



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

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Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

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HEALTH SERVICE BOARD

REGULAR MEETING MINUTES

Thursday, November 9, 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 November 9, 2023 (via [SFGovTV schedule](#))

Click the link to join the meeting – [November 9, 2023 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2660 317 0055 Webinar Password: 1145

Listening to the meeting via phone

1. Dial **415-655-0001** and then enter **access code** 2660 317 0055 then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to be added to the Public Comment queue and you will hear the prompt “You have raised your hand to ask a question, please wait to speak until the host calls on you.” When the system message says “Your line has been unmuted” - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [November 9, 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 p.m. on Wednesday, November 8, 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 [September 14, 2023, HSB Meeting webpage](#). Regular Board meeting recording archives are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** ~1:05 pm

2. **ROLL CALL:**

President Randy Scott- Excused
Vice President Mary Hao- Present
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Present
Supervisor Matt Dorsey- Present, arrived at 3:08 pm
Commissioner Stephen Follansbee, M.D- Present
Commissioner Zvanski- Present

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

PUBLIC COMMENT:

Richard Rothman, Retired Member: Requested dental insurance cover emergency and non-emergency gum protection and prevention services. He also requested that VSP use an integrated system so doctors can upload member prescriptions from the VSP database.

Jeremiah Cadigan, Director of Local 798, San Francisco Firefighters, expressed concern that over the last six months, local dentists left the Delta Dental network and there are few alternative dentists for members.

Fred Sanchez, President of Protect Our Benefits: Asked how the retiree copay rate for the annual dental cleaning is set. He shared that a dentist can charge \$325 for a cleaning but the retiree may only have \$175 allotment for an annual cleaning so the retiree will have to pay the difference.

Commissioner Zvanski asked if Jeremiah Cadigan heard this concern from active or retiree members. Jeremiah said active firefighters have expressed concern.

Anonymous Speaker: Encouraged the Health Service Board to maintain remote public comment for all Board meetings.

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

[See pdf September 14, 2023, Health Service Board Regular Meeting Minutes](#)

Commissioner Zvanski said she would submit grammatical edits to the Board Secretary. Commissioner Follansbee moved to approve September 14, 2023, Health Service Board Meeting Minutes. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Not present for vote: Dorsey

ACTION: The Health Service Board unanimously approved the September 14, 2023, Health Service Board Regular Meeting Minutes.

5. PRESIDENT’S REPORT: (Discussion)

Vice President Hao congratulated the Health Service System team on another successful open enrollment. Vice President Hao shared that Abbie Yant, SFHSS Executive Director, Iftikhar Hussain, SFHSS Chief Financial Officer, and Mike Clarke, Lead Actuary, Aon will present on Friday, November 17, 2023, at the California Public Employers Labor Relations Association (CALPELRA) conference and looked forward to seeing any health plan vendors at the conference.

PUBLIC COMMENT: None

6. DIRECTOR’S REPORT: (Discussion)

[See pdf November 9, 2023, Director’s Report](#)

Abbie Yant, SFHSS Executive Director presented the following items:

- Open Enrollment
- Honoring/In Memory of Former SFHSS Staff
- Welcoming New Staff
- Board of Supervisors Budget and Finance Committee Meeting
- United Healthcare and UCSF Health Network Situation
- Health Care Affordability Board-10/24/2023
- Health Care Advisory Committee-9/18/2023
- Follow-up: Urgent Care Center Locations
- Mental Health Parity
- SFHSS Audit and Compliance 2023 YTD Report and 2024 Plan
- Blackout Notice Period November 9, 2023, through June 2024
- Health Equity, Diversity, and Inclusion Update
- Administration Updates: Health Service Board Email Outcome Report
- Divisional Reports
 - Human Resources Personnel
 - Operations
 - Enterprise Systems and Analytics
 - Member Services
 - Communications
 - Finance and Budget
 - Contracts
 - Well-Being

Commissioner Follansbee read an article in the San Francisco Chronicle about a member of the Board of Supervisors who may bring a proposal to the 2024 election cycle to streamline city government which mentioned there are over 300 commissions and committees. Commissioner Follansbee asked if the Health Service System had been notified and what the process would entail. Executive Director Yant said she had not been approached on the topic and any change to this commission would need a City Charter Amendment.

Commissioner Follansbee read the UHC open enrollment packet and noted the UCSF Medical Center was listed but there were only two doctors listed as primary care doctors. Commissioner Follansbee requested an updated list of UCSF providers.

PUBLIC COMMENT:

Richard Rothman, Retired Member: Asked for an update on the San Francisco Unified School District situation and how it's affecting members.

Fred Sanchez, President of Protect Our Benefits: Expressed concern that UCSF Medical Group would not accept any new UHC retiree patients. He said members have written United Healthcare and the UCSF Medical Group numerous letters but haven't received a response.

Anonymous Speaker (called in during agenda item #7): Stated [TogetherSF](#) is the third-party group working to streamline city government, including commissions, and District Supervisor Joel Engardio is a proponent for this change.

7. SFHSS FINANCIAL REPORT AS OF SEPTEMBER 30, 2023: (Discussion)

[See SFHSS Financial Report as of September 30, 2023 memo](#)

[See SFHSS Financial Report as of September 30, 2023 memo presentation](#)

Iftikhar Hussain, SFHSS Chief Financial Officer presented the following items:

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

Vice President Hao thanked Iftikhar Hussain for his diligence in managing the funds. Vice President Hao said the fact that we are ahead in the budget for the General Fund which is due to vacancies isn't necessarily a good thing. She acknowledged it's not completely in HSS's control but hoped to see a shift to fewer vacancies.

8. ANNUAL AUDIT REPORT: (Action)

[See pdf MGO Audit Results Presentation Year End 6-2023](#)

[See pdf MGO SFHSS Financial Statements Year End 6-2023](#)

[See pdf MGO Required Communications with Those Charged with Governance Year End 6-2023](#)

Iftikhar Hussain, SFHSS Chief Financial Officer said MGO is the firm that conducts audits for the City of San Francisco and for the SFHSS Medical Trust Fund. Craig Harner and Yia Yiang, MGO presented the following items:

- MGO Audit Results Presentation Year End 6-2023
- MGO SFHSS Financial Statements Year End 6-2023
- MGO Required Communications with Those Charged with Governance Year End 6-2023

Commissioner Follansbee thanked MGO for the incredibly clear report which is a monumental task. Commissioner Follansbee said the report reminded him of the Board's responsibility to the members and employers. Craig Harner said the process takes months and appreciated Iftikhar and his team for their support throughout the audit process. Commissioner Zvanski commended MGO for the finely detailed report. Commissioner Canning recognized the daunting task of an audit and thanked Iftikhar Hussain and his team. Commissioner Canning thanked MGO for synthesizing the report so it to be easy to read.

Commissioner Canning moved to approve the Annual Audit Report. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

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VOTE:

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Not present for vote: Dorsey

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

9. SFHSS MEDICARE PLAN REQUEST FOR PROPOSAL (RFP) FOR THE 2025 PLAN YEAR: (Discussion)

[See pdf SFHSS Medicare Plan Request for Proposal \(RFP\) for 2025 Plan Year presentation](#)

Abbie Yant, SFHSS Executive Director, and Michael Visconti, SFHSS Contracts Administration Manager presented the following items:

- Introduction to SFHSS MA RFP for 2025 Plan Year: Current RFP and SFHSS Past Practice
- Current SFHSS Medicare Plans
- Agenda
- Expected Outcomes
- Expected Outcomes -Material Budget Impact
- RFP Scope
- Eligibility and Qualifications to Bid
- RFP Schedule
- Conclusion
- Questions and Answers

Commissioner Follansbee asked how many times have we done an RFP for the Medicare population and was the addition of United Healthcare in 2016 was a result of an RFP. Executive Director Yant did not recall the history of Medicare RFP because it was before her hiring date. Commissioner Zvanski asked for the email address to send questions. Michael Visconti said all RFP information is on the [SFHSS Requests for Bids, Quotes, Proposals, and Qualifications webpage](#) and all questions can be directed to Michael.visconti@sfgov.org

Commissioner Follansbee asked if the expected outcome is that staff will make a recommendation for one PPO group or if is there an option for two if the provider networks don't overlap. Michael Visconti said there will be one selected carrier as a result of the RFP. Michael Visconti said there were three reasons for only selecting one carrier 1. Reduce complexity, 2. We are looking at a nationwide PPO, and 3. The best way to get the most effective responses to this RFP is to say that we are guaranteeing the 17,000 medicare population to the selected respondent. Michael Visconti said SFHSS will follow the same requirements for prior RFP panels. SFHSS will hold itself to a higher standard than other City procurement processes. The panel will not be more than 50% representative of SFHSS. The panel will be representative of our employee population and make sure that it is diverse in presenting different demographics. Finally, SFHSS will make sure the panel members have the subject matter expertise necessary for the scope of work.

Commissioner Follansbee asked for more information on the composition of the panel and if the panelist had been selected. Michael Visconti said the panelists have not been finalized. The panel members will not be disclosed until the end of the RFP because we want to ensure there is no impropriety, unfair communications, or side conversations.

Commissioner Follansbee requested that selection criteria include robust and stable provider networks for medical centers, hospitals, and providers. Michael Visconti said there will in-depth analysis of additional provider facilities, physician's groups, etc., and any changes would be highlighted in the final recommendation in May/June 2024.

Commissioner Follansbee requested that benefit utilization reports be included in the criteria so a new Medicare plan would be required to provide a report on what benefits are working and not working. Michael Visconti asked if the request was to cover what additional value-added CMS innovation benefits like meals and transportation they offer and actual utilization and how we're going to improve that utilization for our population. Commissioner Follansbee requested wellness be added to the RFP scope section "Best in Class" (slide page 7) and hopes to see what programs applicants offer. Commissioner Follansbee said wellness programs can be a way to refocus away from diseases like diabetes prevention and they can also be programs that focus on health and lifestyle.

Vice President Hao asked what happens if the Board does not approve the recommendation in May/June 2024. Michael Visconti said the regular annual rates and benefits process will continue so if no plan is selected the current plan will proceed through the rates and benefits process for renewal.

Commissioner Breslin said retirees have two options right now, Kaiser Permanente and United Healthcare, and asked if the RFP could bring a third option for retirees. Michael Visconti said currently there is no plan to have a third option.

Commissioner Canning thanked the team for the clear outline and was very grateful for being transparent with how to communicate about the RFP.

PUBLIC COMMENT:

Dennis Kruger, Active and Retired Firefighters and Spouses: Asked if the RFP includes the Kaiser HMO plan and would any plans for early retirees be evaluated in the RFP.

Michael Visconti responded: Early Retirees are included in the non-Medicare plans. The RFP will only include Medicare PPO plans for retirees. Michael Visconti said the current United Healthcare Medicare Advantage PPO plan is a nationwide plan. Commissioner Follansbee asked how many Medicare PPO vendors are available and how many may be interested that fit our criteria, size, financials, etc. Michael Visconti said the responses would likely include: Elevance, Aetna, United Healthcare, Humana, Cigna, Blue Shield of California, and Healthnet. Michael Visconti said that based on 2022 data, these plans hold different percentages of the Medicare population: United Healthcare at 28% nationwide, Humana at 18%, Blue Shield holds 14%, CVS Health at 11%, Kaiser Permanente at 6%, and Centene Healthnet at 5%. Michael said SFHSS will respond to each interested applicant and direct them to the SFHSS RFP webpage.

Fred Sanchez, President of Protect Our Benefits: Pointed out that three or four plan options are what drive the competition to keep costs down and urged to have a three to five-year rate guarantee. He noted that unions represent active employees and wondered who represents the active retiree group and asked can the early retirees receive a rate guarantee.

10. BLACKOUT PERIOD NOTICE NOVEMBER 9, 2023 THROUGH JUNE 2024: (Action)

[See pdf of Black-Out Period Notice, November 9, 2023 through June 2024 Memo](#)

Michael Visconti, SFHSS Contracts Administration Manager addressed the following items:
This memorandum shall serve as the Black-Out Period notification to the Health Service Board (“Board”) that will begin today, November 9, 2023, and extend through both:

- the completion of the San Francisco Health Service System (“SFHSS”) formal request for proposal for a Medicare Advantage PPO plan for the 2025 plan year (“2025 MA PPO RFP”) and the presentation of the results of the 2025 MA PPO RFP to the Board, and
- the completion of the SFHSS Annual Rates and Benefits process for the 2025 plan year.

Michael Visconti said the Black-Out Period notice will be in effect today, November 9, 2023. The Black-Out Period ensures there is no impropriety, unfair communications, or side conversations by the panelists, Board members, and SFHSS staff. The Black-Out Period is simultaneous with the rates and benefits process and the final recommendation will be presented to the Board in May or June 2024.

Commissioner Follansbee moved to accept the staff recommendation for the Black-Out Period from November 9, 2023, through June 2024. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

Aye: Breslin, Canning, Hao, Follansbee, Zvanski

Noes: None

Not present for vote: Dorsey

ACTION: The Health Service Board unanimously approved the Black-Out Period from November 9, 2023, through June 2024.

BREAK: 2:29-2:39~

ROLL CALL:

President Randy Scott- Excused
Vice President Mary Hao- Present
Commissioner Karen Breslin- Present
Commissioner Chris Canning- Present
Supervisor Matt Dorsey- Present, arrived at 3:08 pm
Commissioner Stephen Follansbee, M.D- Present
Commissioner Zvanski- Present

11. BOARD EDUCATION: BENEFIT DESIGN BENCHMARKING AND PLAN DESIGN INFLUENCE ON MEMBER PLAN USE BEHAVIOR: (Discussion)

[See pdf Board Education: Benefit Design Benchmarking and Plan Design Influence on Member Plan Use Behavior presentation](#)

Anne Thompson, Senior Account Executive, Aon, and Mike Clarke, Lead Actuary, Aon presented the following items:

- Agenda
- HSB Education Modules -August through December
- Benefit Plan Design -Drivers Behind Recommendations

- Medical/Rx Benefit Design Features for SFHSS Plans-Active and Retiree Health Plans
- Medical/Rx Benefit Design Features for SFHSS Plans-Major SFHSS Health Plan Design Features
- Impact of Design Components on Plan Utilization
 - What Does Research Say about Design Influence on Member Plan Use?
 - The Enduring Landmark Design Influence Study-RAND Health Experiment (HIE)
 - Other Studies and Findings Through the Years
 - Health Plan Member Cost Sharing-Design Features Versus Contributions
- HMO Plan Design Competitive Landscape
- Plan Design/Program Incentives to Drive Optimized Health Behaviors
 - Ten-County Employer HMO Plan Design Comparisons to SFHSS
 - Current SFHSS Design Features- Do They Influence Plan Utilization Choices?
 - Impact Service Price Change Over Time-Cost That Accrue to the Plan Under Fixed Copayment Plan Design
- Plan Design Influence on Member Plan Utilization
- Plan Design/Program Incentives to Drive Optimized Health Behaviors- Plan Design Incent Member Plan Utilization Choices
- Recent Plan Design Change Recommendations to HSB
- Conclusions from Today's Discussion
- Upcoming HSB Education Agenda Items

Executive Director Yant said the presentation will share updates on the RFP process and discuss the Medicare RFP scope (slides 6-7, [See pdf Board Education: Benefit Design Benchmarking and Plan Design Influence on Member Plan Use Behavior presentation](#)). Michael Visconti said stakeholder input from the Board and the public will be collected today. He said if further questions arise after the meeting all communications can be emailed to him between today through December 7, 2023.

Commissioner Follansbee said health plans need to be accountable for where members can find non-urgent care and help members triage between urgent care or emergency care visits. Anne Thompson acknowledged Commissioner Follansbee's first request for urgent care center maps in September and said an update will be presented to the Board in December. Commissioner Follansbee said this is about the appropriateness of care and vendors should be screened in the future. Commissioner Follansbee also pointed out this is cost-saving for the members and the employer groups. Commissioner Breslin asked if people go to emergency care more than urgent care. Commissioner Follansbee said yes. Commissioner Zvanski wondered if members know the difference between urgent and emergency care, knowing that urgent care is much less expensive. Commissioner Zvanski asked if there are any trends for more urgent care centers. Executive Director Yant said the team is gathering data to map out urgent care centers and look at the capacity issues that may or may not exist.

Vice President Hao recalled the most recent plan design recommendations that were aimed at some sort of relief for premiums for the subsequent plan year and wondered if now, the Board is encouraged to consider plan design to encourage different member behavior. Mike Clarke said there are a few elements when we consider plan design changes. Aon has looked at plan design changes and is evaluating the downstream shifts of plan design changes. For example, emergency room care may be determined to be non-emergent based on how a health plan categorizes those types of visits. Are we seeing more of those non-emergent visits shift to primary care, urgent care, or even virtual care environments? With inpatient hospitalizations, would an increase in copayment encourage more surgeries performed inpatient now to be performed in an

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outpatient setting? Mike Clarke said there's care that is appropriate for those settings but through plan design shifts trying to help members assess alternative care settings that deliver a similar or better clinical outcome that the financial differential in a plan design copayment could go into the factoring of a member working with his or her physician to decide where is the best form of care that could deliver a cost/quality optimal outcome. Commissioner Hao said this example requires a lot of lead-up conversations about a particular plan design change. She recalled the Board heard the past recommendations and the discussion immediately shifted to who is going to bear the burden of the additional costs and that was the driving force of some of our decisions. Mike Clarke agreed the two most recent recommendations were designed in response to the level of renewal increase, particularly with the Kaiser Permanente active and early retiree plans. Vice President Hao said that cost-sharing is important and it will be necessary to consider all the elements of a plan design change.

Commissioner Follansbee said the RAND study showed exactly what the Board was concerned about, the higher copays had the biggest effect on people with chronic disease and that was what led the Board's decision to reject the staff recommendation—the Board was concerned about the people who were most affected, members who are the most ill who would bear the brunt. Commissioner Follansbee said healthcare has changed so much since the RAND study but acknowledged that information is limited by the timing of data-gathering. Mike Clarke said there are differences in the average overall cost of a given service that's paid by a member across types of service. Mike Clarke also wanted to show on slide 16 "Plan Design/Program Incentives to Drive Optimized Health Behaviors: Impact of Service Price Change Over Time-Costs That Accrue to the Plan Under Fixed Copayment Plan Design the fact that the highest increases in cost over the last three years are also affiliated with those services where the member is paying less than 1% or in the case of the brand drugs about 2% of the total cost and as small as those percentages are they've continued to reduce as those overall cost increases take hold. The plan is bearing those increases illustrated on page 16.

Commissioner Follansbee addressed that cheaper is not always the same quality. He said the in-office charges for lab and radiology may be cheaper but most in-office labs are not Clinical Laboratory Improvement Amendments (CLIA) licensed for quality. We may get a cheap urinalysis but what is the quality and who is measuring the quality in an outpatient office for a urinalysis? Same with X-rays, who is reading that X-ray? Cheap may not be quality and how do we document that quality is being delivered independent of the cost necessarily?

Michael Visconti said this agenda item is to collect stakeholder input to be considered for the RFP and thanked the public and the Board for the discussion.

PUBLIC COMMENT: None

12. BOARD EDUCATION: DETERMINING CITY CONTRIBUTIONS FOR SFHSS RETIREE MEDICAL PLANS: (Discussion)

[See pdf Board Education: Determining City Contributions for SFHSS Retiree Medical Plans presentation](#)

Mike Clarke, Lead Actuary, Aon presented the following items:

- Agenda
- Total Rates Perspective—Active Employees, Early Retirees, and Medicare Retirees
- Early Retiree City Contributions Based on Three Formula Components
- Determining City Contributions—Three Components for Retiree Health Plans

- Medicare Retiree City Contributions Based on Three Formula Components
- Why Early Retirees Pay Higher Contributions For Dependent Coverage Than Active Employees
- Closing

Commissioner Breslin said she wanted members, especially those actives who may retire early (under the age of 65), to know what they are going to be paying. She said it is important that the active unions let their people know what is going to happen when members retire early. She pointed out that early retirees contribution will be \$1,573 per month for a Retiree Plus Two or More Dependents with 2024 Blue Shield Access+ ([presentation from May 25, 2023: Health Plan 2024 Rate Summary -Active Employee/Early Retiree Health Plans, slide 6](#)) and Kaiser is less expensive, but members need to be aware of the cost. Commissioner Breslin said the calculations can be complicated to understand and referenced [City Charter Section A8.428\(c\)](#) stating “The City and County, San Francisco Unified School District and The San Francisco Community College District shall contribute to the health service system fund 50% of the monthly contributions required for the first dependent of the Retired Persons in the system. “Commissioner Zvanski pointed out the importance of pre-retirement seminars that some of the unions hold and what we do at Health Service about educating members who come in for that information. She said the pre-retirement seminars are vital for distributing this information and alerting people but a lot of times the people who attend are already retired or so close to that retirement date that they don’t have sufficient planning time. Commissioner Zvanski said it would be helpful for those employee organizations to publicize a little more through their members that people need to take a look at this at least six months or a year before they retire because these rates are shocking, especially when it comes to dependent coverage. Commissioner Canning complimented Mike Clarke for the robust and very clear presentation. Commissioner Canning agreed with his fellow Commissioners and having attended pre-retirement for Police Officers, the eventual expense will be shocking to many members and should be part of their pre-retirement planning. Commissioner Canning said that given some trends that we’re seeing with our workforce it’s not uncommon for members from other departments in addition to Police and Fire to transition out of city employment to early retirement. Commissioner Canning said it would be helpful to provide educational material, perhaps to Department Heads/Directors to share what we are seeing now and that is incorporated within pre-retirement seminars so members know their options and how and why the rates are set.

Commissioner Follansbee said this discussion is important. He recalled members' comments during the last rates and benefits cycle and members requesting the Board not approve rates. Commissioner Follansbee said the presentation made it clear that SFHSS and the Board operate within the constraints of the charter and MOUs. Commissioner Follansbee added that his last employer offered the first pre-retirement program for my peers five years before retirement to begin to think about what their options were and that would go into decisions around what those options might be, everything from leaving the state to whether we retire at that moment or whatever. Two to five years is not an unreasonable window for people to start thinking about retirement health plan costs for members.

PUBLIC COMMENT:

Fred Sanchez, President of Protect Our Benefits: Encouraged a mandated pre-retirement training five years before retirement date. Fred Sanchez said too many members opt out of City Health benefits in retirement because it costs too much.

Executive Director Yant said to be cautious about interpreting why members opt out of health benefits because many of those people have spouses whose employment offers insurance and there is a high number of members who waive in the general population as well.

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

Monica Inocencio: Introduced Geoff Rensi, the new Vice President of Client Management. Geoff Rensi appreciated the opportunity to be before the Board. He said he worked in United Healthcare for the past 22 years, all of which have been in client management and the public-facing sector. He looked forward to working with the team.

Kate Ferrante, Vice President of Strategic Accounts, Kaiser Permanente: Reported that [Kaiser Permanente received a fine for the California Department of Managed Health Care \(DMHC\)](#). Kaiser has been on the issue over the last year and is working to rectify the situation. Kaiser Permanente has made significant investments in mental health care including hiring over 600 new therapists, investing in new buildings, and contracting in the community.

PUBLIC COMMENT: None

14. VOTE ON WHETHER TO HOLD CLOSED SESSION FOR MEMBER APPEAL (Action):

Commissioner Follansbee moved to hold a closed session for the member appeal. Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Hao, Follansbee, Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved to hold a closed session for the member appeal.

[meeting continues in closed session for approximately 72 minutes, returns at 4:53 pm]

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

15. CLOSED SESSION FOR MEMBER APPEAL (Action):

Presented by Vice President Hao

ACTION:

RECONVENE IN OPEN SESSION

16. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSION HELD IN CLOSED SESSION (San Francisco Administrative Code Section 67.12(a)) (Action):

Supervisor Dorsey moved not to disclose any or all discussion held in closed session. Commissioner Follansbee seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Hao, Follansbee, Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved not to disclose any or all discussion held in closed session.

17. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION (Government Code Section 54957.1 and San Francisco Administrative Code Section 67.12(b)) (Action):

Commissioner Follansbee moved to no report on possible action taken in closed session.

Commissioner Breslin seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Hao, Follansbee, Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved to not report on the action taken in closed session.

18. ADJOURNMENT: 4:56 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 Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

Knowing Your Rights Under the Sunshine Ordinance

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

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

The ringing and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings. The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room. The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule. The complete rules are outlined in Chapter 67A of the San Francisco Administrative Code.

Disability Access and Accommodation

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are #42 Downtown Loop and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex. Accessible seating for persons with disabilities (including those using wheelchairs) will be available. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez, at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 pm the previous Friday.

City Hall Room 416 is wheelchair accessible. This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. 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 9, 2023 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. Health Service Board telephone number: 628-652-4646

Lobbyist Registration and Reporting Requirements

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