



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

# Minutes

## Regular Meeting

Thursday, February 9, 2017

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 Randy Scott  
Vice President Wilfredo Lim  
Commissioner Karen Breslin  
Supervisor Mark Farrell, excused  
Commissioner Sharon Ferrigno  
Commissioner Stephen Follansbee, M.D.  
Commissioner Gregg Sass

This Health Service Board meeting was recorded live by SFGovTV. Links to videotaped meetings and related materials are posted on the [myhss.org](http://myhss.org) website.

This meeting was called to order at 1:03 pm.

02092017-01

Action item

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

- Regular meeting of January 12, 2017

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:  
Draft minutes.

- Commissioner Sass reported a correction in item 7, third bullet from the top wherein a reference was made to “Governance” Code section 53600 instead of “Government” Code.
- Commissioner Breslin moved to approve the regular meeting minutes of January 12, 2017.
- Commissioner Sass seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of January 12, 2017, as corrected.

Motion passed 6-0.

- 02092017-02 Discussion item General public comment on matters within the Board’s jurisdiction not appearing on today’s agenda  
Public comments: None.

<b>RATES AND BENEFITS</b>
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- 02092017-03 Action item Initiation of blackout period for all HSS vendors for the duration of the 2018 rates and benefits process (Director Dodd)  
Staff recommendation: Approve blackout period during 2018 rates and benefits process.  
Documents provided to Board prior to meeting: HSS memo announcing black-out period.
  - Director Dodd referenced her memo regarding the 2018 rates and benefits blackout period. This notice prohibits Board members from communicating with service providers on rates and benefits matters except during Board or committee meetings. Board members who communicate with service providers on subjects unrelated to HSS agree to disclose such in writing to the HSS Director and the Board.
  - President Scott discouraged Board members from engaging HSS vendors directly even when a blackout period is not in effect

because those matters may come before the Board for a vote, which could result in a conflict.

- Commissioner Breslin moved to approve the blackout period for the 2018 rates and benefits process.
- Commissioner Sass seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the initiation of a black-out period for all HSS vendors during the 2018 rates and benefits process.

Motion passed 6-0.

□ 02092017-04      Action item

[Approve City Plan's administrative fees for 2018 plan year](#) (Aon Hewitt)

Staff recommendation: Approve City Plan's administrative fee for 2018 plan year.

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt.

- Anil Kochhar, Aon Hewitt actuary, reported that UHC proposed a 2.6% increase to its 2017 fee for the 2018 plan year for actives and early retirees.
- The 2018 fee includes \$0.44 PMPM for a new infertility benefit known as "Reproductive Resource Services." The overall cost would increase from \$49.49 to \$51.15 PMPM.
- Heather Chianello, City Plan Account Representative, reported on two new UHC programs for the 2018 plan year, Reproductive Resource Services (included in the administrative fees) which provides a rich set of infertility services and Real Appeal, a weight loss program offered at no additional cost. Flyers were provided for both programs.
- Commissioner Follansbee asked if a physician would prescribe a diet in the Real Appeal program.
- Ms. Chianello stated that members on that program would work with a clinical coach.

- Commissioner Breslin reported that according to its newsletter, CalPERS' health plans are required to offer diabetes prevention programs and must meet the Center of Disease Control's standards at no cost to eligible members. She asked if UHC's standards for the Real Appeal program meet those standards.
- Ms. Chianello assumed that UHC's standards were identical to CalPERS' but offered to ask a representative from the Real Appeal program to address the more clinical components with the Board.
- Michelle Vollrath, UHC Vice President of Sales and Account Management for the public sector, reported that she managed CalPERS' account and confirmed that the Real Appeal program meets the standards inquired about.
- Ms. Chianello confirmed that no administrative fee will be charged for the Real Appeal program. Services will be billed similar to medical claims. The initial assessment will result in a \$103 claim paid at the member's benefit level. There will be no out-of-pocket costs for the member.
- Commissioner Breslin moved to approve City Plan's administrative fee for the 2018 plan year.
- Commissioner Lim seconded the motion.

Public comments: Herbert Weiner, retired City employee, stated that UHC's PPO plan had a "booby trap" in that copays are charged for various outpatient tests such as treadmills and ultra sounds. He stated that after walking on a treadmill, further tests would be required to address a health issue and that a copay would be required for each test. Under the Blue Shield plan, copays were not required for these types of evaluations. He stated that UnitedHealthcare is rated number six on the Fortune 500 with profits of nearly \$6M, and as such, could cover all payments for outpatient procedures as it does for blood work.

Action: Motion was moved and seconded by the Board to approve City Plan's administrative fees for the 2018 plan year.

Motion passed 6-0.

□ 02092017-05 Discussion item

Review of City Plan's 2016 claims experience (Aon Hewitt)

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt.

- Anil Kochhar, Aon Hewitt actuary, reported on City Plan's utilization and claims experience for actives, early retirees and Medicare retirees for the 2016 plan year. He stated that this would be the last report on post-65 retirees because they are now part of the Medicare Advantage PPO under a fully-insured plan implemented at the beginning of this year.
- The Board's decision to subsidize the active and early retiree rates for the 2016 plan year by a total of \$13,991,000 reduced the overall rates and member contributions. Membership for actives and early retirees in 2016 increased and the average cost per member decreased.
- Membership in City Plan's Medicare PPO plan decreased in 2016 and the cost per member increased.
- See Aon Hewitt's report, "City Plan Utilization and Claims Experience for Calendar Year 2016."

Public comments: None.

□ 02092017-06 Action item

Review and approve City Plan's rate stabilization reserve (Aon Hewitt)

Documents provided to Board prior to meeting:

1. Report prepared by Aon Hewitt;
  2. Self-Funded Plans' Stabilization Policy.
- Anil Kochhar reviewed City Plan's PPO rate stabilization calculation. See page 5 of Aon Hewitt's report.

- The calculated amount per the amortization policy to be applied to City Plan's PPO 2018 rates (33% of stabilization reserve) is \$1,510,000 (see page 8 of report).
- Aon recommended that the Board approve \$1,510,000 to be amortized across all rating tiers for City Plan PPO for the 2018 plan year. The remaining carryforward balance for plan year 2019 is \$3,019,000.
- The 2018 rates for City Plan PPO will be presented in May.
- Commissioner Sass moved to accept Aon Hewitt's recommendation.
- Commissioner Follansbee seconded the motion.

Public Comments: None.

Action: Motion was moved and seconded by the Board to approve City Plan's rate stabilization reserve in the amount of \$1,510,000 for actives and early retirees for the 2018 rates, as presented.

Motion passed 6-0.

- 02092017-07 Discussion item [Presentation on Copay Benchmarking](#) (Aon Hewitt)

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt.

- Won Andersen, Aon Hewitt Senior Vice President, reported on copays for 2016 medical, dental and vision plan design benchmarking. Plan sponsors perform comparative analyses on their plan designs to ensure the programs offered are competitive against industry standards.
- Aon reviewed two databases as well as two comparator groups for the HSS population. They also reviewed government and public entities and whole national plans.
- Most employers offer multiple plan options, as does HSS.
- For HMO medical coverage, HSS' deductibles and out-of-pocket limits are much more generous than the comparator groups.

- HSS pharmacy programs are much more generous than the comparator groups.
- HSS' Delta Dental plan contains three tiers, which is also more generous than the comparator groups.
- See Aon Hewitt report for plan design comparisons.

Public comments: None.

- 02092017-08 Discussion item [Presentation on UnitedHealthcare's audit](#) (Aon Hewitt)

Documents provided to Board prior to meeting:  
Report prepared by Aon Hewitt.

- Won Andersen, Aon Hewitt Senior Vice President, reported on UnitedHealthcare's medical plan audit.
- Aon's audit consisted of random, stratified samples of 220 claims (statistically valid at 95<sup>th</sup> confidence level). Of the 220 claims audited, five in-sample and two out-of-sample errors were identified. Overall, the audit results were very positive. See page 4 for summary of findings.
- President Scott asked how 220 could be a representative sample.
- Tom Ricks, Aon Hewitt actuary, reported on the actuarial calculation of statistics.
- Aon's recommended next steps were to share the audit findings with UHC and wait for a response regarding its findings and observations, address recommendations in performance areas and identify how systematic issues were fixed and report back.

Public comments: None.

- Meeting Break

[Recess from 2:18 to 2:28 pm.](#)

## FINANCE COMMITTEE MATTERS

- 02092017-09      Action item      Approval of Health Service System FY 2017-18 and FY 2018-19 General Fund Administration Budget (Committee Chair Sass)
- Staff recommendation: Approve proposed budget.
- Documents provided to Board prior to meeting: SFHSS memorandum.
- Committee Chair Sass reported on the special Finance and Budget Committee meeting held that morning at which the Health System's General Fund Administration budget for FY 2017-18 and FY 2018-19 was presented by Pamela Levin, SFHSS CFO. The Mayor's two-year budget instructions require SFHSS to make ongoing reductions of 3% in General Fund support (\$97,442 for FY 2017-18 and an additional \$97,442 for FY 2018-19).
  - The majority of Health Service Board members were in attendance at the special Finance and Budget Committee meeting.
  - Chair Sass reported that the Finance and Budget Committee recommended approval of the SFHSS General Fund Administration budget, which passed unanimously.
  - See Budget memo for details.
  - Commissioner Lim moved to approve the SFHSS FY 2017-18 and FY 2018-19 General Fund Administration budget.
  - Commissioner Follansbee seconded the motion.
  - Ms. Levin introduced Elaine Gee, SFHSS Principal Administrative Analyst, who assisted her with the numbers for the budget.
  - President Scott commended Ms. Levin on her leadership and thanked Ms. Gee for her assistance.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the SFHSS FY 2017-18 and FY 2018-19 General Fund Administration budget.

Motion passed 6-0.

- 02092017-10      Action item

Approval of Health Service System FY 2017-18 and FY 2018-19 Budget for the Healthcare Sustainability Fund (Committee Chair Sass)

Staff recommendation: Approve proposed budget.

Documents provided to Board prior to meeting: SFHSS memorandum.

- Committee Chair Sass reported on the Healthcare Sustainability Fund's FY 2017-18 and FY 2018-19 budget presented by Pamela Levin at the special Finance and Budget Committee meeting held earlier in the day.
- The Healthcare Sustainability Fund was increased from \$2.05 PMPM to \$3 PMPM by the Board, effective January 2017. The expenses from this fund fall into two categories, annual expenses associated with open enrollment and other communications activities and one-time expenses.
- See Budget memo for details.
- Commissioner Lim moved to approve the SFHSS Healthcare Sustainability Fund for FY 2017-18 and FY 2018-19.
- Commissioner Follansbee seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Healthcare Sustainability Fund budget for FY 2017-18 and FY 2018-19.

Motion passed 6-0.

## REGULAR BOARD MEETING MATTERS

- 02092017-11      Discussion item      President's Report (President Scott)

Documents provided to Board prior to meeting: None.

- President Scott referenced his memo to the Health Service Board members and related attachments regarding the HSS Executive Director search. He read the first paragraph of his memo aloud and noted that a series of requests were specifically directed to the Board members.
- President Scott stated that Commissioner Breslin had unearthed an original copy of a previous job description for HSS Executive Director. Director Dodd also was in possession of a version of the job description.
- President Scott asked Board members to review the job description and draft Request for Proposal (“RFP”) and provide comments, edits and suggestions to Laini Scott, Board Secretary. Ms. Scott would then produce a document based upon the input received and circulate it to the Board for review and approval at the next meeting.
- A search firm will be retained to select the HSS Executive Director. That firm will be asked to contact key constituencies of HSS to provide input about the position and the direction of the System.
- Director Dodd’s tenure with HSS will end on March 15, 2017. An acting Executive Director will be appointed at the next meeting.
- Erik Rapoport, Deputy City Attorney, and Chanda Ikeda, DHR CFO, will guide the Board in terms of protocol for the recruitment process.
- Mr. Rapoport stated that the Board should review the recruitment materials at the next Board meeting and make any decision in open session. Specific tasks can be assigned to one or two Board members without violating the Brown Act. If the Board decides to create a subcommittee for a specific issue, all meetings will need to be noticed to comply with the Brown Act. Mr. Rapoport’s recommendation was to address the process

in open session at regularly scheduled meetings.

- President Scott noted that there will be no subcommittee for the recruitment process. The full Board will make the final selection of the next HSS Executive Director.
- A search firm will be selected through the RFP process. DHR provided a list of six approved City vendors, who will be asked to respond to the RFP and provide their fees for service.
- Regarding the Board's education plan, President Scott reminded Board members to identify educational interests for attendance at various seminars in this budget year and notify the Board Secretary.

Public comments: Claire Zvanski, RECCSF President, expressed interest in reviewing the Executive Director job description and hoped that RECCSF would have the opportunity provide additional suggestions or approve it. They would like to be involved as a constituent group. She noted that Protect Our Benefits ("POB") was formed to put items on the San Francisco ballot that would enhance HSS services and create an independent department. While POB has an interest in HSS business, the RECCSF membership is the basis in sustainability for retirees. Ms. Zvanski had no particular interest in seeing the RFP.

Dennis Kruger, representative for active and retired firefighters, widows and dependents, asked how the acting director will be selected.

President Scott responded that the Board will appoint the acting director at the next meeting. The person in mind is currently in HSS management; however, there was no opportunity to discuss the position with the individual prior to the meeting. The Board is in contact with DHR regarding the process.

□ 02092017-12 Discussion item Director's Report (Director Dodd)

- HSS Personnel
- Operations, Data 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, Data Analytics, Communications, Well-Being and Employee Assistance Program;
3. Unum settlement.
  - Catherine Dodd, HSS Executive Director, presented her Director's report, which may be viewed in its entirety on the myhss.org website.
  - Director Dodd noted that while HSS appreciated Blue Shield's willingness to keep retirees until age 65 and allow split families, there were computer issues that prevented a smooth transition in January.
  - UHC staff was onsite at HSS for the first few weeks in January to answer questions for the benefits analysts as they arose. UHC handled all of the member issues satisfactorily.
  - The first voluntary payroll deductions were successfully taken in January.
  - Director Dodd reported in her federal update that Secretary Price was expected to be confirmed within the next day or so to head Health and Human Services. He had vowed to scale back much of the federal government's role in healthcare because he believes in a free market built on privatization. He also favors reducing spending on Medicare and Medicaid, and is opposed to price negotiations in pharmacy benefits.

- A court ruled that employers had a choice whether to implement gender dysphoria benefits as part of the ACA. UnitedHealthcare immediately indicated it would continue to provide gender dysphoria benefits if employers are selecting them.
- HSS is currently comparing the gender dysphoria benefits between Blue Shield, Kaiser Permanente and UnitedHealthcare. A report will be presented at next month's meeting.
- See Director's Report on myhss.org.

Public comments: Claire Zvanski, RECCSF President, expressed concern about the split families' issue for those transitioning to UHC with dependents remaining on Blue Shield. She asked for more information on the initial problems that occurred in early January. She asked if the problem had been resolved so that families will be able to utilize both plans.

Jeanette Mone, Blue Shield Account Manager, reported that a lot of programming was necessary to prepare for the Medicare split carrier contracts between CCSF and Blue Shield. There was an oversight in the first few days of January where non-Medicare members were not entered correctly into the system and prescription eligibility could not be verified. This issue was manually corrected approximately January 5 or 6, 2017. At HSS' request, Blue Shield conducted an audit of the files. The results were conclusively at 100%.

- 02092017-13      Discussion item      [HSS Financial Reporting as of December 31, 2016](#)  
(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.
- Pamela Levin, HSS CFO, reported that the projected trust fund balance by June 30, 2017 is \$64.3M. This amount is \$7.4M more than reported in January and is due to

an underestimation of the impact of the elimination of the HIT tax in 2017. The result significantly reduces Blue Shield's administrative costs by \$12M.

- President Scott stated that the \$12M reduction will be material to the budget passed earlier in the meeting and discussions going forward. He stated that HSS has saved the City approximately \$150M over the past five years and yet it remains unacknowledged and unheralded year after year unless it is brought to the City's attention. He intends to mention the City's savings during the budget process this year.
- Ms. Levin also reported on improvements in Blue Shield's self-insured plan's claims experience.
- No additional pharmacy rebates were received in December; the year-end projection remains unchanged.
- To date, no applications have been received for the surrogacy and adoption benefit.
- The General Fund Administration budget is projected to be fully expended.

Public comments: None.

- 02092017-14 Discussion item [Presentation of 2017 Demographics](#) (Marina Coleridge)

Documents provided to Board prior to meeting:  
2017 Demographics Report.

- Marina Coleridge, HSS Data Analytics Manager, presented a report on the HSS membership demographics as of January 1, 2017. She introduced Sharmini Bhatnagar, Senior Health Program Planner, who assisted in the preparation of the report.
- Ms. Coleridge stated that the changes in the report are the result of the elimination of Blue Shield's Medicare plan and the funding change in City Plan's Medicare plan, as well as the migration into the New City Plan.

- Highlights of the report include:
- 117,853 enrolled lives as of January 1, 2017, an increase of 2,088 over 2016
- Dental enrollment increased by 2,675
- Over 5,000 members enrolled in voluntary benefits
- Kaiser Permanente's enrollment increased by 1% to 55% or 64,000 covered lives
- City Plan's enrollment increased by 490 employee lives
- 14,672 lives are covered in the New City Plan (over 11,000 are members; the remaining are dependents)
- The trend line at the top of page 8 (left graph) was incorrect (61.95 is not average age of retirees with no Medicare). The correct average age is 53.77. This correction will be reflected on the website.
- Medical plan enrollment by county (employee and early retirees) was added to the demographic report (see page 15)
- Director Dodd noted that HSS enrollment has increased by approximately 1,000 to 2,000 members each year since her arrival yet HSS staff size has not increased.
- President Scott thanked Ms. Coleridge and the Data Analytics team for their hard work on this report.
- The full report may be viewed on [myhss.org](http://myhss.org).

Public comments: Claire Zvanski, commended Ms. Coleridge for her phenomenal work on the demographics report each year. She thought it was interesting to see the new counties added to the report and the members being served farther out. She stated that trends are changing and more people are telecommuting to work. She also acknowledged and thanked HSS staff for their work on the report.

- 02092017-15 Discussion item Report on network and health plan issues (if any)  
(Respective plan representatives)
- Michelle Vollrath, UnitedHealthcare representative, introduced Christine Alford, new Field Account Manager for the active and retiree City Plan.
  - Shannon Haas, UnitedHealthcare Account Manager for Medicare retirees reported two items.
  - First, Ms. Haas confirmed from the January meeting that it is the member's responsibility to request that his or her records be sent from a specialist or other attending physician to the member's primary care physician. She also stated that Mitchell Griggs reported this information at a retired firefighters' meeting.
  - Second, UnitedHealthcare Retiree Solutions is conducting member focus sessions over the next few months and HSS has approved including CCSF Medicare retirees in those focus groups. The purpose of the focus groups is to obtain feedback from retirees who attended the educational meetings in the fall on the new City Plan in order to improve future sessions. The meetings will be 90 minutes in length and will include six retirees randomly selected for each session. The sessions will be conducted by a third party.

Public comments: Dennis Kruger, representative for retired firefighters, asked if a two-tiered vision plan could be included in this year's renewal.

Director Dodd stated that a two-tiered option will be included in this year's vision presentation.

- 02092017-16 Discussion item Opportunity to place items on future agendas  
Public comments: None.

- 02092017-17 Discussion item Opportunity for the public to comment on any matters within the Board's jurisdiction
- Director Dodd introduced Pamela Johnson, HSS Communications Manager, recently hired from MTA. Prior to joining the City, she was the owner of a PR firm. She is also a fiction writer and has many ideas to bring HSS into the social media world.
  - Ms. Johnson briefly addressed the Board, stating that she also worked as the Public Information Officer at the Department of Public Works as well as SFMTA.
  - President Scott welcomed Ms. Johnson on behalf of the Board.

Public comments: None.

- 02092017-18 Action Item Vote on whether to hold closed session for member appeal follow-up (President Scott)

Staff recommendation: Hold closed session.

Public comment on all matters pertaining to the closed session.

- Commissioner Sass moved to hold a closed session for member appeal follow-up.
- Commissioner Lim seconded the motion.

Action: Motion was moved and seconded by the Board to hold a closed session for member appeal follow-up.

Motion passed 6-0.

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

- 02092017-19 Action Item Member appeal follow-up (President Scott)

Documents provided to Board prior to meeting:  
Draft Board document.

## Reconvene in Open Session

- 02092017-20      Action item      Possible report on action taken in closed session (Government Code Section 54957.1(a)(5) and San Francisco Administrative Code Section 67.12 (President Scott)

Public Comments: None.

Action: Motion was moved and seconded by the Board not to report on action taken in closed session.

Motion passed 6-0.
- 02092017-21      Action item      Vote to elect whether to disclose any or all discussion held in Closed Session (San Francisco Administrative Code Section 67.12) (President Scott)

Public Comments: None.

Action: Motion was moved and seconded by the Board not to disclose any of the discussion held in closed session.

Motion passed 6-0.
- Adjourn: 4:00 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>**

### Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

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

In order to assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

### Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County 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 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) 554-1722 or email at [laini.scott@sfgov.org](mailto:laini.scott@sfgov.org).