



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, May 8, 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  
Commissioner Jean S. Fraser  
Commissioner Randy Scott  
Commissioner Jordan Shlain, M.D., arrived 1:09

This Health Service Board meeting was broadcast live on SFGTV. 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 1:05 p.m.

President Breslin announced that this meeting agenda would be re-ordered after Agenda Item 1 to place the Finance and Budget Committee before the Rates and Benefits Committee in order to review pertinent information.

05082014-01

Action item

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

- Regular meeting of April 10, 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 April 10, 2014.

Motion passed 5-0.

## FINANCE AND BUDGET COMMITTEE

- 05082014-06 Discussion item Presentation of Blue Shield's Flex-Funded Experience and Current Reserve Balances (Commissioner Scott)
- (Re-ordered)
- Documents provided to Board prior to meeting: Report prepared by Health Service System, "Blue Shield Flex-Funded Experience and Current Reserve Balances."
- Commissioner Scott chaired the Finance and Budget Committee in Committee Chair Farrell's absence. Commissioner Scott is also a member of the Finance and Budget Committee.
  - Pamela Levin, HSS Deputy Director and Chief Financial Officer, presented a brief overview of Blue Shield's flex-funding experience for plan year 2013, which was also presented at a previous Health Service Board Finance and Budget Committee meeting.
  - Ms. Levin noted that moving to the flex-funded model has allowed HSS to retain all underwriting gains.
  - The graph on page 3 of the overview indicated a successful first year under flex-funding. The paid loss ratio was within the expected range.
  - Based on preliminary results, HSS will pay out \$300,000 in Accountable Care Organization ("ACO") incentives for the 2013 plan year.
  - Ms. Levin emphasized that the balance of Blue Shield's 2% profit pledge (\$8,843,667) is part of the \$77M Trust Fund balance reported in the monthly financial updates.

- President Breslin asked if Blue Shield's 2% profit pledge will extend beyond this year.
- Ms. Levin responded that Blue Shield's 2% profit pledge was from its book of business in 2012, and that HSS has not received another since that time.
- Director Dodd clarified that since moving to the flex-funded plan, HSS is not eligible to receive a profit pledge from Blue Shield because it is keeping the difference in underwriting gains.
- See report for complete details and glossary (posted on myhss.org).
- Dr. Shlain arrived during this agenda item.

Public comments: None.

- 05082014-07      Action item  
(Re-ordered)

Approve Accountable Care Organization (ACO) Incentive Reserve Policy and Methodology (Commissioner Scott)

Staff Recommendation: Approve policy and methodology.

Documents provided to Board prior to meeting: Accountable Care Organization (ACO) Incentive Reserve Policy and Methodology.

- Pamela Levin reported that this agenda item was discussed at a recent Health Service Board Finance and Budget Committee meeting. She stated that the proposed policy establishes a reserve for ACO incentive payments starting in plan year 2013. This reserve policy will give HSS direction in its contractual commitment for the ACO incentive payment.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Accountable Care Organization (ACO) Incentive Reserve Policy and Methodology as presented.

Motion passed 6-0.

## RATES AND BENEFITS COMMITTEE

- 05082014-02 Action item Approve Blue Shield's rate stabilization (Aon Hewitt)
- Staff recommendation: Approve rate stabilization.
- Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt, "Blue Shield Rate Stabilization Presentation."
- Anil Kochhar, Aon Hewitt actuary, reported that the proposed rate stabilization policy for Blue Shield's flex-funded HMO plan is similar to the reserve policy established for UnitedHealthcare as a self-funded plan.
  - Any excess underwriting gains or losses must be added to the existing stabilization reserve and amortized over a three-year period.
  - This presentation was the first flex-funded stabilization policy review. After fully funding the IBNR and Contingency Reserves, a balance of \$3M remains.
  - In accordance with the Health Service Board's Stabilization Policy, Aon Hewitt recommends funding the stabilization reserve from the excess 2013 underwriting gains and amortize the \$3,080,000 balance over three years. Accordingly, \$1.027M would be used to stabilize premiums across all rating tiers for Blue Shield's 2015 plan year. The remaining \$2.053M would be carried forward into plan year 2016. See pages 1 and 2 of Aon Hewitt's report.
  - Aon Hewitt also recommends transferring the \$8.8M from Blue Shield's prior 2% profit pledge currently residing in the Trust Fund into the stabilization reserve for possible use in future rate setting.
  - Commissioner Fraser congratulated HSS staff, the actuaries and providers for the excellent results presented.
  - Mr. Kochhar also acknowledged the contributions of the ACOs and of Blue Shield's providers.

Public comments: Steve Lynch, retired City employee and Blue Shield 65-Plus member, recounted his negative experience attempting to access a Blue Shield urgent care facility in Marin County from April 11-14, 2014. After receiving incorrect information regarding the location of urgent care facilities, Mr. Lynch was seen two days later at an urgent care center in San Rafael, CA. He was diagnosed with bronchitis and a ruptured eardrum (however, walking pneumonia was not ruled out because the x-ray technician had gone for the day). Mr. Lynch has followed up with the President's Special Services Office of Blue Shield to report the poor service that he received and is awaiting contact from them.

Commissioner Scott asked Mr. Lynch to write a letter to Director Dodd's attention outlining the major points of his experience and include any additional clarifying remarks so that HSS may follow up with Blue Shield.

Action: Motion was moved and seconded by the Board to approve the recommendation to allocate \$1.027M to stabilize Blue Shield's premiums across all rating tiers for plan year 2015, and to transfer \$8.84M from Blue Shield's prior years' 2% profit pledge currently in the Trust Fund to the Stabilization Reserve for use in future rate setting for Blue Shield.

Motion passed 6-0.

□ 05082014-03 Action item

Approve Blue Shield's flex-funded non-Medicare HMO plan renewal for plan year 2015 (Aon Hewitt)

Documents provided to Board prior to meeting: Report prepared by Aon Hewitt, "Blue Shield HMO 2015 Plan Renewal – Active and Early Retiree."

- Anil Kochhar reported that the 2015 rate increase for Blue Shield's flex-funded HMO plan for actives and early retirees is 4%, which includes the \$1.027M previously discussed.
- Mr. Kochhar presented the monthly rate cards for two potential contribution models in the existing memorandums of understanding ("MOUs") between the City and the unions: 90-10 and 93-93-83 funding arrangements.

- See pages 8 and 9 for the 90-10 and 93-93-83 contribution model monthly rate cards with 4% increase.
- See pages 10-13 for plan year 2015 monthly contributions with 4% increase (member and employer impact).
- Aon Hewitt suggested that the Board consider a buy down/rate pass for active HSS members for the 2015 plan year to keep Blue Shield's member cost share more competitive with Kaiser's, which is -2% for the 2015 plan year. The buy down/rate pass would be a premium adjustment that would be shared between the employee and employer.
- The amount needed to allow for a 2015 rate pass for active members is \$8.84M, which would come out of the claims stabilization reserve.
- Commissioner Lim pointed out that the title on pages 19 and 20 incorrectly indicate a 0% increase in the monthly contributions for members and employers instead of the actual 4% increase.
- Mr. Kochhar recommended applying the \$8.84M previously discussed against the 4% increase resulting in a 0% increase in premiums and subsequent contributions for the 2015 plan year rather than taking the 4% increase with no adjustment of the \$8.84M.
- Commissioner Fraser asked for clarification of the last paragraph on page 21 of Aon Hewitt's report, which states Aon Hewitt's request to re-rate Blue Shield's flex-funded plan if the 93-93-83 contribution model is accepted by all of the unions. She expressed concern regarding the timing of the process.
- Catherine Dodd, HSS Director, responded that the final union negotiations have not yet been determined. If all of the unions were to adopt the 93-93-83 model or a similar percentage, Aon Hewitt would probably be able to re-rate Blue Shield's flex-funded plan with a positive migration into Blue Shield.

- Erik Rapoport, Deputy City Attorney, responded that most of the MOUs must be submitted to the Board of Supervisors by May 15, 2014.
- Director Dodd stated that because of the prolonged labor negotiations and the need to build UHC's rate cards from Blue Shield's rates, a special Board meeting will need to be scheduled prior to the June 12 meeting to approve Blue Shield's rates.

Public comments: Claire Zvanski, former Health Service Board Member representing retirees, expressed concern that retirees may be adversely impacted by the elimination of the 10-County Survey in the 93-93-83 contribution model since there is Charter language that benchmarks retiree rates to active rates, and the 10-County Survey establishes a baseline for all rates.

Ms. Zvanski asked for clarification on the subsidy percentage split between employee and employer (i.e., 65% to employee and 35% to employer) and whether the percentages are being adhered to according to policy.

Ms. Zvanski stated that subsidizing rates gives a false sense to members that their premiums will stay low for a long time. She asked what will happen after year three of applying the stabilization amount to the rates. She also stated that any rate reduction should be made in every category and that favoritism cannot be shown. If the employee-only rate is reduced, then the reduction should be made across the board.

Director Dodd responded that the unions accepting the 93-93-83 contribution strategy agreed to waive the 10-County amount in exchange for receiving a higher reimbursement, which is why the 10-County amount is not included in the 90-10 contribution model.

Ms. Zvanski asked if the rates can be set as late as June since the MOUs will go to the Board of Supervisors in mid-May or if the rates should be set in the next few weeks.

Director Dodd stated that the UHC rates are calculated based on Blue Shield's rates. The Board will need to approve Blue Shield's rates depending

upon the outcome of the current negotiations, which are unknown.

Director Dodd stated that the Board would need to meet regarding Blue Shield's rates prior to the scheduled June 12 meeting. After that meeting, HSS will then have two days to prepare the final rates package for submission to the Board of Supervisors.

Action: Motion was moved and seconded by the Board to accept the actuarial recommendation to buy down the rate premium and approve the final rates at the June 12, 2014 meeting.

Motion passed 6-0.

□ 05082014-04 Discussion item

Presentation of retiree dental survey results (Lisa Ghotbi)

Documents provided to Board prior to meeting:  
Report prepared by Health Service System.

- Lisa Ghotbi, HSS Chief Operating Officer, presented the results to a dental survey distributed to 26,200 HSS retirees and surviving spouses.
- The retiree dental survey closed on April 30, 2014, which included a two-week extension.
- HSS received 5,320 survey responses (a 20% response rate). Thirty-eight percent (38%) of the surveys were received via the online web survey and 62% were received by mail or fax.
- Four questions were included in the survey indicating the type of dental option preferred, financial issues, willingness to change dentists and member type (retiree or dependent).
- The survey results were similar to direct testimony to the Board reflecting retirees who are satisfied with the current benefit and others who are dissatisfied and would like a change, as well as other varied opinions.
- The full survey and results, as well as retiree comments, may be viewed on the myhss.org website.

Public comments: Herbert Weiner, retired City employee, asked whether an additional retiree dental option could be included in the current plan in order to allow retirees to remain and others to pay

more for enhanced benefits if that is their choice.

Claire Zvanski clarified that there were no dental benefits offered to retirees in 1965, as indicated in one of the member's written comments. She stated that retiree dental coverage is fairly new and was offered as a favor by Delta during collective bargaining for active dental coverage. If retiree dental benefits were offered in 1965, it was through the School District (including CCD) and not the City. The City does not currently support retiree dental benefits.

Ms. Zvanski suggested combining no change to the current retiree dental benefits with exempt preventive care, stating that according to the survey, approximately 56% of retirees would be in favor. She also suggested that most people would stay in the System if the retiree premium were increased by just a few dollars. She stressed that dental benefits need to be kept affordable for retirees in light of the impact on physical health. She noted, however, that until retiree dental benefits are employer-sponsored, there will continue to be issues regarding affordability.

Dennis Kruger, representative for active and retired firefighters, stated that he was a little dismayed at the 20% response to the survey, noting that 65% of respondents want some change to the retiree dental plan. He also now has a better understanding why other members do not want a dental plan change. He concurred with Claire Zvanski that if there are no other changes, preventive care should be added to the current plan. He suggested that some of the insurance vendors develop a dental plan for retirees.

□ Meeting  
Break

Recess from 2:40 p.m. to 2:50 p.m.

□ 05082014-05 Action item

Approve Retiree Delta Dental PPO option and rates (Aon Hewitt)

Documents provided to Board prior to meeting:  
Report and options prepared by Aon Hewitt, "Final Retiree Dental Options."

- Anil Kochhar reported that Aon Hewitt has made no recommendation on a retiree dental plan. His intention was to present the 2015 renewal options and benchmarking data.

- The current retiree PPO dental plan is outlined on page 3 of Aon Hewitt's report. The program is fully-insured. The premium is 100% retiree paid with no employer contribution.
- The retiree dental benefit provides limited value: \$500 in premiums for only a \$1,000 annual maximum.
- The monthly rates for the existing retiree dental plan are as follows for January 1, 2014 through December 31, 2015:
  - EE: \$ 42.37
  - EE+1: \$ 84.80
  - EE+2: \$128.10
- Three plan designs were recommended for the Board's consideration:
  - Alternative 1 – Regular PPO with D&P Waiver: adds a Diagnostic and Preventive (“D&P”) waiver allowing continued coverage for preventive services after the annual maximum is reached. See page 5 of report.
  - The value of this benefit is \$200-\$300 per year and will not be charged to the member. The number of cleanings allowed in a base contract per year is exempt from the plan maximum.
  - Alternative 2 – Three Tier PPO with D&P Waiver (similar to plan design for active members): cost share is reduced for the 5% of members seeing a Non-Participating (Non-Par) dentist. See page 6 of report.
  - Alternative 3 – Three Tier PPO with Mixed Plan Maximum: (similar to plan design for active members): cost share is reduced for the 5% of members seeing a Non-Participating (Non-Par) dentist. See page 7 of report.
- Commissioner Breslin asked if the D&P services include x-rays and oral examinations.

- Committee Chair Scott asked that Delta Dental's representative come forward to address the Board.
- Raymond Lee, Delta Dental representative, responded that Diagnostic and Preventive services include the oral examination, cleaning and x-rays.
- Commissioner Fraser asked for clarification of D&P services.
- Mr. Lee stated that any services related to D&P will not count against the member's \$1,000 annual maximum. For example, if a D&P procedure costs \$500, it will not reduce the \$1,000 amount to \$500.
- Mr. Kochhar asked for confirmation that Delta Dental will honor the 7.29% premium increase for one year, which was an error in its quoted rate for Alternative 1 instead of 11.76%.
- Mr. Lee confirmed that Delta Dental made the error and will honor its quote of a 7.29% rate increase for one year for Alternative 1.
- Mr. Kochhar reported that Alternative 2 retains the \$1,000 out-of-pocket maximum and creates a three-tier approach, which applies a higher cost share for members who see a Non-Par dentist (5%).
- Alternative 3 eliminates the D&P waiver and increases the PPO maximum to \$1,500 and Premier maximum to \$1,200.
- Committee Chair Scott noted that 80-90% of Delta Dental's book of business in municipal groups cover two cleanings per year, as indicated on page 8 of Aon Hewitt's report (benchmarking data).
- Commissioner Breslin commented that Alternative 1 appears to be the most feasible in terms of cost and benefits.
- Commissioner Fraser concurred, stating her view that the choice is either retaining the existing plan or selecting Alternative 1.
- Commissioner Lim asked if the Board was obligated to select just one plan or whether

they could approve three plans and let the members decide.

- Committee Chair Scott stated that he knew of no such obligation to limit the option to one plan, however, questioned whether selecting more than one plan would create administrative and communication confusion. He asked Mr. Kochhar for clarification.
- Mr. Kochhar responded that the contract pricing assumes that all members would be enrolled in one plan.

Public comments: Claire Zvanski spoke in favor of Alternative 1 as the best and most cost effective plan. She suggested that if the open enrollment materials reflect an enhanced benefit with the same \$1,000 maximum, enrollment in the retiree dental plan should be sustained.

Diane Ulrich, UESF Retired Division representative, urged the Board to approve Alternative 1, which she considered the best plan offered for a very minimal monthly increase.

Herbert Weiner asked if Alternative 1 will increase the number of annual cleanings allowed per year.

Committee Chair Scott responded that 80-90% of Delta Dental's public and municipal plans offer two cleanings per year and that Alternative 1 offers the same.

Dennis Kruger concurred with approving Alternative 1 since it will increase the amount of the benefit and still allow members to receive two teeth cleanings per year.

Action: Motion was moved and seconded by the Board to approve Alternative 1 as the retiree dental plan for the 2015 plan year.

Motion passed 6-0.

## REGULAR BOARD MEETING MATTERS

- 05082014-08 Discussion item [President's Report](#) (President Breslin)

Documents provided to Board prior to meeting:  
None.

- President Breslin had nothing to report.

Public comments: None.

□ 05082014-09 Discussion item [Director's Report](#) (Director Dodd)

- HSS Personnel
- Finance, Operations, Data Analytics, 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, Data Analytics, Communications, Wellness and Employee Assistance Program.
  - Catherine Dodd, HSS Director, reported on the items in her Director's Report, which may be viewed on the myhss.org website.
  - Director Dodd also reported on HSS' involvement with CCSF's Legislative Committee. She met with the Mayor's staff the morning of this meeting to submit paperwork for three State legislative bills: SB 1340, a cleanup bill from last year's SB 751; SB 1176 (Senator Steinberg) and SB 1182 (Senator Leno). The Legislative meeting will be held next year. Copies of each of the proposed legislation may be viewed on the myhss.org website.
  - Commissioner Ferrigno departed the meeting during this agenda item.

Public comments: None.

□ 05082014-10 Discussion item [Update on Financial Reporting as March 31, 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, reported that the projected Trust Fund

balance through March 2014 was \$21M, which was \$1M less than last month's reported balance. See financial update memo.

Public comments: None.

- 05082014-11 Discussion and possible action

Presentation of HSS Annual Report for 2012-13  
(Director Dodd)

Documents provided to Board prior to meeting:  
HSS Annual Report.

- Director Dodd briefly reported on HSS' annual report for fiscal year 2012-2013.
- Highlights of the report include:
  - The Board's adoption of the Employer Group Waiver Plan ("EGWP") for pharmaceuticals under the UHC contract, which has saved a tremendous amount of money. This is one of the reasons the UHC numbers are coming in so low;
  - The implementation of flex-funding;
  - Continued involvement with the two San Francisco-based Accountable Care Organizations ("ACOs") designed to improve the quality of care and reduce costs within the Blue Shield provider network;
  - New contract with Aetna for group life and long-term disability insurance;
  - Participation with the Joint Labor Management Wellness Committee regarding a City-wide wellness plan.
- Director Dodd noted that this year's accomplishments will be reflected in the next annual report.

Public comments: None.

Action: No action taken.

□ 05082014-12 Action item

Approve 90-minute closure of HSS every other week for staff meetings and training sessions (Director Dodd)

Documents provided to Board prior to meeting:  
None.

- Director Dodd reported that HSS managers have discussed the significance of disseminating information to all members of HSS staff at the same time. Currently, two to three staff members remain in the office during staff meetings and trainings to answer phones and serve members.
- A recommendation has been made to convene all HSS staff members for department meetings and training sessions during the two Thursdays a month that the eMerge system is inaccessible due to payroll processing. The proposed meeting time is 8:00 to 9:30 am.
- If approved, HSS will adjust its office hours on meeting/training days and will be closed to members from 8:00 to 9:30 am. Notice will be posted on the HSS website, in the eNews and HSS lobby.
- President Breslin asked how HSS would handle member drop-ins during the office closure.
- Director Dodd stated that there is very little member traffic on the proposed days and asked Lisa Ghotbi, HSS Chief Operating Officer, to address the question.
- Ms. Ghotbi responded that it appears the word has gotten out because member visits are greatly reduced on the Thursdays that eMerge is unavailable due to payroll processing. She spoke of the benefits of bringing the entire department together for meetings and training.
- Commissioner Scott endorsed the concept but expressed dismay about the reason being due to eMerge's unavailability.
- Commissioner Lim expressed support for the 90-minute closure every two weeks. He asked how long the closures would continue

and suggested sending notification to all members.

- Ms. Ghotbi responded that the bi-weekly 90-minute closures would last indefinitely due to eMerge's schedule.

Public comments: Claire Zvanski expressed support for the bi-weekly training for HSS staff. She stated there are many training sessions available on DVD and that perhaps some of the commissioners could also attend, if some of the DVD trainings are through the International Foundation of Employee Benefit Plans ("IFEBP").

Action: Motion was moved and seconded by the Board to approve the Thursday bi-weekly 90-minute closure of HSS for staff meetings and trainings during eMerge's inaccessibility while processing payroll.

Motion passed 5-0.

- s□ 05082014-13 Discussion item Report on network and health plan issues (if any) (Respective plan representatives)  
Public comments: None.
- 05082014-14 Discussion item Opportunity to place items on future agendas  
Public comments: None.
- 05082014-15 Discussion item Opportunity for the public to comment on any matters within the Board's jurisdiction  
Public comments: None.
- Adjourn: 3:35 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.

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### 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).