



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

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Mary Hao
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Karen Breslin
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Chris Canning
Commissioner

Stephen Follansbee, M.D
Commissioner

Claire Zvanski
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

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<http://www.sfhss.org/>

HEALTH SERVICE BOARD

REGULAR MEETING MINUTES

Thursday, May 11, 2023, 1:00 pm
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for general public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. Each comment is limited to 3 minutes. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

Watch at 1:00 pm on May 11, 2023 (via [SFGovTV schedule](#))

Click the link to join the meeting – [May 11, 2023, HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2599 242 5119 Webinar Password: 1145

Listening to the meeting via phone

1. Dial **415-655-0001** and then enter access code **2599 242 5199** then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to be added to the Public Comment queue and you will hear the prompt “You have raised your hand to ask a question, please wait to speak until the host calls on you.” When the system message says “Your line has been unmuted” - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [May 11, 2023, HSB Regular Meeting WebEx Link](#)
2. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name.
3. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
4. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

Members of the public are encouraged to state their name clearly although you may remain anonymous. You will hear an audible warning when you have 30 seconds remaining. When your 3 minutes have ended, you will be placed back on mute.

Best Practices when Calling in for Public Comment:

- Call from a quiet location
- Speak slowly and clearly
- Turn down any televisions or radios around you
- Address the Commission as a whole, do not address individual Commissioners

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 pm on Wednesday, May 10, 2023** before the meeting. Members can also call 628-652-4646 with any questions.

All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the body of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

The Health Service Board meeting recording is available on the [May 11, 2023, HSB Regular Meeting webpage](#). Regular Board meeting recording archives are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** 1:02 pm

2. **ROLL CALL:**

President Randy Scott-Excused
Vice President Mary Hao-Present
Commissioner Karen Breslin-Present
Commissioner Chris Canning-Present
Commissioner Stephen Follansbee, M.D-Present
Commissioner Claire Zvanski-Present

3. **GENERAL PUBLIC COMMENT – An opportunity for members of the public to comment on any matter within the Board’s jurisdiction that is not on the agenda, including requesting that the Board place a matter on a future agenda.**

PUBLIC COMMENT: None

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**

[April 13, 2023, HSB Regular Meeting Minutes to be Approved](#)

Commissioner Zvanski moved to approve the April 13, 2023 Health Service Board Regular Meeting Minutes. Commissioner Canning seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Excused: Scott

ACTION: The Health Service Board unanimously approved April 13, 2023, Health Service Board Regular Meeting Minutes.

5. **PRESIDENT’S REPORT: (Discussion)**

Vice President Hao said there are substantial items to consider today and in the following meetings and thanked everyone for being present

PUBLIC COMMENT: None

6. **DIRECTOR’S REPORT: (Discussion)**

[May 11, 2023, Director’s Report](#)

Abbie Yant, SFHSS Executive Director presented the following items:

- Rates and Benefits Calendar
- Black Out Notice Reminder
- May is Mental Health Awareness Month

- Asian American Pacific Islander Heritage Month
- End of Public Health Emergency
- SFUSD-Emergency Status
- Webinar Announced: [UC Berkeley and SFHSS ACO Evaluation](#)
- Health Service System Divisional Reports
 - Human Resources Personnel
 - Operations Update
 - Enterprise System and Analytics
 - Member Services
 - Communications
 - Finance and Budget
 - Contracts
 - Well-Being

Commissioner Follansbee shared the COVID vaccine that was available eight or nine months ago still has good activity and it's recommended that anyone with underlying conditions such as age, receive the second vaccine which is available now. Commissioner Follansbee reminded staff and members that we now live with COVID and we still have a responsibility to care for ourselves and those around us. Commissioner Follansbee noted the San Francisco Chronicle's article on the Unified School District Emergency outlining the payroll and retirement problems and noted no mention of the interruption of healthcare. He applauded the Health Service System for their diligence and continued work to minimize any interruption to healthcare benefits for members.

PUBLIC COMMENT: None

7. SFHSS FINANCIAL REPORT AS OF MARCH 31, 2023: (Discussion)

[SFHSS Financial Reporting as of March 31, 2023, Memo](#) and [SFHSS Financial Reporting as of March 31, 2023 Presentation](#)

Presented by Iftikhar Hussain, SFHSS Chief Financial Officer

- SFHSS Financial Report Highlights
 - Employee Benefit Trust Fund
 - Health Sustainability Fund
 - General Fund Administrative Budget

Commissioner Zvanski noted the pharmacy rebates are so much less than projected. Iftikhar Hussain clarified that pharmacy rebates of \$8.7 million were collected in March and expect the total amount to be \$14.8 million by the end of the year. Commissioner Hao asked the remaining \$6 million will be collected by June 30, 2023. Iftikhar Hussain confirmed the full amount of \$14.8 million will be received by June 30, 2023.

PUBLIC COMMENT: None

8. RACIAL EQUITY ACTION PLAN: 2022 DEPARTMENTAL PROGRESS REPORT: (Discussion)

[Racial Equity Action Plan: 2022 Departmental Progress Report](#)

Leticia Harris, SFHSS Senior Health Program Planner and Racial Equity Lead presented the following items:

- Agenda and Presentation Aim

- City-wide Racial Equity Mandate and Government Alliance for Race & Equity
- Office of Racial Equity: Departmental Racial Equity Action Plans
- SFHSS Racial Equity Experience
- ORE Reporting Milestones (Completed)
- Tracking Membership to Improve Racial Equity
 - Equity Practice Implementation in the last year
 - SFHSS leading with equity in Strategic Goals
 - Applying Equity Lens to SFHSS Workforce and Health Service Board
 - Applying Equity Lens to SFHSS Customer Service Approach through Health Plan Partnerships
 - Learnings from other Departments
 - Equity and Mental Health
 - Timeline of Mental Health Initiatives
- What does SFHS Seek to Learn in Support of Equitable Mental Health for our Membership?

Commissioner Follansbee was impressed that all 60 City department plans are available and wondered how the 60 departments work together. Commissioner Follansbee also noted the amount of coordination between counties. Leticia Harris said the Office of Racial Equity hosts a monthly meeting during which racial equity leads attend to hear about best practices and tools from other Departments and helps to inform the working groups about the reporting milestones every month. The Government Alliance for Race and Equity (GARE) has an online database to post questions and keep in contact with all the participants that completed GARE training. GARE training has been disbanded because of budget cuts. We are fortunate that Leticia Harris, SFHSS staff attended in 2019. Leticia Harris said she has kept in contact with participants from other counties that are home to some of our membership and they've been readily available to share their best practices.

Commissioner Zvanski acknowledged that although our members have good coverage, good insurance, and access to health benefits social determinants of health can impact our members when they visit their providers. Commissioner Zvanski asked if we are tracking if our members are experiencing racial inequities from our health plan providers. Executive Director Yant said the primary aim of this work is to identify patterns of behavior that are structurally racist in the way that the care is delivered. We have looked at available data based on ethnicity and race with our plans and it demonstrated throughout the pandemic that inequities existed in people taking the COVID testing and vaccine. There was tremendous learning throughout the pandemic because San Francisco was intent on reaching hard-to-reach populations and learning what those barriers may have been and working to break them down. Our health plans have embraced the work needed as we continue to identify where the issues are and what we can do to address them.

Commissioner Zvanski asked if there if data are available or if we can gather data from the Hetch Hetchy or Mariposa areas. Director Yant said there is no data from that area and the Health Service System would have to consider how to protect personal health information from a smaller population. Rural populations in general do have barriers to healthcare as we know and it's very much a nationwide concern at this point as we look at mergers and acquisitions that have the unintended impact of negatively impacting rural hospitals that are closing throughout the United States. Leticia Harris acknowledged the stigma around the commercially insured population and inequities not existing. The Health Service System has partnered with Blue Shield to attend the California Conference Board in San Diego in which the conversation discussed dispelling the

myths that the commercially insured population doesn't have social needs and how the commercially insured population benefits from community health advocacy around social determinants and other needs.

Commissioner Breslin asked if the main issue is seeing a primary care doctor because seeing a doctor or needing hospital care right now is hard for everyone. Leticia Harris said primary care relates to social determinants. She said community health advocates embedded in the primary care practices that serve the commercially insured population are hearing that need exists within the commercially insured population. Food access, transportation to gain medical care, health literacy, and English as a second language including a shortage of doctors are social determinants that impact access to care for our members.

Commissioner Follansbee said data shows that African Americans, regardless of their social class who access dermatology have a harder time because of the education of our dermatologists around skin problems of African Americans and misconceptions that are ingrained in medical education. And likewise, there was a recent study that looked at maternal-infant mortality and outcomes across racial groups but matched them for socioeconomic status, and even at the highest socioeconomic status African American women and infants had worse outcomes. So, it's more than simply skin color and we need to look at social determinants, not just access to physicians. And we won't know what to change until we ask the questions and look at the data. Commissioner Follansbee applauded the efforts of all the Departments in looking at this.

Commissioner Zvanski agreed that African American mortality rates, breast cancer, and several conditions are higher than any other group. She also noted language access is an important social determinant of health and family members shouldn't have to interpret for members or be put in difficult social situations in interpreting for a physician. Commissioner Zvanski was pleased the Health Service System is monitoring social determinants and expected health plans to periodically report what they discover within their networks concerning social determinants of health.

Vice President Hao asked what we are learning from the standardized exit interviews and if there are any particular diversity equity and inclusion areas to address. Executive Director Yant said the new standardized exit interviews were not conducted for the large number of people who left recently. Executive Director Yant said promotional opportunities were a factor for those who left last summer but our department is small with limited promotional opportunities. Director Yant says she helps managers manage their employees so people don't leave because of a manager, and that is not been an issue either.

Vice President Hao asked if the new Strategic Plan will need to be adjusted to align with the phase two outward-facing objectives. Leticia Harris said alignment is already embedded between both plans. Executive Director Yant pointed out the Health Service System serves the city employees which is different from other departments that serve the general public which is more outward facing.

PUBLIC COMMENT:

Anonymous: The member of the public shared concerns about the challenges that black women face, brown women face and other women face in our society with health outcomes is extremely grave, and as someone who is a black man in San Francisco said it's desperation time. He expressed admiration and support for the plan emphasizing the importance of implementation and action for the plan be fulfilled. He also suggested the use of stronger language in regards to the word equity versus equality because equality suggests something more expansive and exact.

RATES AND BENEFITS

9. PRESENTATION ON THE 2023 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2024: (Discussion)

[Rates and Benefits Calendar Schedule for Plan Year 2024](#)

Abbie Yant, Executive Director said the May 25th calendar will be used for a Health Service Board meeting. The agenda will include a review and approval of the Kaiser Permanente and Blue Shield of California health plan rates and benefits. The Board holds a second date in June in case more time is needed before the final rates and benefits package is submitted to the Board of Supervisors. The Rates and Benefits package will be submitted to the Board of Supervisors in mid-June so the June 22nd hold date is too late in the month if a second meeting is needed. Board Secretary Lopez will take a poll for an earlier date in June and the rates and benefits calendar will be updated.

PUBLIC COMMENT: None

10. BOARD EDUCATION: HEALTHCARE COST TREND INFLUENCERS UPDATE: (Discussion)

[Healthcare Cost Trend Influencers Update](#)

Iftikhar Hussain, SFHSS Chief Financial Officer, and Mike Clarke, Aon presented the following items

- From our February Discussion
- Escalated Medical Trend Drivers
- New Health Expenditures Forecasts Causing Concern
- Wage Supply Cost Inflation Has Elevated Trend Pressure
- Service Pricing Influences Are Magnifying for Large Claims
- Population Health Risk is Increasing
- COVID-19 Expenditures Will Continue
- Behavioral Health Needs and Services Delivered are Expanding -With the By-Product of Increased BH Spend
- Escalated Pharmacy Trend Drivers
- Medicare Advantage Plans-Methodology Changes Impacting Government Revenues
- Healthcare Cost Trend Influencers-Projected on 2024 SFHSS Medical/Rx Plan Rates

Commissioner Follansbee also asked to address reporting on fraud, particularly Medicare Advantage (MA) in terms of billing and upcoding. Mike Clarke said the June 8th meeting will address three key drivers behind the reduction in the rate of increase of CMS revenues to MA plans into 2024, one of which is a change in the diagnostic classification approach. The old diagnostic classification (ICD9) is being replaced by CMS with the ICD10 classification for the 2024 MA plan revenue determination. The revised framework will reduce the amount of diagnostic information captured on members by MA plans that feed into the revenue formulas for various MA plans—leading to increases in MA plan premiums paid by SFHSS from 2023 to 2024.

Commissioner Follansbee asked how the Health Service Board can impact the negotiated rates and benefits. Mike Clarke said from an actuarial standpoint it's about looking at the macro of all the elements that the plan can influence from a price and utilization standpoint. From a price standpoint that means asking how the plan is advancing into alternative payment models with providers and trying to move away from just pure fee-for-service pricing into frameworks that reward value and outcomes delivered. From a utilization standpoint that means asking if the plan

is trying to help reduce member demand for services, how preventive care utilization can be increased, how early identification of risk factors occurs, and when care needs arise. Another area is asking if there are more cost-effective ways to deliver care--for example, strategies around pharmaceutical management. Iftikhar Hussian said short term we have a problem with the rising health care costs. Iftikhar Hussain stated, looking forward, in any time of change and disruption, which is what we see coming from the healthcare cost data and it's important to partner up, to look for the winners and losers, and make sure that we are aligned with those plans that would bring in high value and efficiencies. The more integrated managed plan, like the ACO model, works more effectively than an open PPO-type model. There is an opportunity to develop disruptive models and do creative things as we look at 2025 and beyond.

Commissioner Zvanski said she serves two groups, the Health Service System members and the City and County of San Francisco--and the goal is to provide affordable quality healthcare to those who work for the City from active membership through retirement, knowing that affordable healthcare is not a privilege, it's a human right. Commissioner Zvanski agreed that the Board needs to look at what factors they can influence and look at what's going on with Medicaid, Medicare, and the pharmaceutical industry. She begged everyone to bring creative ideas and solutions and asked for cooperation from health plans to do what is needed to serve both our members and the City and County of San Francisco.

Commissioner Follansbee said the Board has rejected small plan design changes in the past and recalled the Board objected to a significant rise in copays for some specialty professional visits thinking that if you can get the patient to the right person early and not put in a barrier such as a copay that might improve care, improve access, and improve outcomes. He asked if the renewals will show cost-sharing changes. Mike Clarke said the plans have presented a few plan design alternatives that create decrements that are relatively minor for the plan year 2024. The Board can discuss how to proceed with change consideration of member plan design cost-sharing elements, the Board can also consider other strategies that could help more of the longer-term trend mitigation past 2024. Vice President Hao agreed the Board has time after 2024 for strategy changes and expressed concern about whether the plans are sustainable given the shocking trends. Vice President Hao anticipated the renewals will be daunting to make decisions on the upcoming rate changes.

Commissioner Canning asked what happens if the Board can't agree on the proposed rates and benefits. Director Yant said the May 25th special meeting will review the active employee and early retiree rates and benefits recommendations and not being able to find a viable recommendation would be precedent-setting. If the Board cannot agree on May 25th, the Board can extend conversations at the June 8th and June 12th Board meetings. Director Yant said the Health Service Board approvals must be submitted to the full Board of Supervisors by mid-June to have the rates and benefits ordinance introduced, reviewed by the BOS Budget and Finance Committee, and fully enacted before the Board of Supervisors August recess.

PUBLIC COMMENT: None

11. REVIEW AND APPROVE HEALTH NET CANOPYCARE MEDICAL/RX FLEX-FUNDED NON-MEDICARE HMO PLAN 2024 RATES AND CONTRIBUTIONS: (Action)

[Health Net CanopyCare Medical/Rx Flex-Funded Non-Medicare HMO Plan 2024 Rates and Contributions](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface: Health Plan Funding

1145 MARKET STREET 3RD FLOOR, SAN FRANCISCO, CA 94103

- Health Plan Rate Setting Process for Next Plan Year
- Non-Medicare Medical Plan 2024 Rate Renewals
 - Active Employees (CCSF) and Early Retirees (based on City Charter)
- Health Net CanopyCare HMO 2024 Plan Rating Recommendation
- Renewal Summary
- 2024 Health Net CanopyCare HMO Monthly Rate Cards
- Monthly Renewal Premiums/Contributions-2024 versus 2023-Early Retirees and Actives
- Proposed Monthly 2024 Rate Cards- Active Employee

Commissioner Follansbee moved to approve the 2024 Health Net CanopyCare HMO plan rate cards as presented, which reflect a 3.7% increase in Health Net CanopyCare HMO Plan projected medical, prescription drug, and fee costs from 2023 to 2024. Commissioner Breslin seconded the motion.

Commissioner Follansbee said the rates are lower than other Non-Medicare plans in the coming weeks and wondered how this might impact enrollment for the 2024 year. Mike Clarke encouraged plan participants to evaluate their choices, including understanding the network composition of physicians and facilities that are part of each health plan’s provider network. Commissioner Follansbee said rates can influence and encourage enrollment and Health Net CanopyCare enrollment improved this year although it’s still a relatively small fraction of the membership population. Mike Clarke confirmed that Health Net CanopyCare is still a relatively modest enrollment plan although it has certainly grown since its introduction.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Excused: Scott

ACTION: The Health Service Board unanimously approved 2024 Health Net CanopyCare HMO plan rate cards as presented, which reflect a 3.7% increase in Health Net CanopyCare HMO Plan projected medical, prescription drug, and fee costs from 2023 to 2024.

12. REVIEW AND APPROVE ONE-TIME SUSPENSION OF THE STABILIZATION POLICY AND APPROVE THE USE OF TWO-THIRDS OF THE ACTIVE EMPLOYEE DENTAL PPO STABILIZATION RESERVE SURPLUS AS OF DECEMBER 31, 2022; REVIEW AND APPROVE ACTIVE EMPLOYEE 2024 DENTAL RATES FOR SELF-FUNDED DELTA DENTAL PPO PLAN, FULLY INSURED DELTACARE USA HMO PLAN, AND FULLY INSURED UNITEDHEALTHCARE HMO PLAN: (Action)

[Presentation on the One-Time Suspension of the Stabilization Policy and Approve the Use of Two-Thirds of the Active Employee Dental PPO Stabilization Reserve Surplus as of December 31, 2022; Active Employee 2024 Dental Rates for Self-Funded Delta Dental PPO Plan, Fully Insured DeltaCare USA HMO Plan, and Fully Insured UnitedHealthcare HMO Plan](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface: Health Plan Funding
- Health Plan Rate Setting Process for Next Plan Year
- Delta Dental Active Employee PPO Plan- Rate Stabilization Reserve — Revised Recommendation

- Active Employee Dental Plans 2024 Plan Rating
 - Renewal Summary and Proposed Monthly Rates
 - PPO — Impact of Historical Experience on Rate Stabilization Reserve
- Delta Dental Active Employee PPO Plan- 2022 Claim/Fee Experience Summary (from March HSB Discussion)
- Recommendation for HSB Action
- Delta Dental of California
 - Overview — Active Employee Dental PPO Rating
 - Active Employee Dental PPO — 2024 Projected Rates
- DeltaCare USA HMO and UnitedHealthcare (UHC) HMO
 - Fully Insured Dental Plans — 2024 Rating
 - Active Employee Fully Insured Dental HMO 2024 Rates
- Recommendation for HSB Action- Updated Active Employee Dental PPO Rate Stabilization Recommendation and Active Employee 2024 Dental Plan Rates

Commissioner Zvanski said she encourages employees to visit the dentist before retirement and use the preventative care benefits. Commissioner Zvanski asked if using two-thirds of the stabilization reserves is becoming a trend and something to expect in the future. Mike Clarke hoped this would be the last year to request an exception to the Board’s Stabilization Policy for the active employee dental PPO plan and return to the typical one-third amortization of the surplus for the three years in future years. Mike Clarke suggested in the interim, it would be good to continue to support increasing the utilization of preventive care in the dental plan as that will directly promote overall health for members.

Commissioner Canning move to approve the 2024 active employ employee dental plan stabilization and rating/administrative fees detailed in the presentation. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Excused: Scott

ACTION: The Health Service Board unanimously approved the 2024 Active Employee Dental Plan Stabilization and Rating/Administrative Fees actions

- 1) Suspend the HSB-approved Self-Funded Plans’ Stabilization Policy (Stabilization Policy) on a one-time basis for the Delta Dental active employee PPO plan;
- 2) Approve the use of two-thirds of the stabilization reserve Surplus as of December 31, 2022, or \$7,409,000 (two-thirds of \$11,113,000), to be applied towards buy-down across all rating tiers for the Delta Dental active employee PPO plan for the plan year 2024.
- 3) Approve the following recommended Delta Dental Active Employee PPO rating actions: nominal increase in per employee per month administrative fee (an increase of \$0.08 PEPM, resulting in \$4.70 PEPM) and a 6.9% decrease in self-funded total cost rates from 2023 to 2024.
- 4) Approve the following DeltaCare USA Fully Insured Dental HMO Plan: no change in insured rates from 2023 to 2024.

5) Approve the following UnitedHealthcare (UHC) Insured Dental HMO Plan: no change in insured rates from 2023 to 2024.

REGULAR BOARD MEETING MATTERS

13. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES:

(Discussion)

Heather Chianello, with United Healthcare, introduced Ryan Jones as the Vice President of Account Management of the Public Sector Team. Ryan Jones is not new to United Healthcare, but is new to the team and will be working with SFHSS going forward. Ryan Jones thanked the Board and looked forward to working with the Board and SFHSS.

PUBLIC COMMENT: None

14. ADJOURNMENT: 3:25 pm

Health Service Board and Health Service System Website: <http://www.sfhss.org>

Summary of Health Service Board Rules Regarding Public Comment

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2. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
3. A member of the public has up to three (3) minutes to make pertinent public comments.
4. Public Comments can be given in person, remotely, or written.
5. Members may submit their comments by email to health.service.board@sfgov.org by 5 pm the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.
6. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

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>.

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 outlined in Chapter 67A of the San Francisco Administrative Code.

Disability Access and Accommodation

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 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. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez, at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 pm the previous Friday.

City Hall Room 416 is wheelchair accessible. This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Requesting to participate remotely no later than one (1) hour before the start of the meeting helps ensure the availability of the meeting link. Sign Language Interpretation is also available upon request. If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of 4 business hours before the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request accommodation, please contact Holly Lopez, at holly.lopez@sfgov.org at 628-652-4646.

To access the meeting remotely as an accommodation, please use [May 11, 2023 HSB Webex Link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for remote public comment.

Sensitivity to Chemical-based Products

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.

Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the 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 Holly Lopez at 628-652-4646 or email holly.lopez@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: 628-652-4646

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.