional ~~m~~Master ~~p~~Plan or revisions thereto.

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4 APPROVED AS TO FORM:
5 DENNIS J. HERRERA, City Attorney

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6 By: _____
7 Andrew W. Garth
8 Deputy City Attorney

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