



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

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Commissioner

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Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

TEL (628) 652-4646
<http://www.sfhss.org/>

HEALTH SERVICE BOARD

REGULAR MEETING MINUTES DRAFT

Thursday, November 14, 2024, 1:00 p.m.
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 the general public to comment at the beginning of the meeting and on each discussion or action item on the agenda. Each comment is limited to 3 minutes, and the Chair may, at their discretion, limit public comment to less than 3 minutes per member of the public. 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. Remote viewing may not be available due to technology outages.

Watch at 1:00 p.m. on November 14, 2024 (via [SFGovTV schedule](#))

Click the link to join the meeting – [November 14, 2024 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2660 622 6515 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2660 622 6515, then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to enter 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 [November 14, 2024 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 p.m. on Wednesday, November 13, 2024**, 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, and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item and will include that note in the meeting minutes. In the body of your email, indicate the meeting date and the particular agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

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

1. **CALL TO ORDER:** 1:00 P.M.

2. **Roll Call**

President Mary Hao- Excused
Vice President Claire Zvanski- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present
Commissioner Art Howard – Present
Commissioner Gregg Sass – Present
Commissioner Wilson- Present

3. **GENERAL PUBLIC COMMENT - This is 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:

Dennis Kruger, Retired and Active Firefighters and Spouses: Congratulated Director Yant on her retirement, acknowledging her dedication to the Health Service System. Expressed gratitude on behalf of both Active and Retired Firefighters and their spouses for her exceptional work over the years and appreciate her commitment to staying on for a smooth transition.

Lois Scott, Vice President of Protect Our Benefits: Raised concern about the potential impact of changes in the Federal Administration and laws on the insurance programs managed by the Health Service Board. Suggested that a study group or expert panel, possibly involving organizations like Protect Our Benefits, to help anticipate and plan responses to significant legislative changes. Emphasized the importance of proactive planning.

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

[See pdf of the September 12, 2024, Health Service Board Regular Meeting Minutes Final Approved](#)

Vice President Zvanski moved to approve the September 12, 2024, Health Service Board Regular Meeting Minutes. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Howard, Sass, Wilson, and Zvanski Noes: None

ACTION: The Health Service Board unanimously approved the September 12, 2024, Health Service Board Regular Meeting Minutes.

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

Vice President Zvanski congratulated the team on a successful open enrollment. She said the Open Enrollment period was successfully completed in October, marking a significant milestone, and now efforts have shifted to concluding the current year and anticipating what the new year might bring.

PUBLIC COMMENT: None

6. DIRECTOR'S REPORT: (Discussion)

[See the pdf of the November 14, 2024 Director's Report](#)

Abbie Yant, SFHSS Executive Director presented the following items:

- Open Enrollment
- Welcoming New Staff - Senior EAP Counselor - Douglas Cyr
- SFHSS Executive Director Retirement
- Ethics Commission New Laws and Regulations Effective October 12, 2024
- Kaiser Permanente Southern California: Nation Union of Healthcare Workers Strike
- Healthcare Affordability Board and Advisory Committee
- Health Equity, Diversity, and Cultural Heritage Celebrations
- Divisional Reports
- Human Resources Personnel
- Operations
 - Enterprise Systems and Analytics
 - Member Services
 - Communications
- Finance and Budget
 - Contracts
- Well-Being

Executive Director Yant announced a new retirement date which will now be March 15, 2025. As reported at the October Special Health Service Board Meeting, Department of Human Resources (DHR), Berkeley Search Consultants are working with Health Service Board President Mary Hao to coordinate activities to find the next SFHSS Executive Director.

PUBLIC COMMENT: None

7. SFHSS FINANCIAL REPORT AS OF SEPTEMBER 30, 2024: (Discussion)

[See pdf of the SFHSS Financial Report as of September 30, 2024, memo](#)

[See pdf of the SFHSS Financial Report as of September 30, 2024, presentation](#)

Yuriy Gologorskiy, SFHSS Principal Administrative Analyst, and Iftikhar Hussain, SFHSS Chief Financial Officer presented the following items

- SFHSS Financial Report Highlights
 - Employee Benefit Trust Fund
 - Healthcare Sustainability Fund
 - General Fund Administrative Budget
 - Audit Updates

Vice President Zvanski asked why the Healthcare Sustainability Fund is projected to decrease by \$2 million. Iftikhar Hussain said that during last year's budget process, well-being activities were moved into the Healthcare Sustainability Fund Trust, following discussions with the Mayor, leading to higher usage of the Fund. Despite this, the fund remained solvent and was projected to stay positive for the next few years. It was noted that future adjustments might involve reassessing fund usage or increasing the current \$4 assessment.

PUBLIC COMMENT: None

8. **ANNUAL AUDIT REPORT: (Action)**

[See the pdf of the MGO Audit Results Presentation Year End 6-2024](#)

[See the pdf of the MGO SFHSS Financial Statements Year End 6-2024](#)

[See the pdf of the MGO Required Communications with Those Charged with Governance Year End 6-2024](#)

Craig Harner, MGO, and Yia Yiang, MGO presented the following items:

- Section I: Audit Results
- Section II: Internal Control and Compliance
- Section III: Required Communications

Commissioner Sass asked when MGO started doing the audit for SFHSS. Craig Harner said MGO began working with the Health Service System in 2020. Commissioner Sass emphasized the importance of having an unqualified opinion on the financial statements and the absence of deficiencies in internal controls, noting that both were positive outcomes. He highlighted the value of the audit in providing assurance and expressed appreciation for the efforts.

Motion was not taken. Chair called for vote.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Howard, Sass, Wilson, and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the SFHSS Annual Audit Report.

9. **BOARD EDUCATION: PHARMACY BENEFIT TRENDS: (Discussion)**

[See the pdf of the Board Education: Pharmacy Benefit Trends presentation](#)

Kelvin Richards and Anne Thompson, Senior Account Executive, Aon presented the following items.

- Pharmacy Market
- Clinical Insights
- Pharmacy Benefit Managers (PBM) Marketplace
- Legislative Update

Vice President Zvanski asked if the popularity of GLP-1 medications is primarily driven by individual patient requests, or is it largely influenced by healthcare providers who recognize their effectiveness. Kelvin Richards explained that the popularity of GLP-1 medications is driven by both patient requests, largely due to their significant weight loss benefits (10–20% of body weight), as well as healthcare providers recognizing their effectiveness. These medications not only aid in weight loss but also effectively control diabetes by managing blood sugar levels, protecting the kidneys, and supporting heart health. The 2022 ADA guidelines recommend these drugs as a first-line therapy for certain diabetic populations, making them a preferable option over older medications, which carried risks such as hypoglycemia. Richards noted that while the current reliance on injectable forms may deter some patients, the near-term emergence of oral GLP-1 medications, which offer similar benefits, is likely to increase GLP-1 use in the future.

Vice President Zvanski acknowledged being open to injectables but recognized that many people are not. She noted that the development of more oral medications could be more effective in addressing anxiety over injectables and improving accessibility in the long term.

Vice President Zvanski asked if the costs would decrease over time or if it is likely they will eventually become available as generics. Kelvin Richards referred to slide 9 which outlines the GLP-1 medications that are available in the marketplace. Kelvin Richards said generic launches are further in the future.

Commissioner Cremen asked who sets the minimum BMI (Body Mass Index) definitions for obesity (slide 8). Kelvin Richards said the criteria for obesity and related cost determinations vary by region. In the U.S., obesity is defined as a BMI over 30% or over 27% with comorbidities, as set by a national association. In Europe, the criteria are more restrictive, defining obesity at over 30% or 35%. Pricing is influenced by both pharmacy benefit managers (PBMs) and national standards. Commissioner Cremen asked if the Health Service System can set their own standards. Kelvin Richards said there's a standard definition for BMI. Plans can choose to be more restrictive if they feel that's in the best interest of their population but there is a national definition set by endocrinologists on what the BMI number is for obesity.

Vice President Zvanski asked if the definition of obesity is significantly different in Europe. Kelvin Richards said yes, it is more restrictive. In Europe, obesity is defined as starting at 30% or 35% BMI, compared to 27% in the U.S. Some plans have adopted similar criteria in their design, though this is presented as a factual observation without judgment.

Supervisor Dorsey highlighted media coverage suggesting that GLP-1 medications might hold promise for treating substance use and alcohol use disorders and asked for insights on whether these treatments show potential in this area. Kelvin Richards acknowledged the possibility, noting that these medications are being studied for various conditions, including addiction, Alzheimer's, cardiovascular disease, and more. Richards emphasized that obesity is linked to many health conditions, even infertility, citing reports of weight loss leading to increased fertility. He stressed that while there is some truth to these claims, whether these medications should be used for such treatments remains debatable.

Vice President Zvanski highlighted a notable difference between CVS Health and Express Scripts regarding their adoption of biosimilars and questioned why CVS acted earlier and more extensively. Kelvin Richards explained that CVS implemented mandatory formulary requirements for biosimilars in April, while Express Scripts acted later in the year. He suggested that PBMs generally delayed adoption due to concerns about sourcing supply, given the large population on Humira. The preference was to transition patients to a biosimilar only once and avoid multiple changes, which could arise from supply issues.

Commissioner Wilson highlighted the significant progress in healthcare and pharmaceuticals, emphasizing the challenge of balancing improved quality of life and disease management with fiscal responsibility. She acknowledged the high costs of advancements but stressed the long-term benefits, such as preventing severe complications like kidney and eye diseases through better management of conditions like obesity and diabetes. She thanked Kelvin Richards for providing education and updates, noting the importance of considering the broader, long-term perspective in decision-making.

Kelvin Richards explained that the Big Three Pharmacy Benefit Managers (PBMs)—CVS, Express Scripts, and Optum—hold roughly 80% of prescriptions in the United States. He described how these PBMs primarily focus on maximizing volume as their main revenue strategy. In contrast, smaller PBMs, such as Welldyne, Navitus, and Rightway, are working on clinical initiatives, including guideline adherence and reducing medication utilization. He also mentioned other companies, like Capital RX and Mark Cuban's Cost Plus, which are focusing on pricing innovations to enhance

transparency and challenge traditional pricing structures. Richards emphasized that these efforts highlight the need for greater transparency in how medications are priced, who pays for them, and what drives the high costs of branded drugs. Vice President Zvanski responded by appreciating Richards' comment about the "different shades of transparency" in the PBM marketplace, pointing out the significance of understanding the varying levels of transparency. Richards agreed with Vice President Zvanski, reiterating that transparency in the PBM market takes many forms.

Richards discussed the FTC's involvement, noting that the agency had taken a strong interest in PBM practices in 2023. He referenced a detailed report from the FTC published over the summer, which examined issues like vertical integration, pharmacy closures, and pricing practices. This report, spanning more than 70 pages, caught the attention of Congress and led to further scrutiny of PBMs. In September, the FTC sued the Big Three PBMs for their role in increasing insulin prices. Richards mentioned that while the PBMs have disputed these allegations, this legal battle will likely remain a significant topic of discussion into 2025, as efforts to improve oversight continue. Vice President Zvanski emphasized once again the importance of understanding these transparency issues, noting how they are crucial to addressing the challenges posed by PBMs.

Richards shared audit findings related to PBM plans. He noted that audits in 2024 revealed a 75% capture rate of meaningful errors, a significant improvement from 55% five years ago. He explained that these findings underscore the need for robust oversight to ensure PBMs are delivering on their commitments. Richards highlighted the complexities and human errors within the system. He connected rising costs to increased utilization of GLP-1 medications and complex contractual arrangements between manufacturers and PBMs. Commissioner Cremen asked why errors in audit findings had increased so much in recent years. Richards attributed this trend to the growing volume of medications, particularly GLP-1 drugs, as well as the increasingly complex relationships between PBMs and drug manufacturers. Vice President Zvanski asked whether the audit findings represented cumulative totals, to which Richards confirmed they did.

Richards discussed the state-level legislative efforts. He pointed to California Senate Bill 966, which aimed to increase PBM accountability by requiring fee transparency. While the bill was vetoed by the governor, Richards expressed optimism that California and other states would pursue similar measures in the future. He highlighted legislative efforts in states like Florida, Minnesota, Tennessee, West Virginia, and Oklahoma, which passed laws to enhance drug pricing transparency, prohibit mandatory mail orders, and give consumers more choice in specialty pharmacy arrangements. He noted that these state-level initiatives reflect broader trends toward addressing PBM practices and improving affordability. Vice President Zvanski observed that many of these legislative efforts are concentrated in southern states and asked why this might be the case. She speculated that lower costs of living and a larger retiree population in these states could be factors. Richards agreed that population demographics and the impact of prescription access on retirees could explain why certain states have taken more aggressive legislative actions. However, he noted that other regions, including the Northeast, are also examining these issues. He mentioned that 13 states, starting with Maryland in 2019, have established Prescription Drug Affordability Boards to analyze and address high drug costs. California, while not having such a board, has the Healthcare Access and Information Group, which performs similar functions. Vice President Zvanski reflected on the patterns of legislative action and commented that states attracting retirees may have a stronger incentive to address these challenges, noting the warmer climates and lower costs of living in these regions. Richards concluded by addressing federal legislative efforts, noting that while the state-level initiatives have been more active, federal progress has been slower. He referenced the Inflation Reduction Act as an example of limited action and emphasized that broader reforms to lower drug prices remain a work in progress. Richards anticipated that these discussions would continue into 2025.

PUBLIC COMMENT: None

10. BLUE SHIELD OF CALIFORNIA MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PPO TRANSITION PLAN UPDATE: (Discussion)

[See pdf of the BSC MAPD PPO Transition Plan](#)

Rey Guillen, SFHSS Chief Operating Officer, Olga Stavinskaya,-Velasquez, SFHSS Operations Manager, Rob Smith, Blue Shield of California, Vice President – Senior Director-Medicare Growth Tiffany Gill, Blue Shield of California, Strategic Account Executive presented the following items:

- Project
- Objective
- HSS Implementation Dashboard
- Milestones Timeline
- Shared Success Metrics
- Member Engagement
- Call Metrics
- BCS Implementation Dashboard
- Opportunities for Improvement
- Addressing Member Concerns
- Call Metrics
- Microsite Data
- Member Feedback
- Looking Ahead

Executive Director Yant commended the Blue Shield and HSS teams for their exceptional work in managing the transition, noting the absence of questions as a sign of success. Executive Director Yant expressed confidence in the teams' ability to overcome upcoming challenges, particularly with the January 1st implementation, and praised their effective collaboration toward clear goals and objectives. Executive Director Yant acknowledged United Healthcare's professionalism and cooperation during the transition, highlighting their quality of care and collaborative efforts throughout the decision-making process.

Vice President Zvanski expressed gratitude to the team members for their hard work and collaboration on complex and challenging issues. She acknowledged the effort and energy required for such work, emphasizing her understanding of the challenges from her own city work experience. Vice President Zvanski credited the team's collaborative ability and dedication for achieving positive results and offered sincere thanks for their efforts.

PUBLIC COMMENT:

Dennis Kruger, Retired and Active Firefighters, and Spouses: Expressed initial concerns about the process but noted that his hopes had been significantly raised after speaking with the call center staff. He expressed optimism about being proven wrong in a year's time. Kruger asked about the timeline for sending out identification and pharmacy cards, mentioning that members were already asking about it.

Tiffany Gill, Blue Shield of California (BSC), Major Accounts Manager, said Blue Shield of California is on track to get identification cards out to the members during the last two weeks of December, so before January 1, 2025. Members can contact Blue Shield of California Concierge Call Center anytime if they haven't received their ID cards by late December.

11. HEALTH SERVICE SYSTEM ANNOUNCEMENT OF THE REQUEST FOR PROPOSAL (RFP) FOR LIFE AND LTD INSURANCE BENEFITS FOR 2026 PLAN YEAR: (Discussion)

[See pdf of the Health Service System Announcement of the RFP for Life and LTD Insurance Benefits for 2026 Plan Year](#)

Michael Visconti, SFHSS Contracts Administration Manager presented the following items:

- Announcement of Life and Disability Benefits Request for Proposal (RFP)
- Roles and Responsibilities
- Summary of Current Life and Disability Benefits
- Recent Rating Actions, Market Trends and Impact Assessment
- RFP Objectives
- Minimum Qualifications
- Potential RFP Respondents
- Life and Disability RFP Timeline

Vice President Zvanski asked about cross-subsidized rates. Michael Visconte explained that they occur when one rate is artificially raised or lowered to make another rate more attractive. The goal is to avoid cross-subsidization by ensuring all rates are independently calculated.

Commissioner Cremen asked if SFHSS reaches out to the ten companies that qualify for the RFP. Michael Visconti said that yes, SFHSS does reach out to all of them, as we do not expect them to monitor the SFHSS RFP page independently. Notifications are sent formally and in writing, ensuring all communications occur simultaneously to maintain fairness. Companies are informed the moment the RFP is posted on our webpage, with no one receiving advanced notice or additional time to prepare.

PUBLIC COMMENT: None

12. BLACKOUT PERIOD NOTICE NOVEMBER 14, 2024 THROUGH JUNE 2025: (Action)

[See pdf of the Black-Out Period Notice, November 14, 2024 through June 2025](#)

Michael Visconti, SFHSS Contracts Administration Manager presented the memo.

Executive Director Yant highlighted a past issue of brokers selling life insurance at police stations and firehouses, noting that this practice may still occur. She urged vigilance, requesting that any instances be reported, and reminded everyone that workplace solicitation is unacceptable. While the companies expected to submit bids are reputable, the problem often stems from brokers seeking business, which is particularly concerning during this process. Vice President Zvanski emphasized that it is inappropriate for vendors to attend employee or retiree meetings to solicit business, even through alternative venues. They stressed the importance of ensuring vendors do not have access to employees or retirees at any time.

Commissioner Howard suggested that HSS send a citywide notice to remind employees that allowing vendor solicitations is inappropriate and to highlight the available HSS-offered products that employees might not be aware of. Executive Director Yant agreed and proposed a thoughtful approach to messaging to avoid overloading with information. Noted the timing, as Open Enrollment is just concluding, and emphasized working with the team to craft an effective message

Gregg Sass moved to approve the Blackout Period from November 14, 2024 through June 2025. Commissioner Wilson seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Howard, Sass, Wilson, and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the Blackout Period Notice from November 14, 2024 through June 2025.

13. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES: (Discussion)

Kaiser Permanente: Denise Rodriguez announced that starting January 1, Kaiser Permanente will no longer cover GLP1 and other anti-obesity medications for weight loss under their base benefit for individuals with a BMI under 40. These drugs will still be covered as part of disease management programs for conditions like Type II diabetes, major adverse cardiac events, and sleep apnea. Impacted members will receive communications: emails on November 21 and letters on November 22. This change affects 173 San Francisco Health Service System members, less than 0.3% of the commercial population. Alternatives include weight management programs or paying out-of-pocket for the medications. She clarified that 173 members are losing access to weight loss drug coverage and confirmed that out-of-pocket payments would not be subsidized. Commissioner Cremen asked if there are alternatives for impacted members. Denise Rodriguez responded that members can participate in educational weight management programs or pay out-of-pocket for the medications in consultation with their physician.

Commissioner Wilson reiterated that individuals with a disease and obesity will still qualify for coverage under a disease management program. Asked if the BMI threshold of 40 for morbid obesity is a new or existing criterion. Denise Rodriguez affirmed that those with qualifying diseases will still be covered, while others will be evaluated based on a physician's clinical judgment. Denise Rodriguez explained that a new change in California, effective January 1, allows individuals with a BMI of 40 or above to receive medication for weight loss, while those with a BMI under 40 will be excluded.

PUBLIC COMMENT: None

14. ADJOURNMENT: 3:09 p.m.

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

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; the Chair has the discretion to limit public comment to less than 3 minutes per member of the public.
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 p.m. 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 and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item, and will include that note 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. Remote public comment from people who have received 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. There are elevators and accessible restrooms located on every floor. **Wheelchair-accessible entrances are located on Van Ness Avenue and Grove Street. Please note the wheelchair lift at the Goodlett Place/Polk Street is temporarily not available.** After multiple repairs that were followed by additional breakdowns, the wheelchair lift at the Goodlett/Polk entrance is being replaced for improved operation and reliability. We anticipate having a functioning lift after the completion of construction in May 2025.

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 [November 14, 2024 HSB Regular Meeting 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.

Chat GPT Generative AI was used to summarize and clarify discussion points in the meeting minutes.