



HEALTH SERVICE BOARD

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HEALTH SERVICE BOARD

SPECIAL MEETING MINUTES **DRAFT**

Thursday, May 25, 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 25, 2023 (via [SFGovTV schedule](#))

Click the link to join the meeting – [May 25, 2023 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2596 583 2476 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2596 583 2476 then #
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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.**
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Watching the meeting on WebEx

1. Join via hyperlink [May 25, 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. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
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 24, 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 25, 2023, HSB Special Meeting webpage](#). Regular Board meeting recording archives are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** 1:01 pm

2. **ROLL CALL:**

President Randy Scott-Present
Vice President Mary Hao-Present
Commissioner Karen Breslin-Present
Commissioner Chris Canning-Present
Supervisor Matt Dorsey-Present
Commissioner Stephen Follansbee, M.D-Present
Commissioner Claire Zvanski-Arrived at 1:30 pm

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

PRESIDENT’S OPENING REMARKS:

President Scott said the special meeting today will allow the full Board to focus on rates and benefits action items. He recalled the two presentations by Chief Financial Officer Iftikhar Hussain and Mike Clarke, Aon, [Board Education Healthcare Cost Influencers](#) on February 9th, and [Board Education Healthcare Cost Trend Influencers Update](#) on May 11th that outlined influencers for the outcomes presented today. The reports outlined underlying trends for what would later translate to us as health premium costs coming from our health plans.

President Scott recapped several issues in the healthcare system. Over the past two years there has been substantial underutilization of health plan services largely driven by the pandemic. We knew that at some point members coming out of the pandemic would go back for various services utilizing the health plan resources that they had not used during the pandemic. In the past two-three years there has been large disruption in the labor force that impacted the healthcare services as well as SFHSS operations division department. The Health Service System Member Services division is about 50% staffed at this point. Rey Guillen, Chief Operating Officer, is diligently leading recruitment efforts. Health systems are also impacted by those same forces. Increased chronic conditions magnified by the pandemic had an impact on the utilization and the healthcare trend. There’s been a substantial increase in mental health and substance abuse services during this period. Cost-shifting from the Federal Government (CMS Medicare and Medicaid) to the health systems and plans is influencing costs. Changes to diagnostic coding systems also effect the reimbursement to health plans and will be brought online this upcoming plan year. We also know that other factors including the costs of pharmaceuticals and other types of services covered by the health plans also influencing these trend factors.

President Scott said in preparation for the January through June rates and benefits cycle, the Board asked for external trends mentioned and internal reports like the [2023 SFHSS Demographics Report](#), and utilization and claims reports, to educate the Board, members, and the public on these matters and offer opportunities for public comment with each presentation. The reports estimated a core 7% rate increase trend, almost double what we saw the year before. The core medical inflationary trend doubled in one year. These indicators are reflected in the analysis

discussion and negotiating around the contract renewals. So, the question for the Board and as a system, is how can we respond to these things? There are tools for the Board to exercise. The Board can make recommendations to other bodies and administrative offices in the city before we can act on them and incorporate them into our approach with the health plans.

President Scott projected three large areas the Board will deal with in this plan year and the coming two years of our Strategic Plan around these issues. Making changes in any area would need discussion and proposals and then fit into larger City processes.

1. Cost Shifting- Not sure if that is cost shifting to the employee or employer but it requires actual contract negotiations with the City and the unions. The Department of Human Resources would be involved in collective bargaining agreements. Cost-shifting can also consider income-based contributions where premiums are based on the gross earnings of the employees. Explore increasing the benefits waiting period before an employee becomes eligible for benefits. None of these are unilateral decisions by the Health Service Board.
2. Delivery System and Plan Design-Involves evaluating models to see if they fit current needs, requesting plan design changes and quotes from health plans. This is not immediately implemented and could also face large premium decreases or increases.

Eliminating Certain Benefits-This option involves going into the competitive recruitment market because the benefits that we might be eliminating may be the very ones that are attracting employees to go with another employer.

3. Administrative and Operational Changes-The goal would be to simplify those activities either in-house or through our partner carriers. One side of this requires competitive bidding on the health plans-massive undertaking, and it won't be until 2025 before any competitive bidding changes could be made. The other side is to offer our system internally, directly contracting with health plans, or create a collaboration to bid with partner companies or organizations with health plans or maybe move to align with CalPERS in some way so that we create a larger purchasing block in the marketplace. Any of that type of administrative or operational change again is something that will take time to consider, both the pros and cons as well as how to implement it.

President Scott said the Board is left with very few outcomes other than trying to educate ourselves on where we are today, and how we got here, and to begin to publicly share and educate as we've tried to do over these past several months in these meetings to the membership as well. The results that we're looking at today had months of effort of analysis, discussion, and negotiation. The Board must follow the timeline and ultimately, these rates have to go before the Board of Supervisors. We knew it was going to be higher, the question is how much and we will try diligently as a Board and through our staff and actuary and working with our health plans to try to come out of that process with something that is in a more agreeable results than we might see today.

RATES AND BENEFITS

4. 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, SFHSS Executive Director, said the rates and benefits calendar was adjusted for today's meeting. The Health Service Board will review the Medicare rates and benefits at the June 8th meeting and there is a temporary hold on Monday, June 12th should there be a need for a second meeting to complete all agenda items. The June meetings would still align with the submission of the Rates and Benefits package to the Board of Supervisors on June 16th.

PUBLIC COMMENT: None

5. HEALTH PLANS 2024 RATE SUMMARY-ACTIVE EMPLOYEE/EARLY RETIREE HEALTH PLANS: (Discussion)

[Health Plans 2024 Rate Summary-Active Employee/Early Retiree Health Plans](#)

Mike Clarke, Aon presented the following items:

- Health Plan 2024 Rate Summary
- Membership Distribution by Plan
- Projected Monthly Rates-2024 Plan Year (If No Design Changes for Kaiser)
- Projected Monthly Rates-2024 Plan Year (With Recommended Design Changes for Kaiser)
- For Comparison-2023 Plan Year Monthly Rates

Commissioner Follansbee pointed out the rate summary is a one-year renewal cycle and we don't have guarantees for 2025-2026. He also pointed out the impact of the one-time Sutter Health legal settlement had a positive impact on the non-Medicare PPO plan rates, with a large number of early retirees in that plan, but settlement funds won't be applied to the 2025-2026 plans. Commissioner Follansbee expects increased rates in 2025 if there aren't mechanisms to address the increasing cost of healthcare. Mike Clarke clarified that any further Sutter Health legal settlement distributions can be applied to the 2025 plan year, though amounts are likely to be smaller than amounts received to date and reflected in 2024 Blue Shield HMO and PPO rates.

PUBLIC COMMENT: None

6. REVIEW AND APPROVE NON-MEDICARE BLUE SHIELD OF CALIFORNIA FLEX-FUNDED HMO AND UNITEDHEALTHCARE SELF-FUNDED EPO MEDICAL/RX PLANS 2024 RATES AND CONTRIBUTIONS: (Action)

[Non-Medicare Blue Shield of California Flex-Funded HMO and UnitedHealthcare Self-Funded EPO Medical/Rx Plans 2024 Rates and Contributions](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface
- Health Plan Funding Method Comparison by SFHSS Plan
- Health Plan Rate Setting Process for Next Plan Year
- Non-Medicare Medical Plan 2024 Rate Renewal Summary
- Non-Medicare Medical Plan 2024 Proposed Total Rates
- Active Employees (CCSF) and Early Retirees (based on City Charter)
- BSC HMO/ UHC EPO 2024 Plans Rating- Recommendation

Commissioner Breslin asked for the name of the care navigation platform. Mike Clarke said Blue Shield's care navigation platform is called "Shield Concierge" and it is a complex care and population management program that's now in place for Trio, not for Access+ but it will come into Access+ in 2024 at no incremental fee.

Commissioner Breslin said it's a challenge for members to know which providers are in-network and it's important for members to know which providers are in-network when they are trying to select a healthcare plan especially when there is a price difference between the health plans. She requested Trio's options be clearly explained to members during open enrollment considering the money they could save with Trio.

Commissioner Breslin shared a member's concern about having to see their primary care doctor for a referral each time they saw a specialist. Executive Director Yant said a primary care physician can give authorization for multiple visits to a specialist and does not need to receive authorization for each visit. Tiffany Gill, Blue Shield Account Manager, said a member receives a referral from their primary care physician it is for an episode, for whatever it is that they're being treated for. The member does not need to go back to their primary care physician for each subsequent appointment. If new needs arise or if there's been some time in between then there may need to be subsequent interaction with the primary care physician.

Commissioner Follansbee pointed **out** the major Access+ and Trio providers and multiple medical groups—Dignity, Hill, Brown and Toland, presented on slide 17 and asked if specialists are required to be in both Access+ and Trio or if they can opt out of one plan. Tiffany Gill said Blue Shield said it's her understanding there are some specialists within Brown and Toland in our Access+ network that are not specialists in the Trio network. Commissioner Follansbee said that is a problem, especially for physicians who need to know which physicians they can refer patients to. Commissioner Follansbee requested Blue Shield look at the medical groups presented and assure the Board whether this is the situation only with Brown and Toland or whether it's a problem with all the medical groups. Tiffany Gill said members can also use the "Find a Doctor" tool to find an in-network doctor. She said Blue Shield will be sure to communicate how to find a doctor during open enrollment. Tiffany Gill offered to assist any individual member with challenges finding a doctor. President Scott said members need to call Member Services. President Scott asked for a report from Blue Shield to share results regarding physicians being in both networks and how the provider network is structured.

Commissioner Canning moved to approve the three itemized recommendations: 1) The BSC Access+ HMO / UHC Select EPO plan renewal proposal for a 14.4% rate increase from 2023 to 2024; 2) The BSC Trio HMO / UHC Doctors EPO plan renewal proposal for a 2.9% rate increase from 2023 to 2024; and 3) The resulting 2024 monthly rate cards presented in this material for the BSC Access+ HMO / UHC Select EPO and BSC Trio HMO / UHC Doctors EPO plans. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Supervisor Dorsey, Hao, Follansbee, Scott, and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the Non-Medicare Blue Shield of California Flex Funded HMO and UHC Self-Funded EPO Plans 2024 Rates and Contributions as follows:

1. The BSC Access+ HMO / UHC Select EPO plan renewal proposal for a 14.4% rate increase from 2023 to 2024;
2. The BSC Trio HMO / UHC Doctors EPO plan renewal proposal for a 2.9% rate increase from 2023 to 2024; and
3. The resulting 2024 monthly rate cards presented in this material for the BSC Access+ HMO / UHC Select EPO and BSC Trio HMO / UHC Doctors EPO plans.

7. REVIEW AND APPROVE NON-MEDICARE PPO MEDICAL/RX SELF-FUNDED PLANS 2024 RATES AND CONTRIBUTIONS: (Action)

[Non-Medicare PPO Medical/Rx Self-Funded Plans 2024 Rates and Contributions](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface
- Health Plan Funding by SFHSS Plan
- Health Plan Rate Setting Process for Next Plan Year
- Non-Medicare Medical Plan 2024 Rate Renewal Summary
- Non-Medicare Medical Plan 2024 Proposed Total Rates
- Active Employees (CCSF) and Early Retirees (based on City Charter)
- Non-Medicare PPO Plans 2024 Plan Rating Recommendation
- 2024 Non-Medicare PPO Plan Rating Renewal Summary
- Non-Medicare PPO-Choice Not Available 2024 Plan Rating
 - 2024 Monthly Rate Cards
- Non-Medicare PPO Plan-Monthly Rate/Contribution Changes-2024 versus 2023
 - Proposed Monthly 2024 Rate Cards
- Non-Medicare PPO-Choice Not Available Monthly Rate/Contribution Changes-2024 versus 2023
 - Proposed Monthly Rate Card
- Recommendation for Health Service Board Action

No discussion on this item.

Commissioner Follansbee moved to approve the Non-Medicare PPO Plan and Non-Medicare PPO Choice Not Available 2024 plan, yearly rate cards as presented, the resulting total rate increase of the non-Medicare PPO plan including stabilization and the essentially one-time Sutter legal settlement rating, the adjustments for 2024 of 1.7% and finally the total rate increase for active employees in the non-Medicare PPO plan choice not available including stabilization and Sutter legal settlement rating adjustment for 2024 following the Blue Shield Access+ HMO United Healthcare Select EPO rate increase equaling 14.4%. Vice President Hao seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Supervisor Dorsey, Hao, Follansbee, Scott, and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the Non-Medicare PPO Plan and Non-Medicare PPO Choice Not Available 2024 plan, yearly rate cards as presented, the resulting total rate increase of the non-Medicare PPO plan including stabilization and the essentially one-time Sutter legal settlement rating, the adjustments for 2024 of 1.7% and finally the total rate increase for active employees in the non-Medicare PPO plan choice not available including stabilization and Sutter legal settlement rating adjustment for 2024 following the Blue Shield Access+ HMO United Healthcare Select EPO rate increase equaling 14.4%. Vice President Hao seconded the motion.

Break: 2:20 pm – 2:35 pm

ROLL CALL:

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

8. REVIEW AND APPROVE KAISER PERMANENTE (CALIFORNIA) MEDICAL/RX FULLY INSURED NON-MEDICARE HMO PLAN 2024 RATES AND CONTRIBUTIONS: (Action)
[Kaiser Permanente \(California\) Medical/Rx Fully Insured Non-Medicare HMO Plan 2024 Rates and Contributions](#)

Mike Clarke, Aon presented the following items:

- Rate Setting Methodology Preface
- Health Plan Funding by SFHSS Plan
- Health Plan Rate Setting Process for Next Plan Year
- Non-Medicare Medical Plan 2024 Rate Renewal Summary
- Non-Medicare Medical Plan 2024 Proposed Total Rates
- Active Employees (CCSF) and Early Retirees (based on City Charter)
- Kaiser Non-Medicare HMO 2024 Plan Rating Recommendation
- Kaiser HMO 2024 Rates and Contributions Renewal Summary:
 - Kaiser Structure Background
 - How Kaiser Sets Rates
- Plan Design Change Alternative For Health Service Board Consideration
- Kaiser HMO 2024 Rate Card Information
- 3a 2024 Monthly Rate Cards for Kaiser California Non-Medicare HMO Plan-Status Quo Plan Design
 - Monthly Renewal Premiums/Contributions 2024 versus 2023
 - Proposed 2024 Monthly Rate Card
- 3b 2024 Monthly Rate Cards for Kaiser California Non-Medicare HMO Plan-With Design Change Recommendations
 - Monthly Renewal Premiums/Contributions 2024 versus 2023
 - Proposed 2024 Monthly Rate Card
- Recommendation for Health Service Board Action: 3B-With Design Changes

President Scott asked for further explanation on why Kaiser's health system expense increase is expected to be realized more immediately. Mike Clarke said a typical network health plan has

multi-year agreements locked in on a two to four-year basis thus negotiations have staggered dates. Kaiser Permanente Medical Group is essentially one health system and costs roll through as incurred with the Kaiser system. For instance, Kaiser may be reviewing labor costs, perhaps negotiating various labor agreements or increases that are occurring within the drug purchasing environment and are happening immediately. President Scott paraphrased that Kaiser sees cost flows all at one time whereas other health plan systems may have staggered cost flows. Mike Clarke confirmed this process.

Commissioner Follansbee asked if even though we are renewing for a year with all these plans their costs may be staggered a bit more and we may see a much higher rate in a year or two from some of these other plans as those other contracts expire. Commissioner Follansbee asked what can be expected for the plan year 2025. Mike Clarke said higher rate increases are possible. He said Aon is working with the health plans to understand the timing of health system contract fee negotiations for their next cycles.

Commissioner Zvanski asked if this process requires Kaiser to frontload rates for the next few years. Mike Clarke said Kaiser sets rates through an enterprise-wide forecast for operating expenses for 2024 (referencing slide 17), looking at what revenue they feel they need enterprise-wide to achieve the financial targets sought for 2024 that incorporate the best forecast for their enterprise-wide 2024 expense levels. Kaiser is factoring their expense levels to determine the amount of total revenue needed to cover those expenses, then calculates that amount of expected review enterprise-wide, and then from there set each group's specific rates. Mike Clarke said Kaiser rate increases are higher going into 2024 for every client seen in the past for Kaiser.

Vice President Hao asked if Kaiser underestimated their projected revenue. Mike Clarke said public information regarding 2023 first quarter operating expenses came in slightly lower than 2023 first quarter premium. There is an expectation that operating revenues quarter-to-quarter will stay relatively constant through a year because most of that is calendar plan year premium. One could infer based on the first quarter trajectory that Kaiser could incur an operating loss for the full year 2023 but there is no way to make forward-looking statements with certainty.

Commissioner Canning expressed trepidation about the plan design changes and its impact on the vast majority of our membership across active, early retirees, and retirees. Commissioner Canning asked if the Board were unable to reach any sort of consensus today, what would the next steps be. Executive Director Yant said the charge of the Board is to review, discuss and approve the rates in a public forum and then submit those rates to the Board of Supervisors by June 16th. The calendar ensures rates are set for Open Enrollment so members can receive their insurance cards on January 1st, 2024. Executive Director Yant understood that the decision may not be easy. She shared several points of context, first, the increase for Blue Shield was quite steep as well and is serving a large number of our population. Second, the Governor of California has appointed a Healthcare Affordability Board that has met twice, and the increase in the cost of healthcare is certainly felt throughout California if not the whole United States. Third, we're in a particularly difficult time with the budget in San Francisco, approaching a \$1 billion loss, and although there are recruitment issues, the aim is to still provide very full rich benefits.

Commissioner Zvanski said the copayment adjustments for the inpatient hospital from \$100 to \$200 and outpatient surgery from \$35 to \$100 are extreme. Commissioner asked if there is an option for more midlevel changes that aren't so excessive. Mike Clarke said this plan design change recommendation was selected to bring alignment to the other existing HMO plans and thus the rate decrement change into the recommendation while having a plan design that has a basis in other HMO offerings from SFHSS.

Commissioner Follansbee said the strength of the recommendation lies in the attempt to align all plans. Commissioner Follansbee said there are two areas of caution to consider. First, studies show that increased copays lead to decreased utilization. In previous presentations to the Board, cancer, musculoskeletal, cardiovascular, and mental health were identified as areas of concern for our members and all of these areas strongly benefit from screening. If copays increase, we run the risk of preventing screenings and decreasing utilization. Second, the plan shifts the costs from members who are well, who don't use any services or have any prescriptions, to the ill and who need services and prescriptions. This is going to hurt those people who are ill, who do need multiple visits with primary care or subspecialty care, and who are on medications. It may encourage our members to say to their providers "gee is there a non-brand name, is there a generic drug that I can use because of my shared costs," particularly in the area of mental health where there are so many advertised drugs for mental health conditions that maybe there are generics that might be better utilized and so this may help our members refocus some of their control over these costs. Commissioner Follansbee said this is the wrong direction in general. Commissioner Follansbee also pointed out that the cost share goes up for both options the city gets the largest percentage benefit and he asked if we want our employees and early retirees who are non-Medicare to make a voluntary contribution essentially to help the city out at a time when the city is under tremendous financial pressure? That's what this does is ask them to do that.

Commissioner Breslin said the recommendation options are asking if we want to increase the copays or do you want to increase the monthly premium and which option is better. She recalled years ago it was thought the monthly premium would be better or vice versa. For certain categories like the active members, the unions pick up a lot of this cost as far as a premium. So, for actives, it's better to increase the monthly contribution rather than the copays. For early retirees, they have to pay more for both options. President Scott said there is a cost change under both recommendations: the 2024 Early Retiree Only tier monthly member contribution is \$14.90 (page 23 of presentation) and the recommendation with design changes would result in a 2024 Early Retiree Only tier monthly member contribution of \$8.80 (page 28 of presentation).

Vice President Hao expressed the difficult decision for Board members whose fiduciary responsibility is to the Trust and to the membership and how to consider the sustainability of the plans and the cost and impacts to the members. Commissioner Canning said it's clearer after the discussion, the true value of this plan to members is low copays. Commissioner Canning agreed with Commissioner Follansbee's earlier comment that the Board's concern and care for the aging population and any disincentive to receive care would do more harm to the members and it's less important to try and balance out and align with other plans.

Commissioner Canning moved to approve recommendation 3a 2024 Monthly Rate Cards for Kaiser California Non-Medicare HMO Plan-Status Quo Plan Design. Commissioner Breslin seconded the motion.

Executive Director Yant called out that the staff recommendation in the presentation was to adopt it with the plan design. President Scott stated for the record the staff recommendation was for 3B in the presentation. The motion that was made, properly seconded, and discussed is that the Health Service Board does not accept the staff recommendation. The Board moved to approve 3a-2024 Monthly Rate Cards for Kaiser California Non-Medicare HMO Plan-Status Quo Plan Design, with the resulting percent increase in the rate cards that are identified in that option, starting at page 22 in the presentation.

PUBLIC COMMENT:

In-person public comment:

Bianca Polivina, city worker, Kaiser member and I'm also an elected officer in my union, IFPTE Local 21, speaking in an official capacity as an elected officer of my union. Bianca Polivina said Local 21, we're the second-largest miscellaneous public sector union here in the City and County of San Francisco and represents about 5800 City and County of San Francisco employees, and over 2500 of our active members are today enrolled in this Kaiser HMO plan. IFPTE Local 21 agrees that the status quo plan being identified here today as 3A is the best option for our membership right now. The significant changes in the proposed plan design change to increase the copayments would have real and substantial everyday costs for those over 2500 of our members and that's just for our local. That's not for the other city workforce. IFPTE Local 21 asked the Board here today for two things—to vote in support of this motion, to preserve the status quo plan for the coming plan year, and we're also asking this Board to engage with us proactively not only being transparent with labor, with the workforce in your negotiations with providers but also on ways that we can all collaborate better.

Remote Public Comment:

Frank Brass, San Francisco Municipal Attorneys Association Board Member, Frank Brass expressed the Association's concern about the rate increase, and how they were arrived at and we believe they have not been justified. On behalf of the San Francisco Municipal Attorney's Association, he expressed objection to all increases presented.

VOTE: 6-1

Aye: Breslin, Canning, Supervisor Dorsey, Follansbee, Scott, and Zvanski

Noes: Hao

ACTION: The Health Service Board approved the 3a-2024 Monthly Rate Cards for Kaiser California Non-Medicare HMO Plan-Status Quo Plan Design, with the resulting percent increase in the rate cards that are identified in that option, starting on page 22 in the presentation.

Mike Clarke asked Executive Director Yant if the rates and benefits June 12th meeting hold is still needed. Executive Director Yant said the hold will remain in case more time is needed to complete all action items at the June 8th meeting.

REGULAR BOARD MEETING MATTERS

9. **ADJOURNMENT:** 3:25 pm

Summary of Health Service Board Rules Regarding Public Comment

1. 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. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
2. A member of the public has up to three (3) minutes to make pertinent public comments.
3. Public Comment can be given in person, remotely, or written.
4. 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.
5. For those attending remotely, the Board 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. Making a request to participate remotely no later than one (1) hour prior to 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 prior to 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 an accommodation, please contact Holly Lopez, holly.lopez@sfgov.org 628-652-4646.

To access the meeting remotely as an accommodation, please use [May 25, 2023 HSB Webex Link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of 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.

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.

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