



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)

Thursday, February 14, 2013

1:00 PM

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

- Call to order
- Pledge of allegiance
- Roll call
 - President Karen Breslin
 - Vice President Wilfredo Lim
 - Supervisor Carmen Chu
 - Commissioner Sharon Ferrigno, arrived 1:21 p.m.
 - Commissioner Jean S. Fraser
 - Commissioner Jordan Shlain, M.D., arrived 1:29 pm
 - Commissioner Claire Zvanski

All Health Service Board meetings are recorded and videotaped. Meeting audio links, YouTube videos and all meeting materials are posted on the myhss.org website.
- 02142013-01 Action item Approval (with possible modifications) of the minutes of the meeting set forth below:
 - Regular meeting of January 10, 2013

Staff Recommendation: Approve minutes.

Documents provided to Board prior to meeting:
Draft minutes.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of January 10, 2013.

Motion passed 5-0.

RATES AND BENEFITS COMMITTEE MATTERS

- 02142013-02RB Discussion item Presentation of preliminary self-funded City Plan (UHC) claims experience for 2014 plan year (Aon Hewitt)
- Documents provided to Board prior to meeting:
Report prepared by Aon Hewitt, "City Plan "UHC) Utilization and Claims Experience Presentation."
- Anil Kochhar, Aon Hewitt actuary, reviewed City Plan's claims experience for active members, early retirees and Medicare retirees.
 - Aon Hewitt's trends review indicates that the preliminary rate renewal for the 2014 plan year will be flat.
 - Mr. Kochhar discussed the rating methodology for determining the preliminary 2014 rates, which may be found on page 10 of Aon Hewitt's report.
 - Mr. Kochhar noted that the transactional reinsurance fee required by PPACA is included in the rates (\$63 per member per year).
 - UHC has granted a rate pass on the City Plan's ASO fees.
 - The preliminary 2014 rate card with status quo MOUs may be found on page 12 of Aon Hewitt's report.
 - The preliminary 2014 rate card with the 90-10 employee MOUs may be found on page 13 of Aon Hewitt's report.
 - Aon Hewitt will present the final rates for Board approval in April once the final numbers are determined.
 - Commissioners Ferrigno and Shlain arrived during this agenda item.

Public comments: Richard Rothman, retired city employee, asked if the City will pick up the \$63 transitional reinsurance fee, noting that he had been at a recent meeting with HSS Director, Catherine Dodd, and his impression was that the City would pay that fee.

Committee Chair Zvanski stated that due to illness, Dr. Dodd was unable to attend this meeting, and therefore, was unavailable to respond to his question.

□ 02142013-03RB Action item

Review and approve updated self-funded plan stabilization policy and UHC 2014 rate stabilization amount (Aon Hewitt)

Staff Recommendation:

- (a) Approve self-funded plan's stabilization policy;
- (b) Approve ASO EGWP fees from UHC.

Documents provided to Board prior to meeting: Self-Funded Plan's Stabilization Policy (formerly known as the "Funding Policy") and report prepared by Aon Hewitt, "City Plan (UHC) Rate Stabilization Presentation."

- Anil Kochhar stated that the stabilization policy has been effect since 2007. The intent of the policy is to take underwriting gains or losses into consideration in setting future rates by calculating the gains or losses and amortizing over three years.
- This stabilization policy will be applied to City Plan's final rates.
- Due to better than expected claims experience, there was an \$8M savings in the 2012 plan year. The net impact is a \$7M gain to be applied to the stabilization reserve to calculate the 2014 rates.
- Per the stabilization policy, the calculated amount to apply to the 2014 rates is \$2.365M (33% of stabilization reserve). See pages 1 and 2 of Aon Hewitt report.
- Aon Hewitt recommends amortizing \$2.365M across all rating tiers for City Plan according to the stabilization policy.
- Commissioner Fraser asked the difference between the stabilization policy and contingency reserve policy.
- Mr. Kochhar explained that the stabilization policy adjusts the rates going forward for any underwriting gains or losses generated in a given period and is smoothed out over three years.

- The contingency reserve is for catastrophic claims and is akin to reinsurance. It is a cushion against large claims.

Public comments: None.

Action 1: Motion was moved and seconded by the Board to approve the updated self-funded Stabilization Policy.

Motion passed 7-0.

Action 2: Motion was moved and seconded by the Board to approve amortizing \$2.365M across all rating tiers for City Plan in accordance with the Stabilization Policy.

Motion passed 7-0.

□ 02142013-04RB Action item

Review and approve City Plan (UHC) administrative fees (Aon Hewitt)

Staff Recommendation: Approve UHC's ASO EGWP fees.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "City Plan (UHC) Administrative Fees Presentation."

- Gabriel Briggs, Aon Hewitt representative, presented a review of City Plan's administrative fees.
- UHC had a pre-negotiated built-in annual rate increase of 3% for the 2014 plan year. However, as a concession for the implementation difficulties at the beginning of this plan year, UHC has granted HSS a rate pass on all 2014 administrative fees, resulting in a savings of approximately \$70K.
- Since there are no changes to any of the ASO fees, there will be no changes in City Plan's rate cards in 2014.
- The 2014 EGWP premium for fully-insured Medicare retiree pharmacy benefits will remain at the 2013 level of \$146.69 PMPM, resulting in a savings of approximately \$600K.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve UHC's administrative fees as presented.

Motion passed 7-0.

□ 02142013-05RB Action item

Review and approve Blue Shield flex-funded IBNR reserve policy (Aon Hewitt)

Staff Recommendation: Approve IBNR Reserve policy and methodology.

Documents provided to Board prior to meeting: IBNR Reserve Policy and Methodology, and report prepared by Aon Hewitt, "IBNR Reserve Policy Blue Shield Flex-funded Presentation."

- Gabriel Briggs reported that there has been no change to the current Incurred But Not Reported ("IBNR") reserve policy other than clarifying the plans covered under this policy by removing former flex-funded plan, PacifiCare, and adding "The Non-Capitated Flex-funded HMO Cost" as a generic flex-funded HMO.
- Commissioner Fraser suggested that, for the sake of clarity, in the future a red-lined version would be helpful to see what has actually been revised.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the IBNR policy as presented.

Motion passed 7-0.

□ 02142013-06RB Action item

Review and approve recommendation to not apply the existing self-funded stabilization policy to Blue Shield's flex-funded plan (Aon Hewitt)

Staff Recommendation: Approve not applying Stabilization Policy to Blue Shield's flex-funded plan.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Stabilization Reserve Policy Blue Shield Flex-funded Presentation."

- Gabriel Briggs reported that the rate stabilization reserve is a way to guard against swings and fluctuations in claims.

- Given the size of the flex funding population for actives and early retirees, Aon Hewitt recommends that the stabilization policy not be applied to Blue Shield's flex-funded plan because large claims variations are not anticipated in that plan.
- Commissioner Lim asked for clarification why Aon Hewitt is recommending exemption from the application of the stabilization policy to Blue Shield.
- Lisa Ghotbi, HSS Chief Operating Officer, responded that the Stabilization Policy adopted by the Board in agenda item 3 is being applied only to City Plan because it has a relatively small population with potential major fluctuations in the premium. With the Stabilization Policy, City Plan members are not exposed to rapid or drastic premium variations.
- Ms. Ghotbi explained that Blue Shield has 40,000-plus members in its plan, so it does not require application of the stabilization reserve. A large claim will be spread across a large population.
- Committee Chair Zvanski asked if Board action was necessary to not apply the stabilization reserve policy to Blue Shield. She asked Tracey Loveridge, HSS Chief Financial Officer, to respond.
- Ms. Loveridge responded that the Board should consider taking action to exempt the Blue Shield flex-funded plan from the stabilization policy since that policy was written for all of the plans. Board action would exempt application of this policy for the 2014 plan year.
- Ms. Ghotbi added that an action was missed in item 5 on the IBNR calculation and recommendation for Blue Shield. The Board adopted the policy but not the recommendation on the amount to be reserved.
- Supervisor Chu and Commissioner Fraser questioned whether the Board could go back to item 5 and take action on determining an amount under the IBNR

reserves, since the agenda does not specifically state a reserve amount.

- Supervisor Chu suggested that since the City Attorney was not currently available to advise the Board, perhaps HSS staff could present the IBNR reserve amount at next month's meeting. (Due to a business emergency, the City Attorney was absent for the first 90 minutes of this meeting.)

Public comments: None.

Action: Motion was moved and seconded by the Board to exempt Blue Shield's flex-funded plan from application of the Stabilization Policy for the 2014 plan year.

Motion passed 7-0.

□ 02142013-07RB Action item

Review and approve updated contingency reserve policy and \$13.5M contingency reserve for Blue Shield's flex-funded plan (Aon Hewitt)

Documents provided to Board prior to meeting: Policy and report prepared by Aon Hewitt.

- Gabriel Briggs presented the updated contingency reserve policy and methodology. PacifiCare was removed from the policy and the line regarding non-capitated flex-funded HMO costs was added.
- The approach used is to determine the 95%, 97% and 99% confidence intervals for the per employee incurred claims over a minimum of 36 months. The determined confidence intervals are then forecasted to the relevant rating period to establish a projected contingency reserve aggregate amount.
- Aon Hewitt is recommending that the Health Service Board adopt the same contingency reserve policy as currently applied to City Plan members.
- Aon Hewitt projects that a completely funded contingency reserve should be \$13.5M as of June 30, 2013 based on claims experience at the 99% confidence level adjusted for specific stop loss premium at a \$1M retention level.

- Committee Chair Zvanski stated that while PacifiCare was removed from the policy, Blue Shield HMO was not inserted to make clear that this contingency reserve policy is for Blue Shield's plan.
- Commissioner Fraser asked for clarification on which confidence level the contingency is based on (95%, 97% or 99%).
- Mr. Kochhar responded that a 99% confidence interval is being used. He noted that Aon Hewitt recommends a 99% confidence interval; however, the Health Service Board has the discretion to choose the level it deems appropriate.
- Commissioner Fraser suggested revising the last two bullets in the contingency policy's methodology to indicate that the actuary will make a recommendation to the Health Service Board regarding the confidence level (95%, 97% or 99%) but the Board will decide which confidence level to use, including the margin between 0% and 10%.
- Commissioner Lim asked about the motion before the Board, which was to approve the updated contingency reserve policy and \$13.5M contingency reserve based on a 99% confidence level.
- Supervisor Chu suggested that the motion be amended to revise the language in the last two bullets of the contingency reserve policy to indicate that the actuaries will present (1) three levels of potential excess costs, confidence levels of 95%, 97% and 99%, and (2) the margin between 0% and 10% for the Health Service Board's consideration.
- Mr. Kochhar asked for clarification of Board approval of \$19M for the IBNR reserve.
- Supervisor Chu responded that since the \$19M IBNR reserve amount was not on the agenda, the Board could not vote on it. HSS staff will come back next month with a specific agenda item.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the updated Contingency Reserve Policy and amend the last two bullets to indicate actuarial recommendations on the confidence levels of 95%, 97% and 99%, and margin between 0% and 10% for Health Service Board determination as well as approve the \$13.5M contingency reserve at the 99% confidence level.

Motion passed 7-0.

REGULAR MATTERS

- 02142013-08 Discussion item **President's Report** (President Breslin)
- Documents provided to Board prior to meeting:
None.
- President Breslin congratulated Supervisor Chu on her new appointment to the position of Assessor for the City and County of San Francisco.
- Public comments: None.
- 02142013-09 Discussion item **Director's Report** (Lisa Ghotbi for Catherine Dodd)
- HSS Personnel
 - Finance, Operations, Communications, Wellness/EAP, Vendor Contracts
 - Meetings with Key Departments
 - Other additional updates
- Documents provided to Board prior to meeting:
1. Director's report;
 2. Reports from Operations, Communications, Health Promotion and Wellness, and Employee Assistance Program;
 3. Revised 2013 Rates and Benefits Calendar;
 4. Labor-Management Wellness meeting presentation.
- Catherine Dodd, HSS Director, was unable to attend this meeting due to illness. Lisa Ghotbi, HSS Chief Operating Officer,

presented this agenda item in Dr. Dodd's absence.

- Ms. Ghotbi reported on Dr. Dodd's written Director's report, which may be viewed on the myhss.org website.
- Ms. Ghotbi reported that the Operations staff continues to work very long hours and overtime due to UHC's issues that began in January. She went into great detail outlining the chronology to illustrate the depth of UHC's problems and the impact on HSS staff and members.
- Ms. Ghotbi reported that UHC's problems affected each of its nearly 10,000 members because each member needed a new medical ID card assigning a new group number due to the change in the plan year from fiscal to calendar.
- The other issue involved UHC's change in pharmacy vendors from Express Scripts (formerly Medco) to its pharmacy subsidiary, Optum Rx.
- Medicare retirees enrolled in the EGWP product should have received pharmacy ID cards in December for a January 1, 2013 effective date. All other UHC members are to remain in Medco until later in the year; however, a new ID card was required for Medicare retirees due to the new plan year.
- Testing by UHC in December did not reveal a problem with the ID cards and it was only when HSS began receiving frantic calls from UHC members in early January that it was discovered no one had received member cards.
- The high volume of telephone calls from members caused HSS' telephone system to crash.
- HSS escalated UHC's issues to its Chief Executive Officer, Brandon Cuevas, on January 7. Mr. Cuevas was able to get his team working on the ID card issue and discovered that UHC's system failed due to a group structuring problem. The UHC team responded in five days to correct

what would normally have taken a month or so to resolve.

- Ms. Ghotbi acknowledged Mr. Cuevas' attendance at this meeting, stating that he was present to address the Board and members.
- Ms. Ghotbi asked Mitchell Griggs, HSS Member Services Manager, to address the Board to describe member impact during this time.
- Mr. Griggs stated that members as a whole, as well as HSS benefits analysts and membership services, were impacted by UHC problems. Approximately 6,500 calls were received in total, which was the highest outside Open Enrollment. There were approximately 1,000 abandoned calls, which was the highest in history. Telephone calls during this time lasted approximately five minutes, contributing to the increased abandonment rate.
- HSS' in-house member visits were the highest outside Open Enrollment as well, because members came to the office when they could not get through on the telephone.
- In addition to the confusion regarding the ID card issue, there was confusion when members could not get prescriptions filled or pay for them over the counter.
- HSS benefits analysts worked 180 overtime hours in January due to UHC's problems. However, all other work has gotten behind (general processing, entering enrollments for new hires, family status changes, terminations, etc.).
- HSS staff has been exemplary and untiring during this process.
- Ms. Ghotbi noted that there are still issues with the pharmacy benefit that were unexpected, such as diabetic test strips not being covered (which has impacted many members).
- Committee Chair Zvanski asked UHC to address the Board.

- Brandon Cuevas, CEO for UHC thanked the Board for the opportunity to respond to the issues. He apologized for UHC's problems and expressed his intention to ensure that the issues are corrected and never happen again. Mr. Cuevas outlined how the issues were brought to his attention and that UHC is auditing its process to understand what went wrong. He stated UHC's commitment to correcting the issues, stating that HSS is UHC's highest priority in terms of service, fix, implementation and correction.
- Commissioner Fraser inquired into exactly what happened.
- Meghan Newkirk, UHC representative, explained how UHC's system failed, including human error on the implementation management team side.
- Heather Chianello, UHC representative, concurred with Ms. Newkirk on the errors made.
- Commissioner Lim asked if a timeline can be provided for correcting the remaining issues.
- Ms. Chianello stated that UHC would provide a list of outstanding issues and a timeline for corrections. She stated that all members have received updated ID cards and that a letter of apology drafted by HSS will be sent to members.
- Ms. Ghotbi reported that there are still member issues needing resolution because their files were not loaded correctly by UHC.
- Commissioner Zvanski asked about the diabetic test strips issue.
- Martin Fornataro, Regional vice President for Optum Rx's pharmacy stated that valuable lessons were learned from this experience. He stated that the test strips were not covered under Medicare D, however, UHC has made a business decision to include diabetic test strips under the pharmacy rider, Part D, moving forward. Therefore, members requiring test strips will need to simply present their

pharmacy card. This benefit is covered at no charge.

- Commissioner Zvanski asked about UHC reimbursing HSS for overtime costs resulting from the afore-mentioned problems, which was discussed at last month's meeting.
- Ms. Ghotbi will follow up on UHC's commitment to look into reimbursing HSS for the cost of staff overtime.

Public comments: Herbert Weiner, retired City employee and Blue Shield member expressed concern about the rising costs of healthcare and how the benefits for active and retired members might be affected. He also expressed concern regarding the next member of the Board of Supervisors who will replace Supervisor Chu on the Health Service Board. He suggested that any future member of the Health Service Board be vetted for any connections with insurance systems, healthcare systems, either personally or professionally.

Kristina Beikova, daughter of a retired City employee, stated that she looked into the customer service record of UnitedHealthcare and that the opinion is 96% negative (438 out of 456 opinions).

- 02142013-10 Discussion item UHC update (Lisa Ghotbi)
Documents provided to Board prior to meeting: None.
 - This item was thoroughly discussed in the Director's Report.Public comments: None.
- 02142013-11 Action item Review and approve claim audit and operational assessment of UHC and Aon Hewitt's preliminary recommendation (Aon Hewitt)
Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Medical Plan Claim Audit and Operational Assessment of UnitedHealthcare (UHC)."
 - Dr. Paige Sipes-Metzler, Aon Hewitt representative, reported that UHC's last audit was performed in 2010 by previous consultant, Mercer.

- Ms. Sipes Metzler reported on the plan evaluation methodology used, claims audit results, operational assessment findings and recommendations for next steps.
- The entire discussion of this agenda item and Aon Hewitt's report may be viewed on myhss.org.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve Aon Hewitt's recommendations on pages 12 to 14 of its report and the recommended next steps including providing a formal report to HSS.

Motion passed 7-0.

- 02142013-12 Discussion item **Update on Financial Reporting as of December 31, 2012** (Tracey Loveridge)

Documents provided to Board prior to meeting:

1. Statement of Revenues and Expenses;
 2. Annual Administrative Budget – FY-2012-2013.
- Tracey Loveridge, HSS Chief Financial Officer, reported on the two standard financial reports included in this presentation, ending December 31, 2012, which may be viewed on the myhss.org website.

Public comments: None.

- 02142013-13 Action item **Approval of Fiscal Year 2013-14 and Fiscal Year 2014-15 Administrative Budgets** (Tracey Loveridge)

Staff Recommendation: Approve Scenario #2 minimum budget with the understanding that additional funds may be added for consulting on eMerge and other projects.

Documents provided to Board prior to meeting: Budget memo and attachments.

- Tracey Loveridge reported on HSS' budget memorandum and attachments for FY 2013-14 and FY 2014-15. In the interest of time, Ms. Loveridge highlighted sections of the Administrative and EAP budget scenarios 1 and 2.

- To illustrate HSS' staffing needs, the budget memo included two tables comparing the number of employees at HSS, DHR and SFERS and the number of employees and retirees served by each department as well as the number of employees and retirees per FTEs.
- In Table 1, HSS serves 6.5 times the number of employees and retirees per FTE than DHR or SFERS.
- Table 2 includes dependents as well as employees and retirees and illustrates that HSS serves 11.6 times the number served by DHR and SFERS.
- Committee Chair Zvanski asked if HSS' numbers included DHR's Departmental Personnel Officers ("DPOs") working in other departments in its count, which could include an additional 70 to 80 employees.
- Ms. Loveridge responded that DHR's DPOs were not included in the calculation. She also noted that she was unaware whether SFERS has any positions outside the ASO number.
- Supervisor Chu cautioned against comparing departments based on the number of employees and the people served. She stated that a case can be made for increasing HSS staff; however, the current approach is not nuanced enough.
- Ms. Loveridge responded that HSS did not have the resources to conduct a greater study, but the illustrations start the conversation of needing additional staffing.
- Commissioner Zvanski asked Supervisor Chu for recommendations on how to more appropriately present HSS's position.
- Ms. Loveridge stated that HSS recommends submitting Scenario 2 and that she will work with the Mayor's Office and the Controller's Office on the budget.
- Dr. Shlain departed the meeting prior to the Board's vote.

- The budget memo and attachments may be viewed on the myhss.org website.

Action: Motion was moved and seconded by the Board to approve Budget Scenario 2, which includes funding for six new positions in FY 2013-14 (Attachment D).

Motion passed 6-0

Public comments: None.

- 02142013-14 Discussion item [HSS Strategic Plan mid-year status update](#)
(Catherine Dodd)

 - This agenda item was continued to the March 14, 2013 meeting.

Documents provided to Board prior to meeting:
HSS strategic plan mid-year status update.

Public comments: None.

- 02142013-15 Discussion item [Report on network and health plan issues \(if any\)](#)
(Respective plan representatives)

Public comments: None.

- 02142013-16 Discussion item [Opportunity to place items on future agendas](#)

 - Supervisor Chu announced that this would be her last Health Service Board meeting because of her appointment to the position of Assessor. She thanked the Board, stating that it has been an extreme honor and pleasure to serve with them. She also thanked Catherine Dodd, Lisa Ghotbi and HSS staff for their work and creating a well-oiled machine.

Public comments: Dennis Kruger, active and retired firefighters' representative, asked the Board to consider establishing a two-tier dental program for retirees, stressing that good oral health is part of good health. Many members have expressed to him their desire for a higher dental plan.

- 02142013-17 Discussion item [Opportunity for the public to comment on any matters within the Board's jurisdiction](#)

 - Commissioner Zvanski stated that Gerry Meister, a longtime member of UESF Retired Division, is absent today because she is extremely ill. Commissioner Zvanski asked all to keep Ms. Meister in their

thoughts and prayers.

- Mickey Dantine, retired teacher, expressed frustration at not being able to receive clear answers on questions she posed to the Health Service System and UHC.

Public comments: None.

- 02142013-18 Action item Vote on whether to hold closed session to discuss member's appeal. (California Constitution Article I, Section 1; the Confidentiality of Medical Information Act, Cal. Civ. Code §§56 et seq; and the Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d et seq.) (President Breslin)
Staff recommendation: Hold closed session.
Public comment on all matters pertaining to the closed session:
Action: Motion was moved and seconded by the Board to hold a closed session to hear member's appeal.
Motion passed 6-0
Supervisor Chu departed the meeting after the Board's vote to enter closed session.

Closed session pursuant to California Constitution Article I, Section 1; the Confidentiality of Medical Information Act, California Civil Code §§56 et seq; and the Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d et seq.

- 02142013-19 Action item Vote on member's appeal (Lisa Ghotbi)
Documents provided to Board prior to meeting:
 1. Memo from Director;
 2. Member's retirement enrollment forms;
 3. Correspondence from member to HSS dated December 7, 2012;
 4. Letter from HSS to member dated December 26, 2012;
 5. Letter from member To Health Service Board dated January 7, 2013;
 6. Letter from member's representative dated February 5, 2013.Staff recommendation: Uphold HSS decision.

Public comment on all matters pertaining to the closed session: None.

Reconvene in Open Session

- 02142013-20 Action item Possible report on action taken in closed session (President Breslin)

The appellant's representative asked that the action taken on this matter be made public instead of remaining confidential. The member's appeal was denied unanimously by the Health Service Board.

Public Comments: None.

Action: Motion was moved and seconded by the Board to request the City Attorney to prepare a formal written response from the Health Service Board to the member regarding the denial of member's appeal.

Motion passed 5-0.

- 02142013-21 Action item Vote to elect whether to disclose any or all discussion held in Closed Session (San Francisco Administrative Code 67.12(a)) (President Breslin)

The appellant's representative requested that the Board's action be publicly disclosed.

The Board's formal opinion outlining the issues and the Board's decision will become available to the public once completed by the City Attorney.

Public Comments: None.

Action: Motion was moved and seconded by the Board to disclose that the member's appeal was denied.

Motion passed 5-0.

- Adjourn: 4:35 pm

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>

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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.

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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

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- 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.