



Minutes

Regular Meeting

Thursday, August 10, 2017

1:00 PM

City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102

- Call to order
- Pledge of allegiance
- Roll call President Randy Scott
 Vice President Wilfredo Lim
 Commissioner Karen Breslin
 Commissioner Sharon Ferrigno, excused
 Commissioner Stephen Follansbee, M.D., arrived 1:16 pm
 Commissioner Gregg Sass
 Supervisor Jeff Sheehy, excused

This Health Service Board meeting was recorded live by SFGovTV. Links to videotaped meetings and related materials are posted on the myhss.org website.

This meeting was called to order at 1:05 pm.

- 08102017-01 Action item Approval (with possible modifications) of the minutes of the meeting set forth below:
 - Regular meeting of June 8, 2017Staff recommendation: Approve minutes.
Documents provided to Board prior to meeting:
Draft minutes.
Public comments: None.

- Commissioner Breslin moved to approve the regular meeting minutes of June 8, 2017.
- Commissioner Lim seconded the motion.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of June 8, 2017.

Motion passed 4-0.

- 08102017-02 Discussion item [General public comment on matters within the Board’s jurisdiction not appearing on today’s agenda](#)
Public comments: None.

- 08102017-03 Discussion item [President’s Report](#) (President Scott)

- Update on HSS Executive Director Search

Documents provided to Board prior to meeting: None.

- President Scott announced that Supervisor Farrell had recently resigned from the Health Service Board and that Supervisor Jeff Sheehy had been appointed by BOS President London Breed to replace his seat. He noted that Supervisor Sheehy was not in attendance at this meeting.
- President Scott read aloud his letter recognizing Supervisor Farrell’s service on the Health Service Board, as well as his letter to BOS President, London Breed, acknowledging Supervisor Sheehy’s appointment in accordance with Charter section 12.200.
- President Scott asked Christina Brusaca, DHR representative, to update the Board on the HSS Executive Director search. He noted that more than 30 candidates had applied for the position. A special closed session had been scheduled on August 24, 2017 for the Board to review candidate resumes.
- A majority of the Board met with Heather Renschler, Ralph Andersen & Associates, during the Board’s recess in July to discuss the HSS Executive Director position.
- The Board was also interested in obtaining input from the HSS membership (actives and retiree groups) on desired attributes of the

next Executive Director. An online survey had been created for members to respond directly and anonymously to the recruiting firm, Ralph Andersen & Associates, on three main areas:

- Desired personal attributes for the new HSS Executive Director;
 - The most important issues that the Executive Director should address and prioritize as he or she assumes the role; and
 - Suggested questions for the Board to ask candidates.
- The deadline for completion of the anonymous survey had been extended to August 31, 2017.
 - Outreach meetings with the recruiter had also been scheduled for actives and retired members. President Scott stated that there had been some confusion previously with notification of certain meetings and that he accepted responsibility. However, he noted that some of the ensuing communications were unsettling. He clarified the roles of DHR and the consultant in the search process.
 - New meetings will be scheduled for retirees to meet with the recruiter.
 - President Scott stated it was critical that the new Director is in place by November in time for the initiation of the renewal cycle.
 - Ms. Brusaca stated that brochures and paper copies of the survey were available for meeting attendees. She reiterated that the closing date for the online survey had been extended to August 31, 2017.
 - Commissioner Breslin thanked Ms. Brusaca for her work on the Executive Director recruitment. She also stated that she thought the individual commissioner meetings with the consultant in the previous month were positive.
 - Commissioner Follansbee arrived during this agenda item.

Public comments: Claire Zvanski, RECCSF representative, thanked President Scott for clarifying the recruiting process and stated that some retirees had been dismayed by some of the developments to date. She expressed concern about all constituent organizations being represented (especially retirees) but accepted President Scott's assurances of an inclusive process. She stated that groups such as teachers and sheriffs, who are outside the pension system but are part of HSS, should also be heard.

- 08102017-06 Action item
Re-ordered

Appointment of Health Service Board Committee Chairs and Members for fiscal year 2017-2018
(President Scott)

- President Scott stated that in keeping with the Board's decision last month to suspend its governance rules and retain the President and Vice President positions, he recommended maintaining last year's Committee appointments for Fiscal Year 2017-18 as follows:
- Governance Committee:
Karen Breslin, Chair
Stephen E. Follansbee, M.D.
Randy Scott
- Finance and Budget Committee:
Gregg Sass , Chair
Sharon Ferrigno
Wilfredo Lim
- Commissioner Breslin moved to approve the recommendations.
- Commissioner Sass seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Health Service Board's Committee appointments for FY 2017-18, as presented.

Motion passed 5-0.

- President Scott departed the meeting after completion of re-ordered agenda item 6. Vice President Lim conducted the remainder of the meeting.

- 08102017-04 Discussion item **Director's Report** (Acting Executive Director Griggs)
 - HSS Personnel
 - Operations, Enterprise Systems & Analytics, Finance/ Contracting, Communications, Well-Being/EAP
 - Meetings with Key Departments
 - Other additional updates

Documents provided to Board prior to meeting:

1. Director's report;
2. Reports from Operations, Enterprise Systems & Analytics, Communications, Finance/ Contracting, Well-Being and Employee Assistance Program.
 - Mitchell Griggs, HSS Acting Executive Director, reported on the Director's report with management updates, which is also located on the myhss.org website.
 - Mr. Griggs announced that HSS' Communications Manager position had been filled by Carol Karimi, who joined the department earlier in the week. She has years of experience in marketing and communications with non-profits as well as one of the Bay Area's health plans.
 - A series of EAP seminars have been prepared to assist HSS staff in handling increased workloads, difficult member interactions, managing stress, etc. as HSS prepares for Open Enrollment in October.
 - HSS' Data Analytics division has been renamed as "Enterprise Systems and Analytics" in recognition of its electronic work in various systems, which expands beyond data collection.

- The City's new financial system project went live on July 3, 2017. Acting Director Griggs asked Pamela Levin, HSS CFO, to provide an update on the roll out.
- Ms. Levin reported that the City's financial system moved to PeopleSoft financials. At the same time, one of HSS' accountants transferred to another department. That position cannot be filled permanently until June 2018. While HSS is able to participate in the City's accounting intern program to fill the vacancy, the program will not begin until September.
- HSS' accounting division implemented a contingency plan to ensure that no payments to health plans were missed (this included \$43M in advance payments). However, due to unusually high UHC claims during the first week of July, the advance payment was insufficient and special approval was obtained from the Controller and Treasure to bypass the normal process and issue a wire. All other provisions in the contingency plan were successful.
- The accounting division continued to work through challenges and were requesting additional training.
- Ms. Levin commended the accounting team for its hard work and dedication to HSS during the transition to a new financial system.
- Acting Director Griggs stated that every individual working at HSS is involved in the Open Enrollment process at some level.
- An in-depth Open Enrollment presentation will be provided to the Board at the September meeting.
- Commissioner Breslin extended a special thank you to Acting Director Griggs for all of his hard work while filling two roles. She commended his customer service skills and care for members when she brought specific member issues to his attention.

- Commissioner Sass also commended Acting Director Griggs for his hard work in performing two jobs. On several recent occasions, he found Acting Director Griggs very generous with his time.
- Vice President Lim commended Pamela Levin on her hard work during year-end and the PeopleSoft conversion.

Public comments: Claire Zvanski, RECCSF representative, also commended Acting Director Griggs for performing additional work as the search for an Executive Director continues. She stated that Siobhan O'Connor, HSS Operations Manager, had been helpful in a number of retiree issues. She applauded the accounting, Enterprise Systems and Analytics teams and welcomed the new Communications Manager. She stated that it was important for HSS staff to know that they are greatly valued by the retirees, who also recognize the staff's challenges handling a heavier workload during Open Enrollment.

- 08102017-05 Discussion item [HSS Financial Reporting as of May 31, 2017](#) (Pamela Levin)

Documents provided to Board prior to meeting:

1. Financial update memo;
2. Report for the Trust Fund;
3. Report for the General Fund Administration Budget;
4. FY 2017-18 and FY 2018-19 Budget update.
 - Pamela Levin, HSS CFO, reported on the HSS Trust Fund and General Fund Administration budget through May 2017 and fiscal year-end projections through June 30, 2017, as summarized in her financial update memorandum. The June 30 actuals will be presented along with the audit results later in the year.
 - The projected Trust Fund balance is \$71.4M, which is \$2.2M less than the amount reported in June. The decrease is due to unfavorable claims experience for the self-

funded City Plan, Blue Shield and Delta Dental self-funded plan.

- The financial results for the first 11 months of FY 2016-17 project a year-end balance of \$100,000.
- The projected balance in the Healthcare Sustainability Fund (\$3.00) is approximately \$1M. This amount will be carried forward into 2017-18.
- See financial memorandum.
- The Board of Supervisors approved HSS' FY 2017-18 and FY 2018-19 budget on July 25, 2017. The Mayor signed it on May 26, 2017.
- See budget memorandum.

Public comments: None.

- 08102017-07 Discussion item [Presentation of Kaiser Permanente's multi-region service areas for Northwest, Washington and Hawaii \(Kaiser Permanente\)](#)

Documents provided to Board prior to meeting:
Kaiser report.

- Kate Kessler, Kaiser Permanente Area Vice President, reported on its multi-region service areas being offered to retirees outside California for 2018: Washington, Oregon and Hawaii.
- The largest number of retirees are located in the Northwest Region (more than 540,000 members), followed by Washington and Hawaii.
- The Northwest Region includes Oregon and South West Washington. See pages 5, 6 and 7 of Kaiser report for cities in the service areas.
- Kaiser Permanente Washington is the newest region with the acquisition of Group Health in Washington State.

Public comments: None.

- 08102017-08 Discussion item [Presentation of Express Dashboard](#) (Marina Coleridge)
- Documents provided to Board prior to meeting:
HSS Report.
- Marina Coleridge, Enterprise Systems & Analytics Manager, presented the dashboard for the period January through December 2016 and paid through May 2017.
 - The goal of the dashboard is to provide the Board with quarterly updates on a variety of data on active/early retirees and Medicare populations, as well as expand and include quality metrics.
 - The risk scores presented were rescaled to the total population between the plans for the purpose of comparison.
 - Two dashboards will be presented quarterly—non-Medicare (active and early retiree members) and Medicare.
 - See report for detailed data.

Public comments: None.

- 08102017-09 Discussion item [Presentation of Opioid report](#) (Marina Coleridge)
- Documents provided to Board prior to meeting:
HSS Report.
- Marina Coleridge, Enterprise Systems & Analytics Manager, noted the timeliness of her report since today President Trump declared opioid use as a national emergency.
 - The report focused on 2014 and 2015 information because complete 2016 information was not available. HSS' all payer claims database ("APCD") was used to conduct this study, which focused on class 2 opioids.
 - There are five opioid classifications. Class 1 is the most severe and has a very high potential for abuse. There is no recognized medical use for Class 1 in the United States.

- Class 2 opioids are just one step down from Class 1 drugs and have a very high potential for abuse. Some Class 2 opioids are OxyContin or oxycodone, fentanyl, morphine.
- HSS limits Class 2 opioids to members 18 years of age and older.
- Baby boomers are four times more likely to misuse opioids over millennials. Approximately 4.5% of individuals who receive opioid prescriptions become misusers; 40% of the total medical spend is attributed this population.
- HSS health plans have been invited to discuss their programs and efforts related to prescriptions and opioid abuse at the Board's educational forum in November.
- See the report for trends, opioid misuse diagnoses by plans, utilization comparisons as well as recommendations and next steps.
- Commissioner Follansbee commended Ms. Coleridge on her analysis. He expressed an interest in hearing from the health plans on the definitive triggers that occur or the pattern of prescribing pain medications.

Public comments: Dennis Kruger, representative for active and retired firefighters, widows and significant others, asked if there was a drug to wean people off opioid use rather than stopping cold turkey. He stated that many of these situations begin as the result of injuries, severe back pain, surgeries, etc.

Acting Executive Director Griggs stated that the health plans will be asked to specifically address the opioid crisis and possible solutions at the Board's educational forum in November.

□ 08102017-10 Discussion item

Update on Blue Shield's Trio Plan (Blue Shield representative)

Documents provided to Board prior to meeting: Blue Shield Report.

- Jeanette Mone, Blue Shield Account Manager, reviewed the Trio HMO communications plan for the 2018 plan year. She noted that a lot of this information had

been discussed previously at the May Board meeting. Since that time, Blue Shield and HSS have met numerous times to refine and improve the communications plan.

- The objectives of Blue Shield’s communications plan is to introduce Trio HMO, and address employee questions and concerns to ensure a smooth transition.
- Blue Shield’s pre-open enrollment communications include:
 - Targeted member letters
 - Phone calls to members with Trio primary care physicians
 - Invitation to all HSS members to attend Trio informational meetings
 - Informational meetings at Hotel Whitcomb and SF Library
 - Facebook ads
 - HSS/Blue Shield microsite (blueshieldca.com/sfhss)
- Custom letters will be part of targeted communications to Brown & Toland and Hills Physicians’ members.
- Members utilizing current Trio primary care physicians will be automatically enrolled in Trio HMO. Members may opt to leave Trio and return to Access+ if they wish to access Sutter facilities.
- In response to Vice President Lim’s question, Acting Director Griggs stated that if a member with a Trio primary care physician does not take action during open enrollment, he or she will be automatically enrolled in Trio. Members with Trio primary care physicians must actively enroll in Access+ to keep Sutter facilities in their network. HSS intends to conduct extensive communications separately from Blue Shield and will include details in its open enrollment materials as well as electronic communications. If a member misses the communications on the addition of Trio, HSS will review each case

individually and make a decision on whether to allow the member to change plans.

- Commissioner Follansbee expressed apprehension about the automatic enrollment of members into Trio who have been receiving services through Sutter, a non-covered system.
- Ms. Mone stated that there were very few medical groups referring members to Sutter facilities with the exception of Brown and Toland. Blue Shield intends to send custom communications to Brown and Toland members notifying them of auto-enrollment in Trio and highlighting the list of hospitals no longer available in the new HMO plan. They will be encouraged to enroll in Access+ if they wish to continue receiving services from Sutter hospitals.
- Only entire families currently using Trio primary care physicians will be automatically enrolled in the Trio HMO plan. Families utilizing mixed medical groups will not be automatically enrolled in Trio.
- Acting Director Griggs stated that informational meetings will also be held for active employees. Two sessions will take place after work hours (i.e., 5:30 to 7:30 pm). All three health plan providers will be present and will review their plans' offerings, followed by a question/answer period. Invitations to these meetings will be included in the open enrollment packages.
- As requested at the last meeting, Blue Shield prepared a list of Trio providers by county, indicating partial and full coverage, as well as counties being added, effective January 1, 2018 (see report). Full coverage indicates providers' capacity to accept incoming Trio members and includes every zip code in the county. For example, as a full coverage county, members in Alameda County will have access to Trio primary care physicians, specialists, hospitals and urgent care facilities.

- Commissioner Breslin asked about the cost of services provided to Trio members admitted into Sutter emergency departments.
- Ms. Mone stated that Blue Shield had conducted extensive analyses on emergency room patterns and it was determined to be extremely cost-effective to move forward with implementing contracts with participating Trio providers. She stated that an increase in ER visits will not outweigh savings on other services.
- Acting Executive Director Griggs stated that Blue Shield will make phone calls to each member to ensure that they are informed of the change.
- Commissioner Follansbee responded to the Ethical and Religious Directives for Catholic Health Care Services, 5th Edition (2009), which was provided by Blue Shield for the Board's information. He expressed uneasiness regarding its moral tone on some services permissible by California State law that it considered evil and scandalous. While most members would not need such services, they need to know that certain legal procedures are considered evil and scandalous, and would not be discussed (i.e., end-of-life care, family planning). Under the Directive, morality is bottom line. There would be no discussion about the legality, pros or cons of certain options.
- Ms. Mone confirmed that Catholic healthcare organizations, such as Dignity, are not permitted to engage in actions that are considered intrinsically immoral, such as abortion, assisted suicide and direct sterilization. She stated that those services are typically referred to other entities. Dignity hospitals do not require its employees to conduct counseling for those types of services.
- Commissioner Follansbee stated that every provider must operate within his or her own morals and ethics and that also includes making referrals when they feel they cannot

carry out a request or do not have the expertise or moral or ethical authority to proceed.

- Commissioner Breslin asked if Zuckerberg San Francisco General is a Trio hospital.
- Ms. Mone stated that Zuckerberg San Francisco General Hospital is a non-participating provider and is not contracted by Blue Shield of California for any services.

Public comments: None.

- 08102017-11 Discussion item Report on network and health plan issues (if any)
(Respective plan representatives)
 - Commissioner Sass referenced a May 26, 2017 letter from Barbara Garcia, DPH Director of Health, to the CEO of Blue Shield informing him of underpayments to Zuckerberg San Francisco General Hospital's trauma unit in 2016.
 - In 2016, 836 Blue Shield members were treated in Zuckerberg General's trauma unit; 144 members were admitted for surgeries and received treatment in the intensive care unit.
 - Total charges for the 835 Blue Shield members were \$24.5M, of which \$20,800,000 claims were processed and paid. However, Blue Shield paid only \$13.8M of the processed claims.
 - Commissioner Sass stated that approximately \$10M of underpayments by Blue Shield translated into a \$10M additional subsidy from the City's General Fund to Zuckerberg General to balance its budget.
 - Director Garcia requested a response from Blue Shield by May 31, 2017. To date, there has been no reply.
 - Commissioner Sass asked that Blue Shield address the issue.
 - Paul Brown, Blue Shield Area Vice President, apologized on behalf of the company for its lack of response to Director Garcia. He stated that the letter was sent directly to Blue

Shield's CEO and forwarded to the network contracting team who had been holding ongoing contract discussions with Zuckerberg San Francisco General. He conceded that the CEO should have acknowledged receipt of the letter. Mr. Brown will contact the appropriate personnel at Blue Shield to ensure a response to Director Garcia's letter.

- Jeannette Mone, Blue Shield Account Manager, reported that Blue Shield did not have a commercial contract with Zuckerberg San Francisco General and that the last attempt by both parties was October 2016. She stated that the possibility of a commercial contract was challenging for multiple reasons (financial and logistical). She expressed hope that the dialogue would restart and an agreement could be made that would benefit HSS members.
- Commissioner Sass asked for an explanation why Blue Shield's claims were not paid at the billed amount. He stated that Zuckerberg General is the only trauma center in the City and cannot be compared with any other emergency room.
- Ms. Mone stated that she had conducted research on this issue after Acting Director Griggs brought it to her attention a few weeks earlier. She stated that Blue Shield's services are paid at what is determined "reasonable and customary" for a provider. She described the process with the Office of Statewide Hospital Planning and Development and charge ratios for the reasonable and customary schedule developed for non-participating hospitals.
- Commissioner Sass stated that it seemed unreasonable for Blue Shield to pay a non-contracting hospital on the basis that Ms. Mone described.
- Commissioner Follansbee asked why this issue was being brought to the attention of the Health Service Board at this time. The only reason he could see, as outlined in the letter, was the Director of Public Health's

statement that one option she considered was asking the Health Service Board to discontinue contracting with Blue Shield for its Health Service Members if the payment issue could not be resolved. The letter was not presented with a request for the Health Service Board to consider such an action. He stated that he understood from the letter that there was a large discrepancy in what Blue Shield had paid to date on billed charges. He stated that this was clearly a significant problem. However, he stated that he was unclear why the Health Service Board was only asked to consider one third-party payer. As stated in the letter, this issue involves all the payers with which the Health Service Board contracts, since Zuckerberg San Francisco General Hospital does not contract with any private third-party payers.

- Commissioner Sass stated that this issue deserved more attention since state law now prohibits “balance billing” or the ability of hospitals to contact the patient directly asking for reimbursement not covered by insurance. The hospital’s only alternative is to go directly to the payer.
- Commissioner Breslin stated that she thought this was an appropriate issue for the Health Service Board to consider since she is a taxpayer and the General Fund must make up the operating losses for Zuckerberg San Francisco General Hospital.
- Vice President Lim asked that Blue Shield provide a follow-up report at next month’s regular meeting.

Public comments: Diana Guevara, Associate Administrator in Patient Finance and Office of Managed Care at DPH, read a statement on behalf of DPH and Zuckerberg San Francisco General. Zuckerberg General is the area’s only level one trauma center. It provides services to City residents and visitors in their hour of need regardless of income or insurance status. The hospital also plays a central role in responding to disasters and public safety emergencies. It regularly receives patients

insured by Blue Shield and other commercial payers and bills them for emergency and trauma services provided to their members. Unlike many hospitals, Zuckerberg General does not come close to recovering its costs through billing for emergency services. It is the single largest safety net hospital in the City. The majority of its patients are either uninsured or covered by Medi-Cal. Zuckerberg General provides nearly 70% of all charity care in San Francisco. Its operating costs for FY 2016-17 were \$837M. The hospital recovered only \$668M in revenue and the remaining \$170M was funded by the City's General Fund. Therefore, local taxpayers are funding a significant portion of the hospital's operating costs. Zuckerberg General's costs are often higher because of the intensity of its services. It simply wants to recover costs as much as possible, not unfairly charge health plans for services. Zuckerberg General is hopeful that the issue with Blue Shield can be resolved in a way that leads to a continued positive partnership with HSS and DPH. As a matter of due diligence, DPH has approached Blue Shield regarding the possibility of contracting with Zuckerberg General to provide services to CCSF employees, which could be a strong benefit for HSS and support the hospital's operation. DPH would be happy to partner with HSS in any way.

- 08102017-12 Discussion item [Opportunity to place items on future agendas](#)

Public comments: None.

- 08102017-13 Discussion item [Opportunity for the public to comment on any matters within the Board's jurisdiction.](#)

Public comments: Claire Zvanski, RECCSF representative, asked about Kaiser Permanente's multi-region rates so that she could include that information in the retiree newsletter.

Acting Executive Director Griggs stated that Kaiser Permanente's multi-region rates were provided at the June meeting and can be found on the HSS website.

Ms. Zvanski expressed annoyance at an upcoming meeting scheduled to address the HSS Executive Director recruitment. It appeared that an open informational meeting was arranged while her request had been to schedule a session specifically

for retiree organizations to express their input. She made another request for a separate retiree meeting.

- 08102017-14 Action item

Vote on whether to hold closed session for member appeal (President Scott)

Staff recommendation: Hold closed session.

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

This member appeal was postponed until the next meeting.

- Adjourn: 3:49 pm

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 as designated on the agenda.

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.

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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.

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 and committee meetings.
- The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room.
- 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) 554-0662 or email at laini.scott@sfgov.org.

The following email has been established to contact all members of the Health Service Board:
health.service.board@sfgov.org.

Health Service Board telephone number: (415) 554-0662