



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, June 12, 2014

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 Mark Farrell, excused  
Commissioner Sharon Ferrigno, excused  
Commissioner Jean S. Fraser  
Commissioner Randy Scott  
Commissioner Jordan Shlain, M.D., excused

This Health Service Board meeting was recorded by SFGovTV. Replay of regular meetings are available the following day on the [sfgov.org](http://sfgov.org) website. Links to videotaped meetings and all meeting materials are posted on the [myhss.org](http://myhss.org) website.

This meeting was called to order at 1:08 p.m.

□ 06122014-01

Action item

Approval (with possible modifications) of the minutes of the meeting set forth below:

- Regular meeting of May 8, 2014

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 May 8, 2014.

Motion passed 4-0.

## RATES AND BENEFITS COMMITTEE

- 06122014-02 Action item Approve Resolution to Board of Supervisors certifying the 10-County Survey results and 10-County amount for the 2015 plan year (Committee Chair Scott and Director Dodd)
- Staff recommendation: Approve survey results as presented at Rates and Benefits Committee meeting on March 13, 2014.
- Documents provided to Board prior to meeting: Draft Resolution with 10-County Survey.
- Catherine Dodd, HSS Director, reported that the average monthly 10-County contribution for plan year 2015 is \$567.80, which is a 1.46% increase over last year's amount of \$559.65.
  - Director Dodd noted that the 10-County amount applies only to early retirees and retirees this year and next due to negotiated labor agreements which removed the 10-County from the employee premium calculation.
- Public comments: None.
- Action: Motion was moved and seconded by the Board to approve the resolution to the Board of Supervisors certifying the 10-County Survey results and the \$567.80 10-County amount for the 2015 plan year.
- Motion passed 4-0.
- 06122014-03 Action item Approval of final Blue Shield Medicare Advantage (fully-insured) rates and benefits for 2015 plan year (Aon Hewitt)
- Staff recommendation: Approve benefits and premiums for 2015 plan year.
- Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Blue Shield HMO 2015 Plan Renewal – Medicare Retiree."

- Anil Kochhar, Aon Hewitt actuary, reported that Blue Shield’s Medicare rates were being presented to the Board for the first time and would require final approval at this meeting for the 2015 plan year.
- Blue Shield agreed to a rate pass of the 2014 fully-insured Medicare rates for the 2015 plan year.
- See Page 3 of Aon Hewitt’s report for Blue Shield’s HMO MAPD/COB 2015 monthly rate card.
- See Page 4 of Aon Hewitt’s report for Blue Shield’s Medicare 2015 retiree renewal rates and contributions.

Public comments: Claire Zvanski, RECCSF and West Bay Retiree representative, noted the initial difficulty in getting Blue Shield to establish a COB/Medicare Advantage plan for retirees. She stated that Blue Shield continually uses very high risk scores that are not justified by the CCSF retiree population and experience, and suggested that Blue Shield take a closer look at how its Medicare Advantage plan is rated. She also recommended considering a third HMO plan option to improve the rates, especially for retirees.

Action: Motion was moved and seconded by the Board to approve Blue Shield’s Medicare Advantage/COB retiree renewal for the 2015 plan year.

Motion passed 4-0.

□ 06122014-04 Action item

Approval of final Blue Shield flex-funded HMO rates and benefits renewal for actives and early retirees for 2015 plan year (Aon Hewitt)

Staff recommendation: Approve flex-funded HMO renewal for actives and early retirees for 2015 plan year.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, “Final 2015 Blue Shield Rate Cards – Active and Early Retiree.”

- Anil Kochhar reported that Blue Shield’s flex-funded rates for actives and retirees were discussed and approved at the May 8, 2014 Health Service Board meeting. At that time, the Board approved moving the remaining

\$8.8M of Blue Shield's profit pledge funds from the HSS trust fund into Blue Shield's Stabilization Reserve for a one-time premium subsidy or buy-down for active employees for Blue Shield's 2015 rates.

- The rates subsidy, which will reduce the premium difference between Blue Shield and Kaiser, is intended to stabilize Blue Shield's and Kaiser's membership pools, reduce migration and give the Accountable Care Organizations another year to work on reducing the long-term growth in healthcare costs.
- See Page 4 of Aon Hewitt's report for Blue Shield's 2015 monthly rate card for actives and early retirees, which was presented and approved at last month's meeting.
- See Page 5 of Aon Hewitt's report for Blue Shield's 2015 monthly rate card for actives and early retirees, which illustrates the 100/96/83 contribution strategy specific to one labor union presented for the first time at this meeting.

Public comments: Claire Zvanski, retiree representative, asked for clarification on the 100/96/83 rate card specific to one bargaining unit. She asked if one category, such as employee-only as zero, is carried over into each of the categories and whether employees are paying only for their dependents' coverage.

Director Dodd reported that the negotiated language states that the City shall contribute 96% of the total health insurance premium for employees with one dependent who elect to enroll in any health plan offered through HSS. The City will pick up 100% of the employee-only premium.

(See Page 7 of Aon Hewitt's report.)

Action: Motion was moved and seconded by the Board to approve Blue Shield's flex-funded HMO rates and benefits for actives and early retirees for the 2015 plan year.

Motion passed 4-0.

- 06122014-05 Action item

Approval of Kaiser's Medicare Advantage (fully-insured) rates and benefits for 2015 plan year (Aon Hewitt)

Staff recommendation: Approve benefits and premiums for 2015 plan year.

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt, "Kaiser HMO Plan Renewal – Medicare Retiree."

- Anil Kochhar reported that Kaiser's procedure is to wait until they receive their final reimbursement amount from CMS to determine Medicare rates.
- In 2013, at HSS' request, Kaiser provided an early estimate of \$346.46 for the 2014 Medicare rates.
- The final 2014 rate is \$324.12, creating a credit of \$22.33, which will be built into the proposed 2015 rates.
- See Page 3 of Aon Hewitt's report for Kaiser's MAPD monthly rate card.
- Commissioner Breslin asked why Kaiser did not receive final approval from CMS while Blue Shield did.
- Mr. Kochhar responded that it is Kaiser's process to wait for final approval from CMS and suggested that Kaiser address the Board.
- Cindy Striegel, Kaiser Permanente representative, reported that all carriers receive final regulations and material from Medicare in approximately the same timeframe. It is Kaiser's process to not set the rates until they are final. She noted that one of the key components in determining rates is the risk of the population. Generally, Kaiser does not have information for Medicare members until approximately the end of June or early July. While it is still not final, Kaiser has more data by that time and has processed more information.
- Committee Chair Scott asked for a Blue Shield representative to address the Board on how it determines Medicare rates.

- Bob Ashworth, Blue Shield Underwriting Manager, reported that Blue Shield receives early guidance from CMS on revenue but does not have the final results as opposed to its actual risk score filing. However, Blue Shield has a comfortable idea of its revenue.
- Commissioner Breslin asked if the results are different than anticipated, would HSS receive a reimbursement the following year.
- Mr. Ashworth responded that Blue Shield's rates are final when they are set. No reimbursements are provided if the outcome is different than previously anticipated.
- Commissioner Breslin asked why Blue Shield does not give a reimbursement the following year if the rates are not what was projected, similar to Kaiser's practice.
- Mr. Kochhar responded that Blue Shield's practice has been that once a rate is set and agreed upon, no reconciliations are made. He suggested that HSS ask for such reimbursement for the 2016 Medicare rates and Commissioner Breslin concurred.
- Commissioner Fraser noted that Blue Shield takes the risk in both directions. If they select a rate that is too low, they make up the difference.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve Kaiser's Medicare Advantage fully-insured rates and benefits for the 2015 plan year.

Motion passed 4-0.

- 06122014-06      Action item

Approval of final Kaiser (fully-insured) HMO rates and benefits for actives and early retirees for 2015 plan year (Aon Hewitt)

Staff recommendation: Approve final HMO rates and benefits for plan year 2015.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Kaiser HMO Final 2015 Rate Cards – Active and Early Retiree."

- Anil Kochhar reported that Kaiser’s rates were initially approved by the Board on April 10, 2014 and nothing has changed since that time.
- See Pages 3 and 4 of Aon Hewitt’s report for the monthly rate cards for actives and early retirees approved on April 10, 2014 (two-year rate guarantee of -2% for 2015 and rate pass for 2016) under the 93/93/83 and 100/96/83 contribution strategies.

Public comments: Claire Zvanski thanked the Board, actuaries and Kaiser for keeping the rates reasonable.

Christine Curran, early retiree and former 911 dispatcher, also thanked the Board for approving Kaiser’s rates.

Action: Motion was moved and seconded by the Board to approve Kaiser’s HMO rates and benefits for actives and early retirees for the 2015 plan year.

Motion passed 4-0.

□ 06122014-07      Action item

Approval of final City Health Plan (PPO) rates and benefits for actives and retirees for 2015 plan year (Aon Hewitt).

Staff recommendation: Approve final PPO rates and benefits for plan year 2015.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, “2015 City Plan (UHC) Final Rate Cards.”

- Anil Kochhar reported that these rates were approved by the Board on February 13, 2014 for the 93-93-83 contribution strategy. Thereafter, Aon Hewitt produced rate cards for the 100-96-83 contribution strategy. He noted that under the negotiated 100-96-83 contribution strategy, the employee-only category will pay zero in 2015.
- See Pages 2 and 3 of Aon Hewitt’s report for the 2015 rate cards for City Plan.

Public comments: Claire Zvanski, RECCSF representative, thanked the Board on behalf of the members in Tuolumne County for City Plan's rates. Even though they receive a stipend, these rates make healthcare much more affordable for that population.

Action: Motion was moved and seconded by the Board to approve City Plan's final PPO rates and benefits for plan year 2015.

Motion passed 4-0.

□ 06122014-08      Action item

Approval of final 2015 Dental plan renewals  
(Aon Hewitt)

- Delta PPO – Active
- Delta PPO – Retiree
- DeltaCare HMO – Active
- DeltaCare HMO – Retiree
- Pacific Union HMO – Active
- Pacific Union HMO – Retiree

Staff recommendation: Approve dental plan renewals for plan year 2015.

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Final 2015 Dental Rates."

- Anil Kochhar noted that the dental rates for plan year 2015 had been reviewed and approved by the Board at three previous meetings.
- See Page 2 of Aon Hewitt's report for dental plan renewals.

Public comments: Dennis Kruger, representative for active and retired firefighters, thanked the Board, actuaries and Delta Dental for the new retiree dental PPO plan. He stated that he had just returned from a dental appointment and that his dentist said that \$1,000 goes nowhere in today's dentistry. He also learned the history of Delta Dental.

Action: Motion was moved and seconded by the Board to approve the dental plan renewals for the 2015 plan year.

Motion passed 4-0.

□ 06122014-09 Action item

Approval of final Vision Service Plan (VSP) renewal for 2015 plan year (Aon Hewitt)

Staff recommendation: Approve VSP renewal guaranteed through December 31, 2015

- Anil Kochhar reported that VSP's rates are guaranteed through December 31, 2015.
- On March 13, 2014, the Board approved VSP's continued fee proposal for the 2015 plan year.
- See Page 3 of Aon Hewitt's report for VSP's 2015 rates (0% increase).

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt, "Final Vision Rates."

Public comments: Dennis Kruger asked about the status of the vision buy-up plan approved by the Board several years ago, which could not be implemented due to eMerge programming issues.

Director Dodd responded that HSS is currently reviewing what can be programmed into PeopleSoft and cannot guarantee that the vision premium can be removed from the overall medical premium, which is necessary for implementing the vision buy-up plan.

Committee Chair Scott asked about the capacity of the City's computer system, noting the issues HSS experienced last October during Open Enrollment (i.e., no access to system during payroll processing).

Director Dodd asked Mitchell Griggs, Member Services Manager, to respond to Committee Chair Scott's question.

Mr. Griggs responded that the processing issues with PeopleSoft have not changed since last October. He expects the same this year, noting there will be three Thursdays in October where the benefits analyst will not be able to process applications in PeopleSoft due to payroll processing.

Action: Motion was moved and seconded by the Board to approve Vision Service Plan's renewal guarantee through December 31, 2015.

Motion passed 4-0.

- Meeting Break

Recess from 1:57 p.m. to 2:10 p.m.

## REGULAR BOARD MEETING MATTERS

- 06122014-10 Discussion item **President's Report** (President Breslin)  
Documents provided to Board prior to meeting:  
None.
  - President Breslin thanked HSS staff for all their hard work during the rates and benefits period. She also thanked the vendors and members for attending the meetings and their input.Public comments: None.
- 06122014-11 Discussion item **Director's Report** (Director Dodd)
  - HSS Personnel
  - Finance, Operations, Data Analytics, Communications, Wellness/EAP, Vendor Contracts
  - Meetings with Key Departments
  - Other additional updatesDocuments provided to Board prior to meeting:
  1. Director's report;
  2. Reports from Operations, Data Analytics, Communications, Wellness and Employee Assistance Program.
  - Director Dodd presented her Director's Report, which may be viewed on the myhss.org website.
  - Director Dodd noted that the HSS budget had changed dramatically since it was presented to the Board. HSS received the first round of cuts from the Board of Supervisors' Budget Analyst's office late yesterday in the amount of \$339,000 for year one.
  - Commissioner Scott asked whether the rate renewal savings to the City was given consideration.

- Dr. Dodd responded that she intends to make the point at the BOS budget hearing that the City saved \$20.3M through the 2015 rates renewal.
- Director Dodd also noted that the Budget Analyst reclassified and downgraded HSS' vacant and some existing positions. The research assistant position was also eliminated. However that position is necessary to help bring innovations to the Board and stay current on federal and state legislation, as well as legislative issues that HSS should participate in. In addition, other cuts were made, including the City Attorney's budget.
- HSS is attempting to schedule meetings with members of the BOS Finance and Budget Committee prior to its meeting on June 16, 2014.
- Director Dodd also reported on a presentation by the California Joint Replacement Registry at Blue Shield's statewide Quality Advisory Committee meeting. This registry looks at a series of outcomes on joint replacements based on the type of surgery and the kind of replacement material used. Director Dodd suggested that HSS ask UHC to ensure that hospitals in its network are participating in the replacement registry for retirees who are most likely to receive joint replacements.
- Director Dodd also included in her written report language approved by the unions in the recent negotiations. She noted that members of SEIU Local 1021 will receive term life insurance. A side letter from SEIU Local 1021 requested that HSS share the data from its well-being assessments, change the length of exercises classes to 30 or 45 minutes to make it easier for

employees to attend during lunch breaks, and asked that HSS continue to engage in exploring health and wellness issues with area counties.

- Director Dodd also noted that this is the first time that HSS has been negotiated into contracts.
- Commissioner Scott stated that Local 1021's MOU may be somewhat troubling given both the content and context of its requests. He asked that the City Attorney prepare an assessment clarifying the MOU's implications to the Board and present it at a future meeting.
- Erik Rapoport, Deputy City Attorney, responded that he will be happy to come back and provide some context for how Local 1021's MOU was negotiated.
- Commissioner Scott also requested that when Mr. Rapoport reports back to the Board on the MOU, a representative from the Department of Human Resources ("DHR") be present to discuss their understanding of what is expected.
- Mr. Rapoport stated it is worth noting that the language was imposed by the arbitrator during the City's collective bargaining and binding arbitration process.

Public comments: Dennis Kruger expressed personal concern regarding the MOU's elimination of the 10-County Survey for the term of the contract. He considers the elimination of the 10-County Survey, even for a short period of time, as a "toe in the door" to changing how rates are determined noting that he has benefitted from it over the last 40 years.

Claire Zvanski also expressed concern regarding the elimination of the 10-County Survey for the term of the new labor contract period. She asked if the same language exists in other negotiated

contracts, noting that the 10-County Survey is the only benefit that retirees have other than the Charter Amendment that impacts dependents to a minor degree. She is worried that the 10-County Survey is gradually being compromised and will be eventually eliminated from the process altogether.

Herbert Weiner, retired City employee, stated his opposition to the “erosion and destruction” of the 10-County Survey in any form, whether it is set aside temporarily or suspended for one second.

- 06122014-12 Discussion item [HSS Financial Reporting as April 30, 2014](#) (Pamela Levin)

Documents provided to Board prior to meeting:

1. Financial update memo;
2. Report for the General Administrative Fund;
3. Report for the Trust Fund;
4. Finance and Contracting activities update.
  - Pamela Levin, HSS Chief Financial Officer, provided a brief summary of the HSS Trust Fund and General Fund Administrative budget through April 30, 2014.
  - HSS continues to project a year-end Trust Fund balance of \$94.9M, which is \$3.5M less than reported last month.
  - The projected General Fund Administrative budget year-end balance is \$505,000. HSS has had discussions with the Controller’s and Mayor’s offices concerning carrying forward a portion of this balance into FY 2014-15. This becomes especially critical if the recommendations of the Budget Analyst come to fruition.
  - See financial update memo.

Public comments: Claire Zvanski, retired City employee, expressed great concern over the budget process and proposed cuts by the Budget Analyst’s office, stating that the Health Service System has never received credit for the multimillion dollars savings it has provided to the City over the years (and \$20.3M for 2015 plan year). She said it is very disconcerting that the Budget Analyst wants to diminish the employee classifications of the new positions and asked that colleagues and HSS

supporters attend the budget hearings and testify on HSS' behalf. She also asked that Supervisor Farrell help HSS through the budget process and not allow the proposed cuts to go forward.

Herbert Weiner, retired City employee, stated that he finds it especially alarming that the City is doing very well right now and yet the Board of Supervisors and City administrators are being fiscally retentive, stating that HSS needs money in order to function adequately and provide services to members. He stated that the City is not poor, as some City administrators are making salaries in the high six-digits and stated that the proposed cuts are irresponsible, inhumane and immoral. He suggested that HSS not accept the proposed cuts and fight for every cent needed.

□ 06122014-13 Action item

[Update on Wellness Center Grand Opening and review and approval of Wellness Plan](#) (Stephanie Fisher)

Staff Recommendation: Approve draft Wellness Plan.

Documents provided to Board prior to meeting: June Wellness Week presentation, CCSF department list, June Wellness Plan HSB presentation, Wellness Plan.

- Stephanie Fisher, HSS Wellness Manager, led the Board in a breathing exercise prior to her presentation.
- Ms. Fisher presented a summary of Wellness Week from May 19-23, 2014, which was the grand opening of the Wellness Center. See Wellness Week presentation on myhss.org for highlights of activities, attendance and activity leaders by organization.
- Ms. Fisher also presented the draft Wellness Plan. She thanked the Wellness Plan sponsors, the Department of Human Resources, the Mayor's Office, the Controller's Office and the Health Service System.
- The goals of the Wellness Plan are:
  - to improve the quality of life and overall wellbeing of City employees, retirees and their families;

- improve health outcomes through prevention, managing risk and properly managing conditions;
  - to help manage rising costs of healthcare, workers' compensation and disability.
- Ms. Fisher noted that HSS' role will be to drive the Citywide program implementation, ensuring that all employees have access to certain basic wellness services.
- HSS will also train a champion network, which will be employee volunteers on the ground spreading the word to support departmental programs.
- The Wellness Plan has identified roles for the Mayor, HSS, DHR, Department Heads and Champions.
- The first initiative rollout will be the well-being assessment. The plan for well-being is a four-prong strategy:
  - engaging leaders and building an infrastructure;
  - motivating employees to participate;
  - providing programs;
  - data evaluation and reporting.
- Commissioner Fraser thanked Ms. Fisher for an excellent presentation and commended her for including Environmental and Policy Change information on Page 22 of the plan. She stated, however, that the larger impact will come from making environmental and policy changes rather than trying to motivate individuals to alter behavior when their environment has not changed.
- Ms. Fisher confirmed that the intention is to make environmental and policy changes. The idea behind the department culture survey is to clarify existing policies and environmental factors and next year target areas based on the feedback received.
- Commissioner Fraser stated that the environmental and policy changes could be greatly expanded, suggesting there is a lot more opportunity in this area. She asked why

the environmental and policy change is being done by department, stating that it is much easier to implement change when a Citywide policy is in place. She also suggested giving department heads and wellness champions concrete evidence of the specific benefits expected to result from implementing the environmental and policy changes since it will include additional work on their part.

- Commissioner Fraser asked about the Incentive Strategy in 2016 under Logistics on page 28 of the Wellness Plan. She stated that she would not support a plan that includes changes to co-pays to reward action toward well-being because of the equity issues related to making such change. She stated that until policy changes are implemented to make it more difficult for people to drink sugary beverages and inform people of the science to help them understand the effects, people are less likely to make the large change needed to drive down healthcare costs. Diabetes is epidemic because people consume enormous quantities of sugary beverages, which directly leads to diabetes.
- Commissioner Scott responded that in a broader context, this is an area that could benefit from the contributions of a research assistant, which was cut out of the HSS administrative budget. He stated that being informed by real science and documentation could be enhanced by research support, as well as IT support to assist with tracking, etc. He expressed concern about launching an initiative that is believed to have a profound impact on healthcare costs yet the reluctance of the City to invest in the tools to make it work. He suggested this is the message that needs to go back about the budgetary discussion.
- Commissioner Fraser moved that the Wellness Plan draft be returned to staff for further elaboration of the policy changes and removal of the consideration of changing copays in 2016.

- Director Dodd asked if HSS worked on the language with Commissioner Fraser, would the other commissioners of the Board empower Ms. Fisher and Commissioner Fraser to retool the section and give approval pending that retooling in light of the timing issue of rolling the Wellness Plan out.
- Erik Rapoport, Deputy City Attorney, suggested approving the Wellness Plan except for the portions related to copays and plan design that are not supported by the Board, which would allow the Plan to move forward without interrupting scheduled dates.
- Commissioner Lim suggested reviewing the Wellness Plan prior to the rates and benefits period next year and again thereafter on a yearly basis.
- The Wellness Plan may be viewed on the myss.org website.

Public comments: Claire Zvanski, retired City employee, stated that every retiree group that she is aware of is very supportive of wellness programs. However, she noted that copays are negotiated benefits and the Health Service Board is required to apply certain standards uniformly unless employer organizations negotiate different copay structures. She agreed with Commissioner Fraser's comments that members who need it most may not necessarily benefit from or be able to achieve the benefits created by incentives.

Ms. Zvanski also asked about the survey participants because in various City departments, management and employees will provide very different answers regarding the culture and environments of those departments. She noted that there are some divisions within MTA that discourage employee breaks and lunches, and sometimes schedule meetings during the lunch hour. She stated that it is important to get responses from the employees.

Ms. Zvanski's last comment suggested that the focus on job-related illnesses go beyond the Fire Department and that job-related health conditions of police officers and Muni drivers are also looked at.

Silver Lumsdaine, summer intern in the HSS Wellness Center currently enrolled in the first year of a dual Master degree program in public health and

nutrition, challenged Commissioner Fraser's statement regarding sugar sweetened beverages leading directly to diabetes. She stated that Commissioner Fraser's comment was an exaggeration, and that Type 2 diabetes is largely a result of excess body fat. She gave the example that for several years, she drank Coca Cola over sugar sweetened cereal in the morning before her 10-mile run and that she does not have diabetes. She cautioned thinking that the consumption of sugar sweetened beverages leads directly to diabetes without looking at the holistic view.

Commissioner Fraser thanked Ms. Lumsdaine for her comments. She stated that there is new science out, of which she hopes Ms. Lumsdaine is aware, that shows how quickly liquid sugar gets absorbed into the bloodstream as opposed to sugar in solid form. Sugar in liquid form is absorbed in approximately 30 minutes, which leads to a spike in blood sugar. This then leads to the pancreas reacting with an increase in insulin. Commissioner Fraser said that her intent was not to claim that consuming a few sodas leads directly to diabetes but there is a particular issue with liquid sugar, which the new science is showing as problematic.

Herbert Weiner, retired City employee, stated that he hopes the Employee Assistance Program is also included in the Wellness Plan as there organizational problems in City government and certain issues should be addressed such as increased workloads and stress. He credited EAP with starting the anti-bullying workshops and stated his hope that the results get formulated into anti-bullying rules and regulations that could be instituted by DHR.

Action: Motion was moved and seconded by the Board to approve the CCSF Wellness Plan with amended language in the Environmental and Policy Change section, currently on page 22, to elaborate on Citywide action to support Environmental and Policy Changes, and eliminate the box under the column entitled 2016 in the "Incentive Strategy" row on Page 28 under the Logistics heading.

Motion passed 4-0.

□ 06122014-14 Action item

Presentation of HSS Resolution regarding statins for Health Service Board approval (Director Dodd)

Documents provided to Board prior to meeting:  
Draft resolution.

- Director Dodd reported that she drafted the resolution before the Board after two telephone conversations with President Breslin, Commissioner Shlain and a colleague of Commissioner Shlain's in which they agreed to hold a forum on statin use either in conjunction with a Board meeting or another venue.
- The purpose of the forum would be to address Dr. Shlain's concern regarding the guidelines of the American Heart Association and the American College of Cardiology released in November 2013 recommending a change in prescribing the use of statins to control cholesterol. Accordingly, one in three individuals between the ages of 50 and 75 would be prescribed statins under these guidelines.
- The idea was to invite a panel of major HSS vendors to discuss their standards of care and present their system's perspective on the use of statins. The purpose would not be to downplay the role of statins but to pursue other treatments such as diet and exercise prior to prescribing statins.
- Kaiser requested that the forum also include "appropriate experts" as well as cardiologists as presenters, since its expert on lowering cholesterol, LDH and LDL is not a cardiologist but another kind of scientist.
- The timing and location for this forum is undetermined at the moment, but August is a consideration since the agendas are usually rather light during that month.
- Commissioner Scott suggested that perhaps another venue in the immediate area could be an appropriate place to hold the forum.
- Director Dodd reminded everyone that the Board of Supervisors' Budget and Finance Committee hearing on the HSS rates will be

on July 9 and heard by the full BOS on July 15.

Public comments: None.

Action: Motion was moved and seconded by the Board to adopt the HSS resolution on statins with additional guidance to staff to seek alternative venues that might be appropriate for the forum and its timing.

Motion passed 4-0.

- 06122014-15 Action item

Vote on whether to cancel July 2014 Health Service Board meeting (Director Dodd)

Documents provided to Board prior to meeting: None.

Public comments: None.

Action: Motion was moved and seconded by the Board to cancel the July 10, 2014 meeting for its annual recess.

Motion passed 4-0.

- 06122014-16 Action item

Election of Health Service Board Officers (President and Vice President) for fiscal year 2014-2015 (President Breslin)

Documents provided to Board prior to meeting: None.

Public comments: None.

Action: Motion was moved and seconded by the Board to elect Commissioner Jean S. Fraser as President and Commissioner Randy Scott as Vice President of the Health Service Board for fiscal year 2014-15.

Motion passed 4-0.

- 06122014-17 Discussion item

Report on network and health plan issues (if any) (Respective plan representatives)

Public comments: None.

- 06122014-18 Discussion item Opportunity to place items on future agendas
  - President Breslin stressed the importance of members knowing where to go to receive urgent care and requested that HSS vendors report on their individual urgent care facilities in the Bay Area at the August 14, 2014 meeting.Public comments: None.
- 06122014-19 Discussion item Opportunity for the public to comment on any matters within the Board's jurisdiction  
Public comments: None.
- Adjourn: 3:46 p.m.

## Summary of Health Service Board 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 (3) 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.

**Health Service Board and 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 Health Service Board Secretary, Laini K. Scott, at (415) 554-1722 or by email at [laini.scott@sfgov.org](mailto: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.

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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 of San Francisco 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, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

### Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting 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](http://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 are 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.

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) 554-1722 or email at [laini.scott@sfgov.org](mailto:laini.scott@sfgov.org).