HEALTH SERVICE BOARD
CITY & COUNTY OF SAN FRANCISCO

# Minutes

## Special Meeting

## Board Forum

Thursday, November 9, 2017

1:00 PM

City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94103

□ Call to order

□ Roll call

President Randy Scott
Vice President Wilfredo Lim
Commissioner Karen Breslin
Commissioner Sharon Ferrigno, 1:45 pm
Commissioner Stephen Follansbee, M.D.
Commissioner Gregg Sass, 3:15 pm
Supervisor Jeff Sheehy, excused

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

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

□ 11092017-01 Discussion item

Opening Remarks – Health Service Board President and Health Service System Acting Executive Director
(President Scott and Acting Executive Director Griggs)

Documents provided to Board prior to meeting:
None.

- President Scott reported that this meeting was the Board's third educational forum. The purpose of this meeting was to provide in-depth information on certain topics and issues to help Board members better under-stand the current healthcare environment in

order to make the best decisions and necessary adjustments for HSS members.

- Commissioner Breslin reported on the passing of Bart Duncan, former HSS Executive Director, on September 29, 2017. She noted the following:
- Bart Duncan was appointed by the Health Service Board as the first Executive Director of the newly independent Health Service System in June 2005, as created by Prop C in November 2004.
- As HSS Executive Director, Mr. Duncan accomplished the following:
    - Elevated HSS from the brink of failure to unprecedented success in customer service and satisfaction;
    - Raised performance to a new level despite limited resources;
    - Reorganized the rates and benefits process that resulted in improved open enrollment for members;
    - Improved financial reporting practices, financial forecasting capabilities, retrospective actuarial reviews and error-free audits;
    - Developed a reserve policy and special plan funding policy to assist the Board in its decision-making to protect the trust fund for HSS members;
    - Established the myhss.org website;
    - Adopted the Health Service Board's governance policies;
    - Established the annual HSS health fare;
    - Created the groundbreaking dashboard project;
    - Developed the HSS strategic plan; and
    - Improved staff morale.
- Commissioner Breslin read a quote from a staff letter to the Health Service Board dated January 29, 2008: "Bart has instilled in each

of us the importance of doing the right thing for all Health Service System members, even when faced with strong opposition and unpopular outcomes."

- President Scott asked everyone to stand in a moment of silence honoring Bart Duncan's service to the City and County of San Francisco.
- Acting Director Griggs thanked Commissioner Breslin for her sentiments on the passing of former Director Duncan. He stated that many of HSS' current staff worked with Director Duncan and that he was well remembered and mourned by many.
- Acting Director Griggs stated that since this special meeting was an educational forum, a full report on this year's Open Enrollment would be presented at the regular meeting scheduled on December 14, 2017.

Public Comments: None.

□ 11092017-02 Discussion item Aon Hewitt Client Service Plan (Aon Hewitt)

Documents provided to Board prior to meeting: Aon Hewitt report.

- Won Andersen, Account Executive, presented Aon Hewitt's service plan for the Health Service System and Health Service Board.
- Ms. Andersen elaborated on the following key parts of the plan:
    - Partnership – ongoing dialogue with HSS and Health Service Board;
    - Innovation and expertise – access to Aon's breadth of expertise and subject matter experts;
    - Excellence – timely, high quality advice and deliverables; and
    - Results – annual renewal outcomes have been below industry cost curve over the past several years.
- Ms. Andersen stated that as part of its client promise, Aon conducts a survey at the end of each year, which is another way to improve its

delivery process. She also presented Aon Hewitt's org chart (see page 8 of report).

- President Scott stated that that the org chart should list the subject matter experts under Ms. Andersen as Account Executive, instead of Scott Heldfond. He noted that Mr. Heldfond's role as Relationship Manager was related more to consultation or providing assistance to the process rather than acting as a filter to the subject matter experts. He suggested that Mr. Heldfond's role as Relationship Manager be listed either parallel to Ms. Andersen's or under the subject matter experts on Aon's org chart.
- Ms. Andersen stated that she thought Mr. Heldfond's position as Relationship Manager should be placed at the top of Aon's org chart.
- The client service plan also included an annual support calendar by month detailing the work to be done.
- Commissioner Breslin had hoped that Mr. Heldfond would have attended this meeting to answer some of her questions; however, he was absent.
- President Scott stated that Aon's client service plan was well explained by Ms. Andersen and that the task ahead was to determine how to work going forward. He asked Ms. Andersen to re-introduce Aon's new lead actuary, Mike Clarke, who was originally introduced at the September meeting.
- Mike Clarke stated that he had been employed with Aon Hewitt as an actuary for 29 years and was a Fellow of the Society of Actuaries for 25 of those years. As HSS' new lead actuary, he spent the previous two months immersed in HSS data and was working closely with Acting Director Griggs and Pamela Levin, HSS CFO.
- Commissioner Breslin stated that she expected full transparency from the new actuary. She noted that, unlike the Retirement Board, the HSS actuary is not

appointed by the Health Service Board, and suggested the Board's Governance rules be revised to change that practice.

- Commissioner Breslin also stated that she felt previous actuarial reports were designed for specific results instead of clear transparency. She expressed concern regarding a previous proposal that would have caused the rates for early retirees and retirees to skyrocket. She expected future actuarial reports to be transparent, independent and not influenced by anyone.
- Mr. Clarke stated that for 29 years he has acted in a transparent, ethical and collaborative fashion and will bring those qualities to his work with HSS and the Board.
- Ms. Andersen reported that she would add transparency and openness to Aon's client service plan and that they would be proactive in identifying the pros and cons of any situation for the Board's full visibility before making decisions.
- See Aon Hewitt report.

Public comments: None.

□ 11092017-03 Discussion item **Internal Revenue Code Section 125: Cafeteria Plans**
(Acting Executive Director Griggs and Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Hewitt report.

- Acting Director Griggs reported that this item was presented as a follow up to the annual Cafeteria Plan Section 125 updates presented in September. He wanted to take this opportunity to explain the reasoning behind some of the department's operational procedures. Because these rules are federally governed, there are tax consequences if they are not fully followed.
- Ms. Andersen reported on the definition of a "cafeteria plan," the key requirements of Section 125 of the Internal Revenue Code, the allowable provisions, discrimination rules and the consequences of noncompliance.

- A cafeteria plan is a fringe benefit plan that complies with Section 125 of the Internal Revenue Code (tax code). Most health and welfare benefits are delivered through a cafeteria plan.
- Pre-tax dollars are used to pay for benefits. Employees' payroll deduction contributions are pre-tax. The employer does not pay payroll tax on pre-tax contributions.
- Since benefits are offered pre-tax, the federal government limits the changes employees can make to benefit choices throughout the year.
- Section 125 of the tax code applies even if the Employee Retirement Income Security Act ("ERISA") does not.
- The plan document is a legal record that defines the benefits included in the employer's cafeteria plan, and must be available upon employees' request.
- The Cafeteria Plan requires an annual enrollment period, which allows employees to make benefit plan choices every 12 months prior to the next plan year. Employees are generally not allowed to make plan changes after the annual enrollment period; however, there are certain situations that allow midyear plan changes. An employer should include the events in which employees are allowed to make election changes outside the enrollment period in its summary plan description.
- Ms. Andersen stated that HSS' plan is very generous and allows midyear changes for a number of reasons, although the employer is not required to allow employees to make such changes.
- Dependent verification audits are one way to ensure that a plan covers only those who are eligible.
- Within the Section 125 tax code are non-discrimination rules to ensure that highly and non-highly compensated employees benefit equally from the program.

- Non-compliance with Section 125 requirements (including making exceptions to mid-year election change rules) will disqualify the program for preferential tax treatment. This means that benefits would no longer be offered pre-tax and that employees and employers would have to pay taxes on those benefits. Aon Hewitt's compliance attorney calls Section 125 non-compliance "scorched earth." The Department of Labor is the auditor of employer-sponsored programs.
- In response to President Scott's question, Acting Director Griggs stated that HSS conducts continual discrimination testing with its healthcare and dependent flexible spending accounts ("FSAs") since those benefits are pre-tax and paid back to the member on a regular basis. All other health plan benefits are negotiated under the bargaining units and are contained under those MOUs.
- One internal assessment under HSS' control is the dependent eligibility verification audit. Currently, HSS is not conducting audits on compliance with its 30-day rule; however, the issue is frequently raised in HSS' appeals process, which indicates that the 30-day and qualifying event rules are being applied.
- Ms. Andersen reported that plan sponsors perform regular testing to ensure that plan documents are up-to-date. She stated that HSS' plan document is very comprehensive and includes best practices in permitting the full breadth of allowable changes.

Public comments: None.

□ 11092017-04 Discussion item Health Plan Costs Risk Sharing (Aon Hewitt)

Documents provided to Board prior to meeting: Aon Hewitt report.

- Mike Clarke, Aon Hewitt actuary, reported that health plan financial risk is created by a variation in plan experience from actuarial forecasts. Some of the driving components of health plan financial risk include:

    - plan utilization by members
    - provider pricing variations
    - new technologies/pharmaceuticals
    - large claims experience
    - member health status
    - member demographics
- The components of cost to risk-bearing methods are as follows:
    - Fully-insured – health plan maintains financial risk
    - Self-Funded (with risk sharing) – employer maintains financial risk (covers claims and fees)
- Some risk sharing elements could include stop-loss insurance, capitation (fixed costs for portions of members' care), as well as capping the employer's claim liability by the health plan.
- Some advantages to fully-insured plans include the insurance company bearing the risk of adverse claims experience, guaranteed employer's costs and fixed monthly costs.
- Additional costs are built into the price of insurance (i.e., premium taxes, profit margins and ACA insurer fees).
- Some advantages to self-funding includes lower administrative costs (no premium tax, limited profit margins, no insurer fee, reduced overhead) and improved cash flow and earnings on monies held. However, there is less predictability because claims fluctuation can occur and cause increased exposure.
- President Scott commended Mr. Clarke for his summary and stated that this subject may be referenced during the renewal cycle. He stated that the Board may need to be reminded of some of the elements at that time.

- Aon Hewitt report's provided side-by-side comparisons of self-funded versus Fully-Insured funding considerations as well as risk-bearing methods for HSS health plans (see pages 7-10).

Public comments: None.

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| □ | | Meeting Break | Recess from 1:54 to 2:10 pm |
| □ | 11092017-05 | Discussion item | Opioid Crisis Overview (Aon Hewitt, Blue Shield, UnitedHealthcare, Kaiser Permanente) |

Documents provided to Board prior to meeting: Reports by Aon Hewitt, Blue Shield, UnitedHealthcare and Kaiser Permanente.

- President Scott stated that while the subject of opioid use has very recently come to the front and center for a variety of reasons, he noted that the Health Service Board has received an update or review of pharmacy issues in all of its forums to date. He stated that the impact is tragic on the lives of thousands of individuals, which may be attributed to several different reasons. President Scott hoped to gain a better understanding and learn what is needed from policy and benefit design standpoints for members.
- Aon Hewitt
- Dr. Paige Sipes-Metzler stated that she wanted to set the stage for the current opioid crisis, noting that she would be followed by each of the HSS health plan carriers.
- In 2012, 282 million prescriptions were written for opioids. In 2015, that number decreased to 236 million.
- Over 2.2 million Americans are addicted to opioid prescriptions. Approximately 21% to 29% of people who are prescribed opioids will misuse them and an additional 8% to 12% will develop a dependency on them.
- Approximately 4% to 6% will transition from prescription opioids to heroin.

- Opioids are medications derived from the poppy plant. These drugs are morphine and codeine, which are legal, and heroin, which is illegal.
- Semi-synthetic opioids are made with synthetic and natural ingredients. These medications are hydrocodone (Vicodin) and oxycodone (Percocet).
- Fentanyl (developed as an anesthetic) and Methadone (used to relieve withdrawal symptoms from heroin addicts) are synthetic opioids.
- In 2016 the Federal 21st Century Cures Act allocated $1 billion for the opioid crisis. Approximately $485 million in grants was distributed in April 2017.
- The President's Commission on Combating Drug Addiction and the Opioid Crisis was established in March 2017. In July 2017 the Commission requested that the President declare a public health emergency to release federal resources. It was declared in the last two days of October.
- In September 2017, CVS Pharmacy announced new restrictions on filling opioid prescriptions, limiting a seven-day supply to new patients who are new to pain therapy.
- To date, 49 states have prescription drug monitoring programs. Many state legislatures are beginning to take action as they realize this crisis cannot wait for federal action.
- It was reported at the August Board meeting that 11% of HSS' population has received an opioid prescription and that 2% of prescription spend is for opioids.
- HSS retirees tend to use opioids at a much higher rate than active employees.
- Commissioner Breslin asked whether certain trades are more likely to use opioids as a result of injuries on the job (i.e., police, fire, plumbers).

- Dr. Sipes-Metzler responded that the trades in general were not necessarily shown to be high users of opioids.
- In response to President Scott's request, Marina Coleridge, HSS Enterprise Systems and Analytics Manager reported that in her previous analysis on opioid use, the issue was not reviewed by job code; however, HSS has the capability to do so. She noted that many HSS members who use opioids have musculoskeletal injuries. However, the reason is not known.
- Ms. Coleridge stated that she previously reviewed opioid use by department and job code. She will re-examine the report and bring back additional information to the Board. She noted, however, that active employees returning to work from workers' comp injuries are excluded from the numbers.
- Acting Director Griggs stated that a follow up to the previous presentation is scheduled early next year to answer many of the questions that have been asked.
- <u>Blue Shield</u>
- Salina Wong, PharmD and Director of Blue Shield's Clinical Pharmacy Programs, reported that she is a pharmacist by profession. She presented information on Blue Shield's Narcotics Safety Initiative, which is a three-year effort to reduce opioid use by 50% among Blue Shield members with non-cancer pain by end of 2018 compared to 2014 baseline.
- Blue Shield's initiative began in 2014 with an evaluation of members who were impacted by substance use disorder. It was observed that many times the abuse began with a cascade of events that perpetuated continuing refills for prescription opioids. At that time Blue Shield launched its enterprise-wide initiative.
- Blue Shield believes that health plans have a role in mitigating the opioid crisis, and not just from managing a formulary but also

through better prescriptions and helping members understand their options and access to treatment.

- In 2015 Blue Shield applied a more stringent review of new prescription opioids, especially long-acting opioids, which have the highest risk for continued chronic use. It was noted that hydrocodone is a common opioid ingredient found in cough and cold medicines.
- In 2016, Blue Shield narrowed its focus to identify members' risk and target its efforts. An analysis of emergency room opioid prescriptions in the Los Angeles area has shown decreases over the last three years. Prescriptions written for more than a three-day supply have been reduced.
- In 2017, Blue Shield increased its focus on members chronically using opioids in moderate doses to address alternate pain management, reduce risk through pain management programs and access evidence-based substance use disorder programs.
- Blue Shield is partnering with the California Healthcare Foundation and Harvard University in an analysis of the opioid crisis and expects to produce a publication within the next nine to 12 months.
- Blue Shield's total book of business (Medicare and commercial) has seen a 32% reduction in the overall consumption of opioids as of the first quarter of 2017.
- There has been a 33% reduction in opioid use by HSS members compared to 2015. In addition, the average dose of prescription opioids for chronic non-cancer pain utilizers has dropped by 16%.
- Other issues seen by Blue Shield include non-network providers prescribing high doses of opioids through the internet or out-of-state. Some of these are unapproved pharmacies who dispense opioid compounds for unapproved uses at exorbitant prices. Blue

Shield contacts these pharmacies once they are identified.

- Blue Shield has been able to identify some of its members utilizing non-network prescriptions and assist in reconnecting them with a network provider for more appropriate care.
- Blue Shield's plan for 2018 is to continue to evaluate and expand access to substance use disorder and alternate pain treatments.
- In response to Commissioner Breslin's question, Dr. Wong stated that the CDC has published guidelines on how much and how long opioids should be prescribed. Blue Shield has been working with its providers to make them aware of the guidelines and encourage prescribing in accordance with those rules.
- UnitedHealthcare
- Michael Terhaar, Clinical Consultant with Optum Rx, presented City Plan's programs dealing with opioid abuse. Dr. Terhaar is a registered pharmacist and has a clinical background in hospital pharmacy.
- Approximately 4.5 million Americans have a substance use disorder with prescription painkillers.
- Every 16 minutes someone dies from an opioid overdose.
- The U.S. consumes approximately 80% of opioids.
- The estimated cost of the U.S. prescription opioid epidemic is $78.5B.
- City Plan paid $113,000 from January through September 2017 for opioid use. This was down dramatically from 2016 ($270,696).
- The prescription count for that period was 1,692 and the number of members utilizing opioids was 471.

- The top five opioids being dispensed are:
    - Oxycodone - Acetaminophen
    - Fentanyl
    - Hydrocodone - Acetaminophen
    - Roxicodone
    - Oxycodone HCL
- Oxycontin is the top drug in the U.S.
- City Plan has a multi-tiered opioid management plan to reduce unnecessary and inappropriate use of these medications. The CDC guidelines are incorporated into UHC's plan. Prior authorization is also required for long-acting opioids.
- UHC reviews 30 days of claims to check if a member has received too many narcotics and seen numerous physicians and pharmacies, since this is a red flag. If a pattern is determined, UHC can restrict a member to one pharmacy, which can be monitored by the pharmacist.
- Dr. Terhaar reported that there have been no HSS members who have reached "red flag" status in the last four quarters.
- UHC is able to identify outlier prescribers and will contact them if the doses are higher or longer in duration than appropriate.
- UHC will identify and contact high claim cost members who are spending a lot of money on narcotics and offer case management assistance.
- UHC also has a fraud, waste and abuse program that reviews claims. If it appears that the actions of a doctor or pharmacist resemble drug trafficking, UHC will contact the authorities.
- See page 3 of report for UC action plan for overdose and opioid use disorder.
- Michelle Lassex, Director of Clinical Pharmacy for UHC's Medicare Part D Program, reported on UHC's retiree opioid management.

- She reported that sometimes opioid utilization is higher in the retiree population due to cancer, other illness or hospice, which is appropriate.
- In HSS' retiree population, 3,614 members have had at least one prescription for opioid medication year to date or approximately 24% of the retired population. Approximately 14% of these prescriptions were for long-acting opioids.
- The top medications contain acetaminophen (Percocet and Vicodin); however, there are also safety issues when combined with other ingredients. Therefore there are quantity limits and prior authorizations required in order to ensure there is proper evaluation and appropriate use. Certain opioid medications are only approved for use for cancer pain.
- Since various opioids have different potencies, UHC calculates them to a morphine equivalent to prevent unsafe opioid doses.
- UHC reviews claims to retrospectively identify potential opioid overuse and provide case management aimed at coordinated care.
- See page 5 of report for additional retiree opioid management.
- <u>Kaiser Permanente</u>
- Sameer Awsare, M.D., Associate Executive Director of The Kaiser Permanente Group, reported on Kaiser's safe opioid prescribing program in Northern California. He is the executive sponsor for this initiative.
- While the U.S. comprises 4.6% of the world's population, it consumes 99% of the world's Vicodin, Norco and hydrocodone.
- Between 1999 and 2015, 183,000 deaths occurred from prescription opioid-related overdoses.
- Kaiser Permanente's initiative is to ensure that safe and appropriate care is provided to its patients across Northern California and

that physicians are given the tools and support needed for consistent opioid prescribing, monitoring and documentation.

- Dr. Asware stated that it is appropriate to prescribe opioid medications for certain types of illnesses. It is also important to monitor the patient's health to ensure that they are recovering in a safe manner.
- Kaiser Permanente uses a four-pronged approach to opioid safety, which is concentrated on patient education, as well as physician education and support, patient safety and community protection. Included in the physician education are nurse practitioners, physician assistants as well as anyone who prescribes medications.
- The prescribers of opioids are:
    - Adult and family medicine
    - Emergency room physicians
    - Orthopedic and podiatric surgery
- Dr. Asware stated that physicians were previously taught to treat pain at any cost. Much of that education was funded by pharma, which stated that the drugs were safe and non-addictive. However, after a decade the results indicated otherwise. It was important to reeducate physicians and patients.
- In response to Commissioner Breslin's question on how to ensure that big pharma is not influencing physicians' prescribing practices, Dr. Asware stated that Kaiser Permanente no longer allows pharmaceutical representatives on any of its campuses or offices.
- There are tools in Kaiser Permanente's electronic medical records that prompts physicians to ask the right questions and remind the patient using an opioid that the drug was prescribed on a short acting trial basis (i.e., 10 pills for three days of pain instead of 30, 100 or 200). Physicians monitor patients for diversion to determine if

they are seeing other physicians or going to non-Kaiser pharmacies for drugs. Physicians also review urine drug screens to determine if patients are taking the medications (and not selling them or providing them to someone else).

- Various educational methods for physicians were developed, and while it was not mandatory, over 99% of Kaiser Permanente's physicians in Northern California completed training.
- Communicating with patients on the effects of opioid use is important. Dr. Asware stated that physicians did not always explain to patients that those medications generally do not work well for non-cancer pain, and should be used only for a limited time if prescribed for accidents or surgeries. He noted that there needs to be an endpoint for treatment.
- Pharmacists also assist in the education of patients. They recommended that patients visit their doctors at least twice a year if taking opioids, as recommended by the California Medical Board.
- Patients on high doses of opioids are at risk for death and overdoses, and therefore, their use must be tapered off gradually due to the effects from withdrawal. Because one in three patients in America today experiences chronic pain, it is important to offer alternatives such as physical therapy, Tai-Chi, Yoga or acupuncture, cognitive behavioral therapy or medication-assisted therapy.
- Kaiser Permanente has also engaged community partners in its initiative. Emergency rooms in Santa Clara and Contra Costa Counties have been contacted on how Kaiser handles prescriptions for ER patients.
- Since the initiatives began approximately two years ago, Kaiser Permanente has seen a 42% reduction in total opioid prescriptions, and a 30% reduction in patients on high doses. Currently, 85% of Kaiser's patients have an opioid agreement in their chart and

over 75% have had a urine drug screen to look for diversion. There has also been a 44% opioid reduction in Kaiser's emergency room prescriptions since implementing the initiative last year. Since implementing the initiative in Orthopedics four months ago, opioid prescriptions have been reduced by 15%.

- HSS members (actives, early retirees and Medicare retirees) have the lowest days' supply of opioids compared to the other plans.
- Commissioner Sass arrived during this agenda item.

Public comments: Dennis Kruger, representative for active, retired firefighters and significant others, stated that the pharmaceutical industry should be pressured to create a bridge drug between opioids and non-opioids when usage stops because stopping cold turkey causes people to go to the streets looking for drugs, raiding others' medicine cabinets or other desperate acts. The pharmaceutical industry should create a drug to help people slowly taper off opioid use and back into society.

□ 11092017-06 Action item

Vote on whether to hold closed session for update on Health Service System Executive Director search by Ralph Andersen & Associates (President Scott)

Staff recommendation: Hold closed session.

- Commissioner Breslin moved to hold a closed session for updates on the Health Service System Executive Director search.
- Commissioner Ferrigno seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to hold a closed session for updates on the Health Service System Executive Director search.

Motion passed 4-0.

Closed session pursuant to Cal. Govt. Code § 54957(b) and S.F. Admin. Code § 67.10(b)

□ 11092017-07 Action item

Update on Health Service System Executive Director search by Ralph Andersen & Associates (President Scott)

Documents provided to Board prior to meeting: None.

Reconvene in Open Session

□ 11092017-08 Action item

Vote to elect whether to disclose any or all discussion held in Closed Session (S.F. Admin. Code § 12(a)) (President Scott)

- Commissioner Breslin moved to not disclose any of the discussion held in closed session.
- Commissioner Ferrigno seconded the motion.

Public Comments: None.

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

Motion passed 4-0.

□ 11092017-09 Action item

Possible report on action taken in closed session (Cal. Govt. Code § 54957.1(a)(5); S.F. Admin. Code § 67.12(b)(4) President Scott)

- Commissioner Ferrigno moved to not report on action taken in closed session.
- Commissioner Sass seconded the motion.

Public Comments: None.

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

Motion passed 4-0.

□ Adjourn: 4:06 pm

## Summary of Health Service Board Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction as designated on the agenda.

## Health Service Board and Health Service System Web Site: http://www.myhss.org

## Disability Access

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

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

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Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at http://www.sfgov.org/sunshine.

## Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site www.sfgov.org/ethics.

## Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings.
- The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room.
- The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-0662 or email at laini.scott@sfgov.org.

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

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