

LEGISLATIVE DIGEST

[Planning Code - Health Care Services Master Plan]

Ordinance amending the San Francisco Planning Code by adding Sections 342 to 342.10 requiring the preparation of a Health Care Services Master Plan identifying the current and projected needs for, and locations of, health care services within San Francisco and recommending how to achieve and maintain appropriate distribution of, and equitable access to, such services; requiring that medical institutions applying for land use approvals obtain a consistency determination from the Planning Commission determining that the proposed use promotes the goals recommended in the Master Plan; providing fees for the consistency determination, and making findings, including findings of consistency with the General Plan and the eight priority policies of Planning Code Section 101.1 and environmental findings.

Existing Law

Currently, there is no requirement that the City engage in a City-wide planning effort regarding institutions that provide health care services. There are planning procedures for individual medical institutions. Under Planning Code Section 304.5, medical institutions need to create institutional master plans (IMPs) and submit them to the Planning Department. The IMPs must describe "the existing and anticipated future development of that institution." The Planning Department holds a hearing on IMPs, but does not have authority to approve or disapprove them. After an IMP has been filed, any entitlements subject to Planning Commission action are subject to a finding that the proposed changes are "as described in the IMP." (Section 304.5(h).) These procedures, however, apply to each medical institution, and do not look at the provision of health care services in the City as a whole.

Amendments to Current Law

This ordinance would require the preparation of a City-wide Health Care Services Master Plan (HCSMP) and mandate that in the future, once the HCSMP has been adopted, when a medical institution applies for a land use approval, the Planning Commission will have to find that the proposed change or development is in conformity with the HSCMP. Each of these components of the ordinance is described in some detail below.

HCSMP: The ordinance applies to medical institutions, defined as "providers of healthcare services hospitals, nursing homes, skilled nursing facilities, in-patient hospices, mental and behavioral health facilities, substance abuse and chemical dependency treatment centers, ambulatory care centers, rehabilitation facilities, free standing imaging centers, surgical centers, birthing centers, clinics, and medical office buildings." This definition is broader than the definition of "Hospital or Medical Center" currently in the Code, which defines medical

institutions as "public or private institutional use[s] which provide[s] medical facilities for inpatient care, medical offices, clinics, and laboratories [and] may also include employee or student dormitories adjacent to medical facilities when the dormitories are operated by and affiliated with a medical institution," and requires that these institutions prepare an IMP. (See Section 790.44). This means that, while the ordinance leaves intact the requirements for IMPs, it applies to a broader group of medical institutions than those that currently prepare IMPs.

The ordinance sets up a process for the creation and update of the HCSMP, including opportunities for public participation. It mandates that the HCSMP contain five components: a Health System Trends Assessment, a Capacity Assessment, a Land Use Assessment, a Gap Assessment, and Recommendations. It gives the Planning Director, in consultation with the Department of Public Health, the authority to prepare rules, regulations, or guidelines to implement and enforce the ordinance, and it authorizes the collection of a consistency determination fee, charged to any medical institutions that apply for a consistency determination.

The ordinance urges the Planning Commission to initiate a General Plan amendment process pursuant to Planning Code Section 340, to bring the HCSMP within the General Plan.

Consistency Determination. The ordinance mandates that upon adoption of the HCSMP, the Planning Department shall review any application for or by a medical institution for a land use approval, in order to make findings that a proposed use is consistent with the HCSMP's recommendations. It creates a process for inconsistent applications to be reviewed by the both the Health and the Planning Commissions, with the ultimate authority over consistency determinations residing in the Planning Commission. The ordinance provides that generally city agencies shall not approve any permit or entitlements for a medical institution unless the applicant obtained a consistency determination from the Planning Department or the Planning Commission, but also grants the Planning Commission some discretion to approve projects that are inconsistent with the HCSMP "if countervailing public policy considerations justify approval of the project."

The ordinance creates an appeal process for any person to appeal the issuance or denial of a consistency determination. If the Board of Supervisors has authority to review the underlying application, then the Board of Supervisors also has authority to review the consistency determination findings. If the Board of Supervisors does not have authority over the underlying application, then the ordinance requires that the appeal be heard by the Board of Appeals.

Background Information

This ordinance responds to the need for more coordinated City-wide planning in the area of health care services.