



City & County of San Francisco

HEALTH SERVICE BOARD

1145 Market Street ♦ Suite 200 ♦ San Francisco, CA 94103

Minutes

Regular Meeting

(Combined with Rates and Benefits Committee Meeting)

Thursday, January 12, 2012

Revised Time

12:30 PM

City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94103

- Call to order
 - Pledge of allegiance
 - Roll call
 - President Claire Zvanski
 - Vice President Karen Breslin
 - Supervisor Carmen Chu
 - Commissioner Sharon Ferrigno, arrived 2:36 p.m.
 - Commissioner Jean S. Fraser
 - Commissioner Wilfredo Lim
 - Commissioner Jordan Shlain, M.D
- All Health Service Board regular meetings are recorded and videotaped. Meeting audio links and YouTube videos are posted on the myhss.org website.
- 01122012-01 Action item Approval (with possible modifications) of the minutes of the meetings set forth below:
 - Regular meeting of December 8, 2011, Combined with Rates and Benefits Committee; and
 - Special meeting of December 22, 2011, Combined with Rates and Benefits Committee.

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:
Draft minutes.

- President Zvanski requested that anyone addressing the Board during public comment fill out a speaker card and give it to the commission secretary so that names may be recorded correctly in the minutes. She requested that everyone fill out speaker cards, including those who have spoken before the Board at previous meetings.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of December 8, 2011 and special meeting minutes of December 22, 2011.

Motion passed 6-0.

RATES AND BENEFITS COMMITTEE MATTERS

- 01122012-02RB Action item Resolution approving the 10-County survey results for six-month Plan Year starting July 1, 2012, and ending December 31, 2012, and certifying the 10-County amount to the Board of Supervisors.
(Committee Chair Breslin and Aon Hewitt)

Committee recommendation: Approve survey results as presented at Rates and Benefits Committee meeting on January 12, 2012.

Documents provided to Board prior to meeting:
Resolution with 10-County Survey.
 - Anil Kochhar, Aon Hewitt actuary, reported that the 10-County amount has been revised to \$522.97 (from \$527.59) with the addition of Santa Clara and San Bernardino Counties. This amount is \$19.03 higher than last year's amount of \$503.94 or a 3.78% increase.
 - The Resolution with the 10-County Survey may be viewed on the Health Service System's website at www.myhss.org.
 - The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the 10-County Survey results and resolution certifying the 10-County amount of \$522.97, and to forward to the Board of Supervisors.

Motion passed 6-0.

□ 01122012—03RB Action item

Approval of final rates and benefits previously approved at Rates and Benefits Committee meeting on November 18, 2011 for the six-month Plan Year, starting July 1, 2012 and ending December 31, 2012, for:

- Delta Care and Pacific Union Dental active Dental Maintenance Organization (“DMO”) plan;
- Delta Care and Pacific Union Dental retiree Dental Maintenance Organization (“DMO”) plan;
- Delta Dental PPO retiree insured plan;
- Delta Dental PPO active self-insured plan;
- Vision Service Plan renewal;
- United Healthcare’s Administrative Services cost proposal.

(Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Hewitt summary.

- Anil Kochhar reported that because of multi-year guarantees, the rates for dental, vision and United Healthcare’s administrative services costs presented to the Board on November 18, 2011 remain unchanged.
- The entire audio and video discussion on this agenda item may be found on the Health Service System’s website at www.myhss.org.
- Aon Hewitt’s report, “Dental, Vision, United Healthcare’s Administrative Cost Confirmations” dated January 12, 2012 may be viewed on the Health Service System’s website at www.myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the final rates and benefits for dental, vision and United Healthcare's administrative costs as previously presented on November 18, 2011.

Motion passed 6-0.

□ 01122012-04RB Action item

Approval of final Kaiser HMO rates and benefits for active and retired HSS members for the six-month Plan Year, starting July 1, 2012 and ending December 31, 2012, consistent with the terms set forth in Aon Hewitt's summary (Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Hewitt summary.

- Anil Kochhar presented a summary of savings indicating a total savings across all carriers of \$16,993,896. The savings for employees is \$6,577,436. The savings for employers is \$10, 416,460. This is due to setting rates for six months instead of a 12-month plan year and making benefit plan changes.
- Mr. Kochhar reported that the following Kaiser plan design changes were approved at the Board's December 22 meeting:
 - Increase office visit copay from \$15 to \$20;
 - Increase outpatient surgery copay from \$15 to \$35;
 - Compliance with SB 946 (Autism Act) is included in rates.
 - The rates adjustment per the final 10-County amount reflects an increase of \$19.03 over last year or 3.78%.
 - The overall increase for active and retired members for the six-month plan year is 3.2% (see page 5 of Aon Hewitt's report).
 - The savings from the initial 12-month to six-month final rates is \$3,011,178 (includes approved plan design changes).
 - Kaiser's HMO rate card is also included in Aon Hewitt's report.
 - Commissioner Zvanski stated that it is helpful for the current year's rates to be included in the six-month rate card for comparison purposes, since the Board is used to

receiving that information.

- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- Aon Hewitt's report, "Kaiser HMO Final Rates" dated January 12, 2012 may be viewed on the Health Service System's website at www.myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to adopt Kaiser's final rates and benefits for active and retired HSS members for the six-month plan year beginning July 1, 2012 and ending December 31, 2012, consistent with the terms set forth in Aon Hewitt's summary.

Motion passed 6-0.

□ 01122012-05RB Action item

Approval, with possible modifications, of final Blue Shield HMO rates and benefits for active and retired HSS members for the six-month Plan Year, starting July 1, 2012 and ending December 31, 2012, consistent with the terms set forth in Aon Hewitt's summary, including discussion and possible action regarding utilizing a portion of Blue Shield's pledge credit to offset Blue Shield premium increases (Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Hewitt summary.

- Anil Kochhar reported that the following Blue Shield plan design changes were approved at the Board's December 22 meeting:
- Increase office visit copay from \$20 to \$25;
- Increase outpatient surgery copay from \$50 to \$100;
- Increase inpatient surgery copay from \$150 to \$200;
- Increase retail pharmacy copays from \$5/\$20/\$45 to \$10/\$25/\$50;
- Increase mail-order pharmacy copays from \$10/\$40/\$90 to \$20/\$50/\$100;
- Increase out-of-pocket maximum from \$1,000/\$2,000 to \$2,000/\$4,000.

- With the plan changes and shortened plan year, Blue Shield's increase for active and early or non-Medicare retiree members is now 7.03% instead of 15.44%.
- Blue Shield's Medicare rate increase was originally in excess of 19%; however, with the plan changes and shortened plan year, the Medicare rates are now at 11.14%.
- In response to previous questions regarding out-of-pocket expenses and deductibles in a shortened plan year, Mr. Kochhar confirmed that everything resets at the beginning of each plan year. Therefore, deductibles and out-of-pocket expenses will not be reduced by half for the six-month plan year.
- Catherine Dodd, HSS Director, clarified that the question was posed in relation to City Plan's \$250 deductible. She asked if City Plan's \$250 deductible would be changed to \$125 for the six-month plan year.
- Mr. Kochhar stated that City Plan's \$250 deductible will remain in effect for the six-month plan year and will reset with the new plan year, which is standard practice.
- Commissioners Zvanski and Breslin expressed their opposition to City Plan's \$250 deductible for the six-month plan year due to the impact on members and asked if an adjustment could be made.
- Heather Chianello, United Healthcare representative, responded that City Plan is a self-insured plan and since the Board set the deductible at \$250, it can be changed for the six-month renewal. She confirmed that resetting the deductible at the beginning of each plan year is standard practice.
- Commissioner Zvanski asked if reducing City Plan's \$250 deductible could be incorporated without making a rate change for the six-month plan year.
- Ms. Chianello stated that she was unsure and would check if the rates would change due to adjusting City Plan's \$250 deductible.

- Erik Rapoport, Deputy City Attorney, suggested adjusting City Plan's deductible for the 12-month plan year in order to move forward with the six-month rates.
- Commissioner Zvanski expressed concern about members possibly being double charged and stated her preference for an adjustment on the six-month plan year instead of the 12-month plan year.
- Mr. Rapoport suggested averaging City Plan's \$250 deductible over the 18-month period or reducing the deductible to \$125 for the 12-month period and retaining the \$250 deductible for the six-month plan year.
- Commissioner Fraser suggested that the Board approve the rates today and request that staff present a proposal on City Plan's 12-month deductible.
- Dr. Dodd clarified that this deductible discussion is related to City Plan and that the current agenda item is designated for Blue Shield's renewal. She also clarified that Blue Shield's renewal includes an out-of-pocket maximum of \$2,000/\$4,000 for hospital copays.
- Mr. Kochhar recapped that there will be no renewal adjustments for Blue Shield or the City Plan for the six-month plan year. Adjustments for City Plan's deductible will be made for the 12-month plan year renewal.
- Dr. Dodd referred to the executive staff's recommendation in her Director's Report, which is scheduled later on today's agenda. HSS executive staff recommends applying \$5.2M out of nearly \$19M of Blue Shield's 2% profit pledge or "credit" to maintain the current 2011-2012 rates for the six-month plan year and decrease the leverage migration associated with increased rates. This would also allow an additional six months of results from the two Accountable Care Organizations ("ACOs") to see if member costs can be reduced.
- Mr. Kochhar noted that in order to stem further deterioration of Blue Shield's pool and member migration to Kaiser, HSS asked Aon

Hewitt to evaluate the impact of allocating a portion of Blue Shield's 2% credit to stabilize premium contributions at the current 2011-2012 level. By utilizing \$5.2M of Blue Shield's credit, the rate for active and early retiree members is reduced from 7.03% to 3.26%, and the rates for Medicare retirees is reduced from 11.14% to 7.27% (see Aon Hewitt's report, "Blue Shield HMO Stabilization Rates").

- Supervisor Chu stated her preference not to use Blue Shield's credit to artificially reduce premiums. She did, however, express support for the subsidy to be applied to the six-month plan year this one time only.
- Commissioner Zvanski concurred with Supervisor Chu.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- Aon Hewitt's reports, "Blue Shield HMO Final Rates" and "Blue Shield HMO Stabilization Rates," dated January 12, 2012 may be viewed on the Health Service System's website at www.myhss.org.

Public comments: Judy Terracina, retired City employee, inquired into the recipient of the interest from Blue Shield's \$19M credit.

Dr. Dodd clarified that HSS received slightly more than a \$6M credit for calendar 2010 from Blue Shield and interest is being earned on those funds. HSS has opted to take a credit on next month's bill from the remaining \$12M and will be working on returning the \$5.2M to Blue Shield should the Board approve. No interest is being lost at this time.

Action: Motion was moved and seconded by the Board to adopt Blue Shield's final rates and benefits for active and retired HSS members, as presented with the adjusted \$5.2M subsidy, for the six-month plan year beginning July 1, 2012 and ending December 31, 2012.

Motion passed 6-0.

□ 01122012—06RB Action item

Approval of final City Health Plan (PPO) rates and benefits for active and retired HSS members for the six-month Plan Year, starting July 1, 2012 and ending December 31, 2012, consistent with the terms set forth in Aon Hewitt's summary (Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Hewitt summary.

- Mr. Kochhar reported the following for the City Health Plan:
- At its December 22 meeting, the Health Service Board approved a network change from the Options PPO to the Open Choice PPO. This change will allow members to access the same doctors and hospitals but results in a smaller rate increase.
- The Board also approved a pharmacy management change to include specialty drug management.
- The overall impact of the final City Plan rates and final 10-County amount results in a 5.9% increase for the six-month plan year.
- Commissioner Zvanski inquired into members' costs for medically necessary drugs if a member's physician recommends a brand medication because the generic version is ineffectual.
- Paige Sipes-Metzler, Aon Hewitt representative, responded that if a physician determines that a member needs a non-formulary drug, the member would pay the non-formulary or brand cost but the extra charge for an elective drug would not apply.
- Dr. Shlain departed the meeting after this agenda item.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- Aon Hewitt's report, "City Plan Final Budget Rates" dated January 12, 2012 may be viewed on the Health Service System's website at www.myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the final City Health Plan PPO rates and benefits, as presented, and make adjustments in the next plan year.

Motion passed 6-0.

REGULAR BOARD MEETING MATTERS

- 01122012-07 Discussion item President's report (President Zvanski)
Documents provided to Board prior to meeting:
None.
 - President Zvanski wished everyone a Happy New Year and noted that the rates process for the 12-month calendar year will begin close to open enrollment.Public comments: None.

- 01122012-08 Discussion item Director's Report (Catherine Dodd)
 - HSS Personnel
 - Finance, Operations, Communications, Wellness/EAP, Vendor Contracts
 - Meetings with Key Departments
 - Other additional updatesDocuments provided to Board prior to meeting:
 - Director's report;
 - Reports from Operations, Communications, Health Promotion and Wellness Plan and Employee Assistance Program.
 - Dr. Dodd reported the following, which was not included in her written Director's Report:
 - The Member Services Manager position will be filled within the next week.
 - The HSS budget will include an allowance for temporary assistance through Prop. F in order to complete two open enrollments during this calendar year. HSS intends to temporarily hire a retired benefits analyst.
 - President Zvanski asked how the information on low cost gym options is being disseminated to members.

- Dr. Dodd responded that the low cost gym information is sent to Department Heads and DPOs with the hope that it is forwarded to employees.
- President Zvanski suggested that the information also be sent to the public employee unions for distribution among members.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- The complete written Director's Report and Management Team updates may be viewed on the Health Service System's website at www.myhss.org.

Public comments: None.

- 01122012-09 Discussion item [Update on Financial Reporting as of November 30, 2011](#) (Tracey Loveridge)

Documents provided to Board prior to meeting:

1. Statement of Revenues and Expenses – FY 2011-2012 (summary and detail); and
2. Annual Administrative Budget – FY 2011-2012.
 - Tracey Loveridge, HSS Chief Financial Officer, reported the following:
 - The significant variances in the Statement of Revenues and Expenses are annotated. The variances are strictly dollar to dollar comparisons year to year, and many revenue increases or decreases are basic timing differences.
 - President Zvanski asked for clarification on Note D on the first page of the Statement of Revenues and Expenses concerning the transfer of forfeitures to the General Fund.
 - Ms. Loveridge responded that the transfers to the General Fund from the Trust Fund are exclusively the forfeitures from the flexible spending accounts.
 - In the Administrative Budget, the variance on the first line for non-operating revenue is \$67,000. As reported at previous meetings, this is a timing issue.

- The remaining dollars in Personnel Services is the result of vacancies throughout the fiscal year to date.
- HSS does not anticipate any variance to the work order recovery for the year. It is projected that those dollars will be received from all departments in this fiscal year.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- The financial reports may be viewed on the Health Service System's website at www.myhss.org.

Public comments: None.

□ 01122012-10 Discussion item

Discussion regarding adoption of the attached [City and County of San Francisco Cafeteria Plan document effective July 1, 2012](#) (Membership Rules Committee Chair Ferrigno)

Staff recommendation: Adopt Cafeteria Plan.

Documents provided to Board prior to meeting: City and County of San Francisco Section 125 Cafeteria Plan.

- In Commissioner Ferrigno's absence, President Zvanski chaired this agenda item.
- Lisa Ghotbi, HSS Chief Operating Officer, reported the following:
- The revision of the Health Service System's Cafeteria Plan was completed with the assistance of the City Attorney's Office and outside counsel.
- Section 125 of the Tax Code governs the administration of this plan, which includes all pre-tax benefits administered by HSS (see page 2 of the Cafeteria Plan).
- The Cafeteria Plan also includes HSS rules and elaborates on the administration of flexible spending accounts, the 90-day grace period and qualifying events that allow members to make changes throughout the year.
- HSS is making recommendations to the rules to broaden the types of status changes that could allow a member to change health plans

or FSA contribution amounts in order to be compliant with the IRS Tax Code and offer member flexibility.

- President Zvanski inquired if it was necessary to include specific dollar amounts in Section D-5 (Benefits) since the amounts could change.
- Ms. Ghotbi responded that outside counsel recommended reviewing and amending the Cafeteria Plan each year.
- Dr. Dodd stated that a review of the Cafeteria Plan be added to the Board's annual calendar.
- Erik Rapoport, Deputy City Attorney, highlighted two points regarding the Cafeteria Plan: (1) the inclusion of the MEA Cafeteria Plan and (2) the purpose of the document is to allow employees to deduct health insurance benefits on a pre-tax basis.
- Mr. Rapoport stated that the Cafeteria Plan will become effective July 1, 2012 and noted it will require the Board's approval prior to that date. Since all rules changes must be posted at least 10 days prior to approval, this item will be placed on a future agenda, possibly next month.
- President Zvanski acknowledged and thanked HSS staff and the City Attorney for their hard work on preparing the Section 125 Cafeteria Plan.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- The Section 125 Cafeteria Plan may be viewed on the Health Service System's website at www.myhss.org.

Public comments: Dennis Kruger, retired firefighter, inquired why the Section 125 Cafeteria Plan is not offered to retirees.

Dr. Dodd responded that retirees are not included in the Section 125 Cafeteria Plan because of the IRS Tax Code.

□ 01122012-11 Action item

Discussion and possible action regarding 2010-2011 HSS Annual Report (Catherine Dodd)

Documents provided to Board prior to meeting:
Draft 2010-2011 HSS Annual Report.

- Dr. Dodd reported that the Charter requires departments to provide reports to the Mayor each year. Some of the statistics in the HSS annual report are not current because the report end date is July 2011. For example, former Health Service Board Commissioner Scott Heldfond is listed in the annual report because his tenure on the Board did not end until September 2011.
- The entire audio and video discussion on this agenda item may be found on the Health Service System's website at www.myhss.org.
- The Health Service System's 2010-2011 Annual Report may be viewed on the Health Service System's website at www.myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Health Service System's 2010-2011 Annual Report.

Motion passed 5-0.

□ 01122012-12 Action item

Discussion and possible action regarding adoption of the proposed redlined revisions to the HSS Membership Rules effective July 1, 2012 (President Zvanski)

Staff recommendation: Approve revisions to Membership Rules.

Documents provided to Board prior to meeting:
Summary of proposed changes and draft redlined Membership Rules.

- President Zvanski reviewed the summary of proposed changes to the HSS Membership Rules and noted that some of the updates were mandated by Prop. B in 2006 and others are in compliance with IRS regulations.
- Commissioner Fraser suggested that the language on page 18 of the proposed Rules under Sections 4 and 5 be clarified. These sections allow members to drop coverage or increase or decrease flexible spending

accounts if “significant” changes occur for the member. She expressed concern regarding the definition of the word “significant” for the purposes of rules interpretation and suggested clarifying who is authorized to make that determination.

- Lisa Ghotbi responded that an example of a significant change would be the loss of Sutter or Catholic Healthcare West or something that would affect network access.
- Commissioner Fraser suggested amending Sections 4 and 5 to clarify that the Membership Rules are administered as determined by the Health Service Board.
- President Zvanski noted that qualifying events are determined by Section 125 in the IRS Code and the Health Service Board must comply.
- Supervisor Chu asked the City Attorney if an amendment to the Membership Rules requires a continuance of the matter.
- Mr. Rapoport responded that since the Charter requires 10-days’ notice for rules changes and the rules will not go into effect until July 1, this item could be continued. He offered to draft language similar to the Cafeteria Plan indicating that the rules are interpreted at the discretion of the Health Service System. He also directed the Board to page 28 of the proposed rules, which clarifies the Health Service System’s authority in determining member eligibility matters.
- Commissioner Ferrigno arrived during this agenda item.
- The entire audio and video discussion on this agenda item may be found on the Health Service System’s website at www.myhss.org.
- The summary of proposed changes and the draft redlined Membership Rules may be viewed on the Health Service System’s website at www.myhss.org.

Public comments: Gus Goldstein, AFT 2121 representative, asked for clarity on page 5 of the proposed rules regarding retiree eligibility, resigned members and the impact of Prop. B, which affects members hired on or after January 10, 2009.

Erik Rapoport responded that under the Charter, the Unified School District (“USD”) and Community College District (“CCD”) could, upon adopting a motion, opt into the Retiree Healthcare Trust Fund, which the City established to pre-fund its retiree healthcare obligations. To date, however, neither district has done so, therefore, the Charter provisions do not apply.

Lisa Ghotbi responded that HSS is working on this issue and its interpretation is that the 2% contribution requirement applies to all HSS members and all employers. USD and CCD could opt in or out of the Retiree Healthcare Trust Fund.

Dr. Dodd clarified that anyone hired on or after January 10, 2009 is not allowed reciprocity from other public employment for retirement benefits.

Action: This item is continued.

- 01122012-13 Discussion item Report on network and health plan issues (if any)
(Respective plan representatives)
Public comments: None.
- 01122012-14 Discussion item Opportunity to place items on future agendas
Public comments: None.
- 01122012-15 Discussion item Opportunity for the public to comment on any matters within the Board’s jurisdiction
Public comments: None.

Adjourn: 2:49 p.m.

Summary of Health Service System Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction at the designated time at the end of the meeting. The complete rules are set forth in Section A(6) of the Health Service System Rules and Regulations. A copy of these Rules and Regulations is available at any time upon request. Call the Administrative Services Manager, Laini K. Scott for further assistance at (415) 554-1727.

Health Service Board and the Health Service System Web Site: <http://www.myhss.org>

Disability Access

The meeting will be held at City Hall, 1 Dr. Carlton B. Goodlett Place, Room 416. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

Accessible seating for persons with disabilities (including those using wheelchairs) will be available.

The following services are available upon request:

- American Sign Language interpreters will be available upon request.
- A sound enhancement system will be available upon request at the meeting.
- Minutes of the meeting or hearing are available in alternative formats.

If you require the use of any of these services, please contact Administrative Services Manager, Laini K. Scott, at (415) 554-1727 or by email at laini.scott@sfgov.org at least 72 hours prior to the meeting.

In order to assist the City's effort 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.

Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision 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 more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, contact Adele Destro by mail to Interim Administrator, Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94103-4689; by phone at (415) 554-7724; by fax at (415) 554-7854; or by email at sotf@sfgov.org.

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request a copy from Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, <http://www.sfgov.org/sunshine/>

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 [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site www.sfgov.org/ethics.

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices is prohibited at Health Service Board meetings and its committee meetings.
- The chair of the meeting may order the removal from the meeting room of any person(s) in violation of this rule.
- The chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code and in the Rules and Regulations of the Health Service System.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-1727 or email at laini.scott@sfgov.org.