

File No. 180150

Committee Item No. 2

Board Item No. 1

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date February 28, 2018

Board of Supervisors Meeting

Date MARCH 6, 2018

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (MOU) |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 - Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Alisa Somera

Date February 23, 2018

Completed by: JAMES CARROLL

Date MARCH 1, 2018

1 [Appointments, San Francisco Health Authority - Jian Qing Zhang, Emily Webb, Sabra
2 Matovsky, Lawrence Cheung, Steven Fugaro, Steve Fields, and Joseph David Woods]

3 **Motion appointing Jian Qing Zhang, term ending January 15, 2020, and Emily Webb,**
4 **Sabra Matovsky, Lawrence Cheung, Steven Fugaro, Steve Fields, and Joseph David**
5 **Woods, terms ending January 15, 2021, to the San Francisco Health Authority.**

6
7 MOVED, That the Board of Supervisors of the City and County of San Francisco does
8 hereby appoint the hereinafter designated persons to serve as members of the San Francisco
9 Health Authority, pursuant to the provisions in the California Welfare and Institutions Code,
10 Section 14087.36, and the San Francisco Administrative Code, Sections 69.1 et seq., for the
11 terms specified:

12 Jian Qing Zhang, seat 2, succeeding Brenda Yee, resigned, must be employed in the
13 senior management of a hospital not operated by the county or the University of California
14 and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any
15 successor organization, or if no successor organization, a person who shall be nominated by
16 the Hospital Council of Northern and Central California, for the unexpired portion of a three-
17 year term ending January 15, 2020.

18 Emily Webb, seat 4, succeeding herself, term expired, must be employed in the senior
19 management of St. Luke's Hospital (San Francisco), for a three-year term ending January 15,
20 2021.

21 Sabra Matovsky, seat 5, succeeding John Gressman, resigned, must be employed in
22 the senior management of either private nonprofit community clinics or a community clinic
23 consortium, nominated by the San Francisco Community Clinic Consortium, or any successor
24 organization, for a three-year term ending January 15, 2021.
25

1 Lawrence Cheung, seat 7, succeeding himself, term expired, must be a physician,
2 nominated by the San Francisco Medical Society, or any successor organization, for a three-
3 year term ending January 15, 2021.

4 Steven Fugaro, seat 8, succeeding himself, term expired, must be a physician,
5 nominated by the San Francisco Medical Society, or any successor organization, for a three-
6 year term ending January 15, 2021.

7 Steve Fields, seat 12, succeeding himself, term expired, must be knowledgeable in
8 matters relating to either traditional safety net providers, health care organizations, the Medi-
9 Cal program, or the activities of the Health Authority, and nominated by the program
10 committee of the Health Authority, for a three-year term ending January 15, 2021.

11 Joseph David Woods, seat 14, succeeding himself, term expired, must be nominated
12 by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a
13 three-year term ending January 15, 2021.

Save Form

Print Form



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Authority

Seat # or Category (If applicable): _____ District: _____

Name: Jian Qing Zhang

Home Address: _____ Zip: 94010

Home Phone: _____ Occupation: Healthcare Executive

Work Phone: 4156772477 Employer: Chinese Hospital

Business Address: 845 Jackson St, San Francisco, CA Zip: 94133

Business E-Mail: jianz@chasf.org Home E-Mail: _____

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes No If No, where registered: San Mateo

Resident of San Francisco Yes No If No, place of residence: Burlingame

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Innovative healthcare executive with 20+ years of hand-on experience in business development, operation, marketing, growth/expansion, innovation, strategic planning and clinical practice. Expertise includes but not limited to team building, leadership development, performance improvement, multi- specialty clinic development, managed care, population health, healthcare delivery system design, payment model design, grant writing, etc.

I have served as a family nurse practitioner/clinic administrator for over 20 years in community clinics seeing mainly Medicare and Medical patients, many were San Francisco Health Plan members. I have been involved with many SFHP quality and access initiatives. I am confident I can bring to the board more patients' perspectives, especially Asian patients'

Business and/or professional experience:

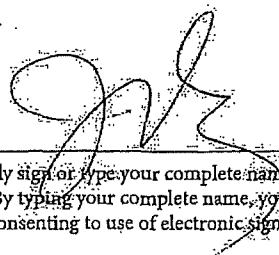
10/2017 CEO of Chinese Hospital
05/2015-09/2017 COO of Chinese Hospital
2013-04/2015 Chief Outpatient&Innovation Officer
1996-2013 Clinic manager, clinic director, clinic administrator, family nurse practitioner

Civic Activities:

N/A

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 4/25/2018 Applicant's Signature: (required) 
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

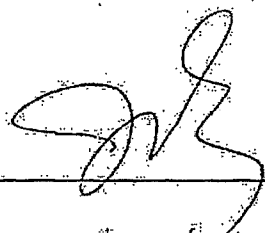
FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

01/20/12

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD
OF THE SAN FRANCISCO HEALTH AUTHORITY**

January 2018

I, Dr. Jian Zhang, as a representative of the San Francisco Chinese Hospital, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.



(SIGNATURE)

1/25/2018

(DATE)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Zhang Jian Qing

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Francisco Health Authority

Division, Board, Department, District, if applicable

Your Position

Board member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of San Francisco

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2017, through December 31, 2017.

Leaving Office: Date Left _____ (Check one)

-or-

The period covered is _____ through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

The period covered is _____ through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

845 Jackson st san francisco ca 94133

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) 677-2477

jianz@chasf.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed January 25, 2018

Signature

(month, day, year)

(File the original signed statement with your filing official.)

FPPC Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



Hospital Council
of Northern & Central California

Excellence Through Leadership & Collaboration

January 26, 2018

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(B) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Hospital Council of Northern and Central California hereby designates Dr. Jian Zhang, CEO of Chinese Hospital, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Serrano Sewell
Regional Vice President

cc: Dr. Jian Zhang



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Authority

Seat # or Category (If applicable): Seat #4 District: _____

Name: Emily Webb

Home Address: _____ Zip: 94123

Home Phone: _____ Occupation: Director, Community Health Programs

Work Phone: 415-600-7526 Employer: Sutter Health/CPMC

Business Address: 633 Folsom Street, 1st Floor, San Francisco CA Zip: 94107

Business E-Mail: webbe@sutterhealth.org Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a resident of San Francisco with a Masters in Public Health from UC Berkeley focusing on Health Policy and Management. My professional and personal interests are focused on improving access to healthcare and implementing effective healthy policy to support uninsured and under insured San Franciscans. I have served on the San Francisco Health Authority Commission since 2015 and look forward to serving another term. I am a member of the senior management for CPMC, including St. Luke's Campus, as required by seat #4.

Business and/or professional experience:

Business Experience:

1. Director, Community Health Programs, 2/2012- present
California Pacific Medical Center/Sutter Health, San Francisco CA
2. Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012
California Pacific Medical Center/Sutter Health, San Francisco CA
3. Provider Relations Coordinator and Specialist, 10/2007-5/2011
San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA
4. Reimbursement Counselor, 2/2006-6/2007
Lash Group Healthcare Consultants, San Bruno CA

Education/Professional Qualifications:

1. Master of Public Health, Health Policy and Management, 8/2010-5/2012
University of California Berkeley, School of Public Health, Berkeley CA
2. Bachelor of Science in Economics and Communication, 9/2001-12/2005
University of California, Davis, Davis CA

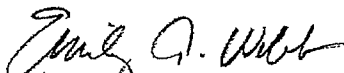
Civic Activities:

1. Member, Governing Board and Finance Committee, 2015-present
San Francisco Health Authority/San Francisco Health Plan, San Francisco CA
2. Member, Board of Directors and Chair, Finance, 2014-present
Portola and Excelsior Family Connections, San Francisco CA
3. Member, Board of Directors, 2013-present
Center for Youth Wellness, San Francisco CA
4. Graduate, Class of 2013-2014
Leadership San Francisco, San Francisco Chamber of Commerce
5. Participant, 2013-2017
Leukemia and Lymphoma Society, Team in Training, Greater Bay Area
6. Vice President, Public Health, 2011-2012
Haas Healthcare Association, University of California, Berkeley

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 11/9/2017 Applicant's Signature: (required)


Emily Ann Webb

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Webb	Emily	Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 San Francisco Health Authority

Division, Board, Department, District, if applicable
 San Francisco Health Authority

Your Position
 Member, Governing Board

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: N/A Position: N/A

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____ County of San Francisco

City of San Francisco Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is _____, through December 31, 2016.

Assuming Office: Date assumed 01 / 15 / 2018

Leaving Office: Date Left _____ (Check one)

The period covered is January 1, 2016, through the date of leaving office.

-or-

The period covered is _____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
		San Francisco	CA	94123
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
	webbe@sutterhealth.org			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/09/2017 (month, day, year)

Signature Emily A. Webb
 (File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____
 Emily Webb

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Sutter Health/CPMC

ADDRESS (Business Address Acceptable)
 633 Folsom Street, 1st Floor, San Francisco CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Employer/Salary

YOUR BUSINESS POSITION
 Director, Community Health Programs

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address

		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

Emily A. Webb

• San Francisco, CA 94123 •

Education

Master of Public Health, Health Policy and Management, 5/2012
University of California, Berkeley

Bachelor of Arts, Double Major in Economics and Communication, 12/2005
University of California, Davis

Honors: Dean's List Two Quarters, Member Omicron Delta Pi International Economics Honor Society

Americans in Paris, 7/2004- 8/2004

University of California, Davis Study Abroad Program, Paris, France

Work Experience

Director of Community Health Programs, 2/2012- present

Sutter Health/California Pacific Medical Center, San Francisco, CA

Responsible for developing and executing CPMC's community benefit strategy and programs. The community benefit program invests almost \$165M in to the San Francisco Community annually. The program includes managing two health clinics (an innovative chronic disease management program and a multidisciplinary pediatric primary care practice), an early intervention developmental and behavioral health screening and treatment program at a community clinic, a breast health program and partnerships with more than 70 community based organizations. Additionally, responsible for CPMC's Medi-Cal and Charity services, including a risk based partnership with North East Medical Services that coordinates care for more than 32,000 Medi-Cal managed care beneficiaries. Finally, execute the healthcare commitments in CPMC's Development Agreement with the City and County of San Francisco—a \$1.1B community investment package.

Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012

Sutter Health/California Pacific Medical Center, San Francisco, CA

Project manager for medical home pilot project that focused on integrating chronic disease management and adult primary care at St. Luke's Hospital. Managed facility build-out planning using lean design principles and initiated plans for electronic medical records and clinical workflow re-design. Conducted assessment of safety-net pediatric primary care clinic and made recommendations to management during time of transition and restructuring. Performed data analysis and conducted research around Charity Care and Medi-Cal to better inform CPMC's discussions with the City and County of San Francisco around increasing Medi-Cal volume.

Provider Relations Specialist, 9/2009-5/2011

San Francisco Health Plan and Healthy San Francisco Program, San Francisco, CA

Provider Relations departmental lead on key cross-functional strategic initiatives including Medicaid 1115 Waiver implementation, California Department of Managed Healthcare Timely Access Regulations implementation, network expansion, process improvement and managed care system implementation. Increased responsibilities to include focus on developing, leading and presenting provider training commitments at contracted hospitals, clinics and provider sites. Assumed responsibility for health plan credentialing activities, management of provider network and oversight of delegated medical groups. Provider representative for data quality and information technology projects, quality improvement programs and marketing efforts.

Provider Relations Coordinator, 10/2007-9/2009

San Francisco Health Plan and Healthy San Francisco Program, San Francisco CA

Gained valuable insight into how state and local policy changes impact public health programs, while working as provider liaison for the health plan to more than 400 primary care and 2000 specialists within the safety net of San Francisco. Worked with departments across the organization to implement policy and program changes. Developed a broad knowledge of the structure and operations of San Francisco's safety-net providers, public insurance programs and the challenges of caring for underserved populations. Managed or played key roles in health plan strategic initiatives around network development, metrics development and state contract requirements. Effectively answered, researched and escalated complex provider questions and concerns related to the health plan insurance lines of business (managed Medi-Cal, Healthy Families, Healthy Kids and Healthy Worker programs) as well as San Francisco's health access program, Healthy San Francisco.

Reimbursement Counselor, 2/2006- 6/2007

Lash Group Healthcare Consultants, San Bruno, CA

Answered reimbursement and coding questions with an emphasis on superior customer service and accuracy. Processed applications and maintained a database with relevant healthcare trends and updates. Consistently ranked in top five in productivity and accuracy within the department, three times ranked in the top two. Demonstrated excellent time management skills and ability to learn quickly.

**Volunteer
Experience**

Member, Governing Board and Finance Committee, 3/2015-present
San Francisco Health Plan

Member, Board of Directors, 9/2014-present
Portola and Excelsior Family Connections

Member, Board of Directors, 9/2013-present
Center for Youth Wellness

Graduate, Class of 2013-2014
Leadership San Francisco, San Francisco Chamber of Commerce

Participant, 2013-present
Leukemia and Lymphoma Society, Team in Training, Greater Bay Area Team

Vice President, Public Health, 2011-2012
Haas Healthcare Association, University of California at Berkeley

**SAN FRANCISCO
HEALTH PLAN™**



Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

November 15, 2017

Angela Calvillo
Clerk of the Board
Board of Supervisor Office
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Ms. Calvillo:

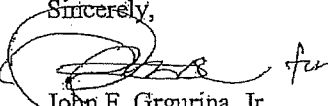
The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that Emily Webb, MPH, Director of Community Health Programs for the California Pacific Medical Center/St. Luke's Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code 14087.36 (k)(1)(c) which permits the appointment of a "person employed in the senior management of St. Luke's Hospital" and (B) the San Francisco Administrative Code Sections 69.1 et seq.

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,


John F. Grgurina, Jr.
Chief Executive Officer



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Authority Board

Seat # or Category (If applicable): Seat #5 District: _____

Name: Sabra Matovsky

Home Address: [REDACTED] Zip: 94541

Home Phone: [REDACTED] Occupation: CEO and President

Work Phone: 415-355-2220 Employer: San Francisco Community Clinic Consortium

Business Address: 2720 Taylor Street #430 Zip: 94133

Business E-Mail: smatovsky@sfccc.org Home E-Mail: [REDACTED]

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes No If No, where registered: Hayward, CA

Resident of San Francisco Yes No If No, place of residence: Hayward, CA

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As the CEO of the San Francisco Community Clinic Consortium, I represent our 11 health center members who provide more than 570,000 annual visits to San Francisco residents across the city/county. Our ethnically and culturally sensitive services are offered in neighborhoods throughout San Francisco, regardless of the patients' ability to pay.

Business and/or professional experience:

Please see the attached CV. I have extensive experience working with community health centers, Medi-Cal health plans, and other indigent care programs.

Civic Activities:

I am new to the Bay Area, but have been involved in the following activities in San Diego: Healthy San Diego Consumer and Professional Advisory Board, Cal Medi-Connect Advisory Board, Consumer Center for Health Education and Advocacy Advisory Board, Healthcare Financial Management Association (HFMA), Incarnation Lutheran Church Council and Personnel Committee, San Diego Bicycle Club.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (*Applications must be received 10 days before the scheduled hearing.*)

Date: 10/27/17 Applicant's Signature: (required) Sabra Matovsky

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

01/20/12



SFCCC
Community Clinic Consortium

www.sfccc.org

2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 | F: 415.355-2277

Date: October 27, 2017

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
50 Beale Street, 12th Floor
San Francisco, CA 94105

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Sabra Matovsky to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

David Knego, MSW
Board Chair, SFCCC



SFCCC
Community Clinic Consortium

www.sfccc.org

2720 Taylor Street, Suite 430 | San Francisco, CA 94133 | P: 415.355.2222 | F: 415.355-2277

CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD OF THE SAN FRANCISCO HEALTH AUTHORITY

November 2017

I, Sabra Matovsky, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

(SIGNATURE)

10/30/17

(DATE)

Sabra Matovsky

[REDACTED]

EXPERIENCE:

Chief Executive Officer and President, San Francisco Community Clinic Consortium: 10/17 to present. With the SFCCC Board, responsible for setting the strategic direction and managing the daily operations of SFCCC. Represent SFCCC's 11 health centers in local, state and national issues related to health center operations and the patients we serve.

Executive Vice President, Integrated Health Partners: 12/15 to 9/17. Launched a clinically integrated network of 11 Federally Qualified Health Centers in San Diego, Riverside and San Bernadino Counties. Year one operating budget of \$18 million is currently exceeding budgeted surplus by 300%. Year one HEDIS results were the highest marks in the state for our primary health plan. Successfully implemented credentialing, access audits, patient satisfaction surveys and numerous quality improvement initiatives in concert with our managed services organization. IHP is now developing its information technology roadmap. Additional responsibilities include: sharing best practices and lessons learned through CPCA and NACHC forums, developing strategic partnerships with health plans, other funders, hospitals and community stakeholders.

Associate Vice President –Market Leader from Director of Contracting, Molina Health Plan: 9/09 to 12/15-Managed the second largest Medi-Cal health plan in San Diego (200,000 lives). Developed new contract models to promote strategic partnerships with Federally Qualified Health Centers (FQHCs) and small office primary care providers. Successfully navigated plan activities for a Fortune 300 company's largest single county market in the United States. Built qualifying networks for Cal Medi-Connect and Covered California. Communicated key strategic and quality initiatives to provider community. Identified more than \$1,000,000 in provider overpayments in calendar year 2012 and developed plan to recoup funds. Assisted in Molina's Medi-Cal and Medicare expansion into Imperial County. Developed and strengthened key county and stakeholder relationships.

Administrator, GMC Programs, Care1st Health Plan: 10/07 to 8/09 –Responsible for the general operations of Care1st Health Plan for San Diego County, including provider contracting, proofing directories, resolving claims and customer service issues, directing marketing staff, and managing community relationships. Developed new provider orientation materials and audited claims systems to correct payment errors. Managed health plan activities through period of substantial growth including increasing Medi-Cal lives from 4,000 to 9,100, while adding Healthy Families and both a Medicare Advantage and a Medi-Medi product, ultimately tripling total membership by August 2009.

Director of Contracting and Health Informatics, Council of Community Clinics: 5/97 to 3/07 - Worked with clinic CEOs, CFOs and Medical Directors to negotiate all aspects and types of managed care contracts. Agreements included quality incentive programs, primary care capitation, full professional risk, dental and PPO agreements. Also responsible for troubleshooting credentialing, financial settlements, claims payment, and any other service issues regarding contracts. Transitioned to providing business development support for the Community Clinics Health Network, including developing and evaluating RFPs, vendor negotiations, ROI analyses, pricing models, and subcontracts for the provision of services to health center members. Represented San Diego clinic interests in county and state meetings, the media, and to local officials regarding Medi-Cal and Healthy Families, county indigent programs, and coverage initiatives including the Children's Health Initiative and indigent adult initiatives.

Sabra Matovsky

EXPERIENCE:
(Continued)

Provider Relations Manager II from Senior Contracts Manager Community Care Network: 12/95 to 5/97- Initial position was to negotiate and renegotiate PPO hospital contracts for central and northern California. Resolved workers' compensation and group health claims disputes with providers. Moved to Value HealthPlan HMO start-up team. Negotiated HMO hospital and medical group contracts in San Diego, Los Angeles, Riverside and Orange Counties. Assumed responsibility for HMO provider relations and network strategy for all Los Angeles and Ventura County provider groups and hospitals.

Contract Specialist, HealthCare Partners Medical Group: 7/92 to 12/93- Negotiated contracts with specialists, ancillary providers, and hospitals using a variety of models including Medicare Allowables, McGraw-Hill units, and CRVS units. Negotiated individual services on ad hoc basis.

Financial Analyst, HealthCare Partners Medical Group: 10/90 to 7/92- Prepared monthly financial statements. Monitored, analyzed, and reported on five health maintenance organizations to guarantee proper execution of contracts. Determined accurate accrual rates, shared risk returns, and validity of IBNR reserves.

Market Analyst, Petersen Publishing Company: 10/89 to 10/90- Responsible for annual subscription sales budgets for twenty-five publications, weekly upkeep of the computer model, profitability analyses of direct mail campaigns, and new business sources.

EDUCATION:

San Diego State University, CA 1998 - Masters in Business Administration, EMBA Program

Oberlin College, OH 1989 - Bachelor's Degree, Double Major in Economics and Psychology.

**SPEAKING
ENGAGEMENTS
AND AWARDS:**

CPCA 2017 Alternative Payment Methodology Statewide Training. September 2017. Contracting for Payment Reform.

CPCA Joint Billing and CFO Conference. April 2017 Conference General Session Alternate Payment Methodologies: Prepare Now!

CPCA 2017 CFO Conference. April 2017. Tips and Tricks for Negotiating Managed Care Contracts.

San Diego State Graduate School of Public Health, December 2016 – Guest Lecturer, PH742B Health Insurance and Reimbursement.

NACHC 2016 Primary Care Association and Health Center Controlled Network Conference. November 2016 – Building Relationships with Payers.

CPCA 2016 Annual Conference October 2016- Business Innovation, Business Development with Heart: Using Non-Traditional Business Strategies to Drive Your Mission.

**ADVISORY
BOARD
PARTICIPATION:**

Advisory Board, Consumer Center for Health Education and Advocacy -7/009 to 9/17

Healthy San Diego Advisory Board– October 2000 to September 2017

Coordinated Care Initiative Advisory Board– May 2012 to September 2017

Healthcare Financial Management Association –Member 2015-2016

San Diegans for Healthcare Coverage Advisory Board- 2011 to 2016

Lutheran Church of the Incarnation Church Council 2010 to 2013

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) MATOVSKY (FIRST) SABRA (MIDDLE) VOLMER

1. Office, Agency, or Court

Agency Name (Do not use acronyms) SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM CEO
 Division, Board, Department, District, if applicable 2720 TAYLOR ST. # 430 SAN FRANCISCO CA 94133
 Your Position

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN FRANCISCO
 City of SAN FRANCISCO Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016.
 -or-
 The period covered is _____, through December 31, 2016.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
 -or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 6

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/16/2017 Signature [Signature]
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name SASRA MATOVSKY

▶ NAME OF BUSINESS ENTITY
MOLINA HEALTH CARE
GENERAL DESCRIPTION OF THIS BUSINESS
MEDICAL HEALTH PLAN

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT RETENTION BONDS + EMPLOYEE STOCK PURCHASE PLAN
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
U.S. SAVINGS BONDS
GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT JOINTLY HELD WITH SON FOR COLLEGE EXPENSES. GIFT FROM MY PARENTS OVER THE YEARS
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LINCOLN FINANCIAL GROUP
GENERAL DESCRIPTION OF THIS BUSINESS
403 B - III MULTI-FUND

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 403 B
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMERICAN FUNDS
GENERAL DESCRIPTION OF THIS BUSINESS
ROTH IRA - 100% BALANCED FUND

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT RETIREMENT ACCOUNT
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name SABIRA MATOVSKY

1. BUSINESS ENTITY OR TRUST

PARENTS HOUSE HELD IN TRUST BY MEN & 2 SISTERS

Name 2806 ATLANTIC VIEW DR. BIRMINGHAM, AL

Address (Business Address Acceptable) 1/3 EACH

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 16 / / 16
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 16 / / 16
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

N/A

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
2806 ATLANTIC VIEW DR

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 16 / / 16
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 16 / / 16
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: TRUST DISSOLVED 10/17 AND PARENTS SOLD THE HOUSE

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name: SABRA
MAATOVSKY

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
INTEGRATED HEALTH PARTNERS /
 ADDRESS (Business Address Acceptable) HEALTH CENTER
7535 METROPOLITAN DRIVE PARTNERS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON-PROFIT HEALTH CARE
 YOUR BUSINESS POSITION
EXEC. VP

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None
 TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name SABRA
MATOVSKY

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) CALIFORNIA PRIMARY CARE ASSOCIATION

ADDRESS (Business Address Acceptable) 1231 I ST #400

CITY AND STATE SACRAMENTO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 10/27/16 10/28/16 AMT: \$ 500
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel 1 NIGHT HOTEL + 1 DAY CONFERENCE REGISTRATION

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel _____

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel _____

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel _____

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Authority

Seat # or Category (If applicable): _____ District: _____

Name: Lawrence Cheung

Home Address: _____ Zip: ~~94102~~ 94112

Home Phone: _____ Occupation: Physician

Work Phone: 415-786-2312 Employer: Lawrence CC Cheung, MD, F2

Business Address: 595 Buckingham Way #220 Zip: 94132

Business E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I live and work in SF. I am a physician who has practiced medicine in my community for the past 11 years. As a native Chinese speaker I have had the privilege to serve not only my local community but the Chinese community as a whole

Business and/or professional experience:

I have served as the president for San Francisco Medical Society and I represent both the California Medical Association and American Medical Association to advocate for sound and data driven public health policy.

Civic Activities:

I volunteer at the St. Mary Medical Center Clinic where I help treat the safety-net patient population.
I was also the former dermatology director at Asian Health Services (Oakland)

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: 1/7/17 Applicant's Signature: (required)



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Lawrence C. C. Cheung, MD, FAAD, FASDS

San Francisco, CA 94132

CLINICAL EXPERIENCE

Synergy Dermatology, San Francisco, CA

Principal Dermatologist and Principal Investigator. The scope of practice includes adult / pediatric medical dermatology, dermatologic surgery, and cosmetic dermatology. The clinic specializes in the treatment of eczema and psoriasis with the Bay Area's most comprehensive light based treatment options (UVB phototherapy and laser treatment). 2005 - present

Asian Health Services, Oakland, CA

Chief of Dermatology. Established teledermatology program in 2012 to ease demand for physical clinic patient access. Created teledermatology consult protocol and photography protocol. 2005 - 2015.

PUBLIC HEALTH EXPERIENCE

San Francisco Health Authority, San Francisco, CA

Commissioner. Appointed by San Francisco Mayor Ed Lee to serve on the Board of Governors. SF Health Authority is charged with operating the Medi-Cal program for the county of San Francisco. 2015 - present

HEALTHCARE INDUSTRY EXPERIENCE

Spruce Health, San Francisco, CA

Technical advisor / Staff Dermatologist. Assist with the company's proprietary telehealth technology platform. Providing direct teledermatology care to patients. 2015 - present

Cellsco, San Francisco, CA

Technical advisor. Assist with the design of a prototype medical device (dermatoscope) for use in patient based teledermatology consultations. Currently leading a pilot project to determine end user experience. 2015 - present

Teikoku Pharma USA, San Jose, CA

Medical Director. In charge of new product and business development with experience in product design, clinical trial design, FDA approval, and final product marketing. 2005-2008

EDUCATION

Washington University School of Medicine - Division of Dermatology

Chief Resident in Dermatology, 2005
Dermatology residency, 2002 - 2005

Psoriasis Clinical Research Fellowship, University of California, San Francisco

Clinical investigator for numerous trials. Submitted proposals, recruited subjects, and conducted patient encounters. Clinical responsibilities included Goeckerman therapy rounds, supervision of PUVA and UVB units, and patient consultations. 2000 - 2002

University of California, San Francisco - Department of Internal Medicine

Internal Medicine residency, 1998 - 2000

Columbia University College of Physicians & Surgeons

MD, 1998

Honors: *Alan and Ruth Borenstein Scholarship*, 1997 (for academic achievements and community service)
Chinese American Medical Society Scholarship, 1996 (for leadership and community service)

Harvard University

AB in Biochemical Sciences, *magna cum laude*, 1994

Honors: *John Harvard Scholar*, 1992, 1993
Ford Research Grant, 1992

PROFESSIONAL AFFILIATIONS

Assistant Clinical Professor of Dermatology, University of California San Francisco
Staff attending physician, Saint Mary's Medical Center, San Francisco, CA
Staff attending physician, Chinese Hospital, San Francisco, CA

Diplomate, American Board of Dermatology (Board Certification valid until 2025)
Fellow, American Academy of Dermatology (FAAD)
Fellow, American Society for Dermatologic Surgery (FASDS)
President 2014, San Francisco Medical Society
Member and San Francisco Delegate to House of Delegates, California Medical Association
Member and California Delegate to House of Delegates, American Medical Association

RESEARCH EXPERIENCE

Amgen 20040210. Observational Post-Marketing Safety Surveillance Registry of Enbrel (etanercept) for the Treatment of Psoriasis. 2006 – 2010

Novartis CASM 981 US03: A 6 Month, Randomized, Multicenter, Parallel-Group, Double-Blind, Vehicle-Controlled Study to Evaluate the Efficacy and Safety of ASM 981 (Pimecrolimus) Cream 1% BID vs. Standard of Care in the Management of Mild to Severe Atopic Dermatitis in Adults. 2002.

Novartis CASM981C2406: A 26-Week Study with a 6-Week, Randomized, Multi-Center, Investigator-Blinded, Exploratory Comparative Trial of the Tolerability, Safety and Efficacy of Elidel® (Pimecrolimus, SDZ ASM981) Cream 1% with Tacrolimus Ointment 0.03% in the Treatment of Pediatric Subjects with Moderate Atopic Dermatitis, Followed by a 20-Week Open-Label Phase to Study the Safety of Elidel® (Pimecrolimus, SDZ ASM981) Cream 1%. 2002.

A Phase IV, Open Label, Proof of Concept, Dose Ranging Study Evaluating the Safety and Efficacy of Oral Tacrolimus (Prograf®) followed by Topical Tacrolimus (Protopic®) for the Treatment of Severe Atopic Dermatitis. 2002.

Allergan 190168-049P: A Multi-Center, Double-Blind, Randomized, Placebo-Controlled Study of the Safety and Efficacy of 12-Weeks Treatment with Tazarotene 4.5 mg Capsules Once Daily Followed by a 12-Week Post-Treatment Follow-up Period in Patients with Moderate to Very Severe Plaque Psoriasis. 2002.

Allergan 190168-043C: A Multi-Center, Epidemiology Study To Evaluate the Potential for Adverse Health Effects in Fetuses and Live-Born infants Following a Woman's Inadvertent Exposure to Tazarotene Cream or Gel (0.1% or 0.05%) for Psoriasis During Pregnancy, Compared with a Similar Group of Psoriatic Women Not Exposed to Tazarotene and Compared with Background Levels in the General Population. 2002.

Genetech ACD2243g: An Open-Label, Randomized, Multicenter Study to Evaluate the Safety, Tolerability, and Efficacy of Subcutaneously Administered Anti-CD11a Used in Combination with Topical Psoriasis Therapies for Prolonged Maintenance Treatment. 2001-2002.

Titan Pharmaceuticals: Expression of Disialogangliosides GD2 in Psoriasis. 2001-2002.

Allergan T015: A Multi-Center Randomized, Double-Blind, Parallel Group Comparison of Tazorac (tazarotene) 0.1% Gel and Calcipotriol 0.005% Ointment in the Maintenance of Treatment Success in Subjects with Plaque Psoriasis. 2000-2002.

Fujisawa 99-0-054: An Open-Label Safety Study to Evaluate the Safety of Topically Applied Tacrolimus Ointment for the Treatment of Atopic Dermatitis. 2000-2001.

Genetech ACD2059g: A Phase III, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Multicenter, Multiple-Dose Study to Evaluate the Efficacy and Safety of Subcutaneously Administered Anti-CD11a in Adults with Moderate to Severe Plaque Psoriasis Who are Candidates for Systemic Therapy. 2000-2001.

Genetech ACD2062g: An Open-Label, Multi-Dose, Multicenter Study to Evaluate the Safety and Tolerability of Subcutaneously Administered Anti-CD11a in Adults with Plaque Psoriasis Previously Treated with Anti-CD11a or Placebo. 2000-2001.

PUBLICATIONS

Koo B, Hong J, Colaco S, and Cheung LCC. Hydrogel Patch: A New Occlusive Device For the Treatment of Psoriasis. *Psoriasis Forum* 2007;13(2): 27 – 30.

Koo J, Cheung L, Lee C. *Contemporary Guide to Dermatology*. Newtown, Pennsylvania: Handbooks in Health Care Company, 2007.

Koo J, Cheung L, Lee C. *Contemporary Diagnosis and Management in Primary Care Dermatology*. Newtown, Pennsylvania: Handbooks in Health Care Company, 2001.

Koo JYM and Cheung LCC. Neurotic Excoriations. In: Lebowitz M, Heymann W, Berth-Jones J, Coulson I, eds. *Treatment of Skin Disease*. New York, Mosby, 2002: 420 – 421.

PERSONAL

Languages: Native fluency in English and Cantonese Chinese, fluency in Mandarin Chinese.

060600029-NFH-0029

Date Initial Filing Received Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

1128539

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Cheung, Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, If applicable Your Position Health Authority Commissioner

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

State Multi-County City of Judge or Court Commissioner (Statewide Jurisdiction) County of San Francisco Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016 Leaving Office: Date Left (Check one) The period covered is January 1, 2016, through the date of leaving office. Assuming Office: Date assumed Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 5

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-OR-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/23/2017

Signature Lawrence Cheung

060600029-NFH-0029

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cheung, Lawrence

1. BUSINESS ENTITY OR TRUST

Lawrence C C Cheung, MD PC

Name
2645 Ocean Ave Suite 103
San Francisco, CA 94132

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Dermatology Practice

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000

01 / 01 / 05 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship S-Corporation Other

YOUR BUSINESS POSITION President / CEO

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None or Names listed below

Blue Cross of California

Medicare (via Noridian Mutual Insurance Company)

United Healthcare Insurance Company

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

FPPC Form 700 (2016/2017) Sch. A-2
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

060600029-NFH-0029

Additional Single Sources of Income of \$10,000 or more for Lawrence C C Cheung, MD PC

California Physicians Service (Blue Shield of California)
Asian American Medical Group
Chinese Community Health Care Association
Hill Physicians Medical Group
Aetna Life Insurance

060600029-NPH-0029

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cheung, Lawrence

SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
155 25th Ave
CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

08 / 01 / 13
ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE _____ % None TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE _____ % None TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments:

FPPC Form 700 (2016/2017) Sch. B
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

060600029-NEH-0029

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	_____
Chewng, Lawrence	_____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The Permanente Medical Group

ADDRESS (Business Address Acceptable)
2238 Geary Blvd
San Francisco, CA 94116

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Providing health care

YOUR BUSINESS POSITION
Physician

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, #/1 each source of \$10,000 or more

(Describe)

Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, #/1 each source of \$10,000 or more

(Describe)

Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor	City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other	_____
<input type="checkbox"/> \$1,001 - \$10,000		(Describe)
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

FPPC Form 700 (2016/2017) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



February 26, 2018

Rules Committee
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Re: Lawrence Cheung, MD

To the SF Board of Supervisors Rules Committee Members:

It is with pleasure that we are nominating Dr. Lawrence Cheung for a second term in the San Francisco Health Authority. Dr. Cheung was first nominated for this position in 2015 as a representative of the San Francisco Medical Society, now the San Francisco Marin Medical Society. Dr. Cheung has been an active member and a leader of the Society for many years. Aside from serving as the Society's President in 2014, Dr. Cheung currently represents the Society on a state-wide and national-wide basis.

We hope that Dr. Cheung can continue to serve the City and County of San Francisco in the capacity of SF Health Authority.

Sincerely,

A handwritten signature in black ink that reads 'John Maa'.

John Maa, MD
SFMMS President

A handwritten signature in black ink that reads 'Mary Lou Licwinko'.

Mary Lou Licwinko, JD, MHSA
SFMMS Executive Director/CEO

Personal Statement from Lawrence C C Cheung, MD FAAD FASDS

I am a board certified dermatologist specializing in medical dermatology with a special interest in photo-responsive disease such as atopic dermatitis and psoriasis. I started my solo private practice in 2005 in the Lakeside area when I graduated from my residency training and my practice has since grown with the addition of an associate. As a native Cantonese speaker, I am proud to serve not only my local community but also the greater Chinese community.

While my day job involves taking care of my patients one at a time, I feel that advocating for sound public health policy is equally important and can have a greater impact on the health of our community. To that end, I have worked actively with San Francisco Marin Medical Society (SFMMS) on a number of public health issues. In 2014, when I served as the president of the SFMMS, I worked closely with Supervisors Scott Wiener and Eric Mar on the sugar sweetened beverage tax. In subsequent years, I have worked on flavored tobacco bans at the county level, increasing the sales tax on cigarettes and e-cigarettes at the state level, and sensible gun safety laws at a national level.

I currently serve in various capacities in different medical organizations, including as the Chair of the SFMMS delegation to the California Medical Association (CMA), a member of the Council on Science and Public Health at the CMA, and an at-large delegate of the CMA to the American Medical Association House of Delegates. I take my responsibilities in these organizations very seriously and I have always advocated for the safety and improved overall health of our communities.

I have served as the Chief of Dermatology at Asian Health Services (AHS) for 10 years. AHS is a federally qualified health center based in Oakland Chinatown that serves the local financially disadvantaged Asian population. As Chief, I created a teledermatology platform to improve patient access in two concrete ways. I was able to reduce patient wait times from 6 months to 2 weeks and I was able to initiate treatment with a virtual visit that saved the patients an additional visit to me, thereby reducing my patients the lost opportunity cost of being away from work. I believe that while new technology may not be inherently better but when leveraged correctly, technology can improve health outcomes and patient satisfaction. In the case of AHS and teledermatology, I was able to provide more care using less resources.

I was appointed as a commissioner to the San Francisco Health Authority in 2015. Serving on the Board of Directors of this organization has been an invaluable experience for me. The Health Authority runs the San Francisco Health Plan, which is the county's managed Medi-Cal plan. Under CEO John Grgurina's leadership, I have seen the plan grown in size in the past three years to support the Medi-Cal expansion made possible by the Affordable Care Act. The plan serves some of the county's most vulnerable patient populations and it gives me great pleasure to see the plan thriving and providing outstanding care during a time when some federal authorities are turning a blind eye to the basic health needs of our people. I am deeply concerned that ongoing federal policies will severely limit the resources of this plan and I believe that strong leadership will be needed to navigate these difficult times.

On a personal level, I have been a resident of San Francisco for the past 13 years. I am married to a wonderful and understanding wife, who is also a physician that practices pediatrics in the city. I have twin boy and girl who are 9 years old and are enrolled in a public school in the city. I have my full family's support to continue my work in the SF Health Authority. It will be an honor and a privilege to continue to serve the city in this capacity.



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: San Francisco Health Plan

Chairman of the Board

Seat # or Category (If applicable): _____ District: _____

Name: Steven Fugaro, MD

Home Address: [REDACTED] Zip: 94941

Home Phone: [REDACTED] Occupation: Physician

Work Phone: 415-694-7500 Employer: MD2 - San Francisco

Business Address: 2001 Union St., Suite 570, San Francisco Zip: 94123

Business E-Mail: fugaro@md2.com Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: Mill Valley, CA

Registered Voter in San Francisco: Yes No If No, where registered: Mill Valley, CA

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I was an Associate Professor of Medicine at UCSF between 1985 and 2014, treating patients of all races, ages, sex and gender. I am still in private practice in San Francisco from 2007 until now treating a wide variety of patients. I have been President of the SF Medical Society in 2008 and on the Board of the Medical Society for 10 years. I have also been on the Board of the SF Health Plan for 7 years.

Business and/or professional experience:

I was an Associate Professor of Medicine at UCSF between 1985 and 2014, treating patients of all races, ages, sex and gender. I am still in private practice in San Francisco from 2007 until now treating a wide variety of patients. I have been President of the SF Medical Society in 2008 and on the Board of the Medical Society for 10 years. I have also been on the Board of the SF Health Plan for 7 years.

Civic Activities:

On the SF Med Society Board, Chair of the Med Society PAC, on the SF Health Plan Board for 7 years (Chairman for one year).

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 11/30/2017

Applicant's Signature: (required)

Steven Hugh Fugaro, MD

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
02/21/2017
17:06:30
Filing ID:
163423828

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Fugaro, Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Health Authority Governing Board Member
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of San Francisco
City of San Francisco Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016
-or- The period covered is / / , through December 31, 2016
Leaving Office: Date Left / / (Check one)
The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed / / The period covered is / / , through the date of leaving office.
Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 5

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
San Francisco CA 94123
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/21/2017 Signature Steven Fugaro
(month, day, year) (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Steven Fugaro

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Fugaro, Steven</u>
--

▶ NAME OF BUSINESS ENTITY
Apple Computer

GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Software

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tesla Automobiles

GENERAL DESCRIPTION OF THIS BUSINESS
Car manufacturer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Google

GENERAL DESCRIPTION OF THIS BUSINESS
Internet / software

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fugaro, Steven

1. BUSINESS ENTITY OR TRUST

MD2 - San Francisco
Name

San Francisco, CA 94123
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Physician Practice

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner/Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Fugaro MD Med-Legal Consulting
Name

San Francisco, CA 94123
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Medical-Legal Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner/Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Fugaro, Steven

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MD2 - San Francisco

ADDRESS (Business Address Acceptable)
San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physician Practice

YOUR BUSINESS POSITION
Owner/ Physician

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Medical Legal Consulting

ADDRESS (Business Address Acceptable)
San Francisco, CA 94123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal consulting

YOUR BUSINESS POSITION
Owner/ Physician

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other Sole Proprietor / owner
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____



December 5, 2017

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
201 Third Street, 7th Floor
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k)(l)(E) of the California Welfare and Institutions Code and Section 69.4(i) of the San Francisco Administrative Code, the San Francisco Marin Medical Society hereby designates Dr. Steven Fugaro of MD Squared to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Mary Lou Licwinko', is written over the typed name.

Mary Lou Licwinko, JD, MHSA
Executive Director/CEO, San Francisco Marin Medical Society (SFMMS)

ML:mv



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Health Authority

Seat # or Category (If applicable): Board Member District: _____

Name: Steve Fields

Home Address: _____ Zip: 94707

Home Phone: _____ Occupation: Executive Director

Work Phone: 415-861-0828 Employer: Progress Foundation

Business Address: 368 Fell Street San Francisco, Ca. Zip: 94102

Business E-Mail: sfields@progressfoundation.org Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: Berkeley, Ca.

Registered Voter in San Francisco: Yes No If No, where registered: Berkeley, Ca.

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I was originally recruited to join the Health Authority Board because of my 34 years of experience providing mental health and substance use disorder services to public health clients in San Francisco as director of a non-profit agency. The health services provided by the "Two Plan" model for Medicaid services in SF specifically "carved out" behavioral health services. The original board members of the authority thought it was critical to have board representation that could bring the behavioral health perspective to board deliberations. In my time as an original member of the board, I have also fulfilled the role of a board member who does not have any contract or financial relationship to the authority. Because the majority of board members represent institutions and agencies that have a formal financial relationship to the authority, I have been able to provide the perspective of a health provider who is not a provider to member participants of the SF Health Plan.

Business and/or professional experience:

Executive Director of Progress Foundation, a behavioral health non-profit provider to clients of the SF Department of Public Health since 1969.

Over 40 years of experience providing services that integrate the primary care needs of individuals with their mental health and substance use treatment services.

Civic Activities:

I have been active in the San Francisco non-profit community through the work of the Human Services Network which endeavors to bring the experience of the non-profit sector, and the needs of the clients served in those agencies, to public discourse regarding health disparities, service priorities and emerging health care needs.

I have served on numerous official committees/task forces addressing critical health and mental health issues, including the Mayor's Task Force to end homelessness and the recent Work Group to Re-Envision the Jail Replacement Project, among many others.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 11/16/17 Applicant's Signature: (required) Steve Fields

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
03/28/2017
14:15:45
Filing ID:
164333291

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Fields, Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Health Authority Governing Board Member
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of San Francisco
City of Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016
-or- The period covered is / / , through December 31, 2016
Leaving Office: Date Left / / (Check one)
The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed / / The period covered is / / , through the date of leaving office.
Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 4

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
San Francisco CA 94102
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/28/2017 (month, day, year)

Signature Steven Fields (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Steven Fields

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
City and County of San Francisco	Health Authority	Member	Annual 1/1/2016 - 12/31/2016
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2016 - 12/31/2016

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	
Fields, Steven _____	

▶ NAME OF BUSINESS ENTITY
Chevron

GENERAL DESCRIPTION OF THIS BUSINESS
Petroleum

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Merck and Co. Inc. SHS

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Fortune Brands Home And Security INC SHS

GENERAL DESCRIPTION OF THIS BUSINESS
Home and Security Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SF Health Authority

Seat # or Category (If applicable): 14 District: _____

Name: Joseph David Woods

Home Address: [REDACTED] Zip: 94903

Home Phone: [REDACTED] Occupation: Pharmacist

Work Phone: 415-206-2332 Employer: City & County of SF

Business Address: 1001 Potrero Ave, Pharmacy Room 1P2, San Francisco, CA Zip: 94110

Business E-Mail: david.woods@sfdph.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: San Rafael, CA

Registered Voter in San Francisco: Yes No If No, where registered: Marin

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Responsible for managing pharmaceutical services for the San Francisco Health Network (SFHN) of the SF Department of Public Health. The SFHN is the largest provider of care for the SF Health Plan.

Business and/or professional experience:

Education:

University of California, San Francisco: Pharm.D.

Residency: Long Beach Memorial Hospital, Long Beach CA

2010 - Present: Chief Pharmacy Officer for the San Francisco Department of Public Health. Also Assistant Dean and Assistant Professor at the UCSF School of Pharmacy. With over twenty years of managerial experience and numerous awards, have been recognized as an effective administrator responsible for clinical care, quality improvement, budgeting, compliance, and overall leadership for a large network of pharmacies. In my role as Chief Pharmacy Officer, I support efforts to improve healthcare for San Franciscans.

Employment: San Francisco Department of Public Health for twenty seven (27) years. Chief Pharmacy Officer since 2010. Responsible for operational and clinical pharmacy services for the San Francisco Health Network (SFHN) of the S.F. Department of Public Health (SFDPH). This includes pharmacy services at Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital, Jail Health Services, and the SF Health Network's Primary Care and Behavioral Health Centers.

Civic Activities:

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 11/13/17 Applicant's Signature: (required) Joseph David Woods

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

1120687

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woods, Joseph David

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City and County of San Francisco
Division, Board, Department, District, if applicable Your Position
Health Authority Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge of Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of San Francisco
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2016, through December 31, 2016
-or-
The period covered is 03 / 03 / 2016, through December 31, 2016
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted] San Francisco CA 94110
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[Redacted] [Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/06/2017
(month, day, year)

Signature Joseph David Woods
(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Woods, Joseph David

▶ NAME OF BUSINESS ENTITY
Aecna Health

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Providers and Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amgen

GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CVS

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Provider and Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Gilead Sciences

GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amerisource Bergen

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Providers and Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cardinal Health

GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Provider and Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ <u>Woods, Joseph David</u>

▶ NAME OF BUSINESS ENTITY
Novartis Pharmaceuticals

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

**SAN FRANCISCO
HEALTH PLAN**



Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

November 15, 2017

Angela Calvillo
Clerk of the Board
Board of Supervisor Office
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Ms. Calvillo:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that David Woods, Pharm D of San Francisco General Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(K)(1)(I) which permits the appointment of a Pharmacist nominated by the San Francisco Pharmacy Leadership Group and (B) the San Francisco Administrative Code California 69.4(j).

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

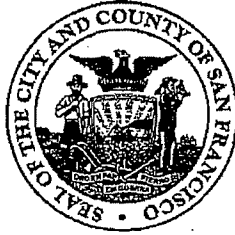
Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John B. Grgurina, Jr.", written over a circular scribble.

John B. Grgurina, Jr.
Chief Executive Officer

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SAN FRANCISCO HEALTH AUTHORITY

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following seat information and term expirations (**in bold**), appointed by the Board of Supervisors:

Vacant Seat 1, succeeding Jeffrey Serman, resigned, must be a member of the Board of Supervisors or any other person designated by the Board of Supervisors, for an indefinite term.

Vacant Seat 2, succeeding Brenda Yee, resigned, must be employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California, for the unexpired portion of a three-year term ending January 15, 2020.

Seat 3, succeeding Roland Pickens, term expiring January 15, 2018, must be employed in the senior management of San Francisco General Hospital, for a three-year term ending January 15, 2021.

Seat 4, succeeding Emily Webb, term expiring January 15, 2018, must be employed in the senior management of St. Luke's Hospital (San Francisco), for a three-year term ending January 15, 2021.

Vacant Seat 5, succeeding John Gressman, resigned, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term ending January 15, 2021.

Seat 6, Eddie Chan, term expiring January 15, 2019, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization, for a three-year term.

Seat 7, succeeding Lawrence Cheung, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Seat 8, succeeding Steven Fugaro, term expiring January 15, 2018, must be a physician, nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2021.

Seat 9, succeeding Dale Butler, term expired, must be nominated by the San Francisco Labor Council, or any successor organization, for a three-year term ending January 15, 2021.

Seat 10, Maria Luz Torre, term expiring January 15, 2019, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term.

Seat 11, Irene Conway, term expiring January 15, 2018, must be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority, for a three-year term ending January 15, 2021.

Seat 12, Steve Fields, term expiring January 15, 2018, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for a three-year term ending January 15, 2021.

Vacant Seat 13, succeeding Kate O'Malley, term expired, must be knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority, for the unexpired portion of a three-year term ending January 15, 2019.

Seat 14, Joseph David Woods, term expiring January 15, 2018, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term ending January 15, 2021.

Additional Seat Requirements: One of the members in seats 1, 10, 11, 12, or 13 must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Reports: None.

Sunset Date: None.

Additional information relating to the San Francisco Health Authority, or other seats on this body that are appointed by another authority, may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at <http://leginfo.legislature.ca.gov/>, the San Francisco Administrative Code, Section 69.1, available at <http://www.sfbos.org/sfmunicodes>, or by visiting the Health Authority website at <http://www.sfhp.org/>.

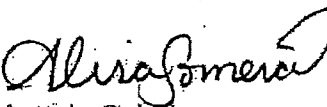
Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this subordinate body must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.fppc.ca.gov/Form700.html>.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment of individual(s) recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this body is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Further Note: Additional seats on this body may be available through other appointing authorities, including the Mayor's Office and the Department of Public Health.


for Angela Calvillo
Clerk of the Board

DATED/POSTED: November 20, 2017

San Francisco
BOARD OF SUPERVISORS

Date Printed: September 21, 2017

Date Established: December 15, 1994

Active

HEALTH AUTHORITY - SAN FRANCISCO

Contact and Address:

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor
San Francisco, CA 94103

Phone: (415) 615-4235

Fax: (415) 547-7824

Email: vhuggins@sfhp.org

Authority:

California Welfare and Institutions Code, Section 14087.36; and San Francisco Administrative Code, Chapter 69 (Ordinance No. 408-94)

Board Qualifications:

The Health Authority was established as the Local Initiative under the Medi-Cal program to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate; and to ensure preservation of the safety net. The powers and responsibilities of the Health Authority are stated in Administrative Code, Section 69.3.

The Health Authority-San Francisco consists of nineteen (19) members, fourteen (14) voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board is as follows (Welfare and Institutions Code, Section 14087.36(k)):

- (A) One (1) member of the board or any other person designated by the Board;
- (B) One (1) shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of the San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California;
- (C) One (1) member shall be employed in the senior management of San Francisco General Hospital;
- (D) One (1) member shall be employed in the senior management of St. Luke's Hospital (San

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BOARD OF SUPERVISORS

Francisco);

(E) Two (2) members shall be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, nominated by the San Francisco Community Clinic Consortium, or any successor organization;

(F) Two (2) members shall be physicians, nominated by the San Francisco Medical Society, or any successor organization;

(G) One (1) member shall be nominated by the San Francisco Labor Council, or any successor organization;

(H) Two (2) members shall be nominated by the member advisory committee of the Health Authority and enrolled, or be the parent or legal guardian of an enrollee, in any of the health insurance or health care coverage programs operated by the Health Authority;

(I) Two (2) members shall be persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or the activities of the Health Authority, and nominated by the program committee of the Health Authority; and

(J) One (1) member shall be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization.

Additional Seat Qualifications: One (1) member specified in "A," "H," or "I" above must represent the discipline of nursing, and possess or be qualified to possess a registered nursing license. Each person appointed shall, throughout the member's term, either be a resident of the county or be employed within the geographic boundaries of the county.

Each member shall be appointed to a term of three years, except the member of the Board of Supervisors or any other person designated by the Board ("A" above).

The composition of the other five (5) members is as follows:

- > One (1) member appointed by the Mayor;
- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the Chancellor of the University of California at San Francisco or his/her designee;
- > One (1) member shall be the Director of Mental Health or his/her designee; and
- > One (1) nonvoting member shall be appointed by the Health Commission.

The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority they are required to nominate a person for the position and must be submitted within 30 days.

Reports: None.

Sunset Clause: None.

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