

File No. 101264

Committee Item No. 6
Board Item No. 21

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 7, 2010

Board of Supervisors Meeting

Date 10-13-10

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 Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong

Date October 4, 2010

Completed by: L.W.

Date 10-13-10

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Appointments, San Francisco Health Authority]

2

3 **Motion appointing Randall Low, term ending January 15, 2012, and Maria Luz Torre,**
4 **term ending January 15, 2013, to the San Francisco Health Authority.**

5

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

11 Randall Low, seat 7, succeeding himself, term expired, must be a physician, and
12 nominee of SF Medical Society, or any successor organization, for the unexpired portion of a
13 three-year term ending January 15, 2012.

14 Maria Luz Torre, seat 10, succeeding herself, term expired, must be a nominee of the
15 Health Authority Beneficiary Advisory Committee who shall at the time of appointment and
16 during the person's term be a Medi-Cal beneficiary, for the unexpired portion of a three-year
17 term ending January 15, 2013.

18

19

20

21

22

23

24

25



**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 and Committees

Application for Appointment to: San Francisco Health Plan
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 7 District: _____
 Name: Randall Low MD
 Home Address: _____ Anza Street Zip: 94118
 Home Phone: 415 _____ Occupation: Medical Doctor
 Work Phone: 415-956-8339 Employer: self-employed
 Business Address: 728 Pacific Ave, Suite 501 Zip: 94133
 Business E-Mail: randalllow@yahoo.com Home E-Mail: _____@aol.com

Check All That Apply:

- A citizen of the United States. At least 18 years old on or before Election Day.
 Not in prison or on parole for a felony conviction
 A resident of San Francisco Yes: No: (Place of Residence): _____

Please state your qualifications (attach supplemental sheet if necessary)

Physician in San Francisco for over 25 years. Board certified Internal Medicine and Cardiology. Medical Staff at St. Francis Memorial Hospital and Chinese Hospital.

Education:

AA-City College of San Francisco 1969
 BA-UC Berkeley 1971; MD-UC Davis-1975

Business and/or professional experience:


Board of Directors of GCHCA; Board of Directors of SFMS; Board of Directors-Chinese Hospital;

Civic Activities:

Ethnicity: (optional) Chinese Sex: (optional) M F

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.)
 (Please Note: Once Completed, this form, including all attachments, become public record)

Date: _____ Applicant's Signature: (required) 
 Please Note: Your application will be retained for one year.

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

OCT/01/2010/FRI 12:03 PM

FAX No.

P. 001

12/02/99 11:59 FAX 415 561 0833

SF MEDICAL SOCIETY

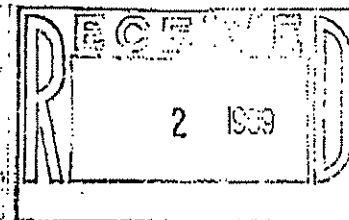
001



SAN
FRANCISCO
MEDICAL
SOCIETY

An advocate for
Physicians
and
their Patients

Var B



December 2, 1999

Shahnaz Nikpay, PhD
Chief Executive Officer
San Francisco Health Authority
568 Howard Street, 5th Floor
San Francisco, CA 94105

FAX: 415-547-7824

Dear Dr. Nikpay:

Thank you for your letter concerning the appointment of a member of the San Francisco Medical Society (SFMS) to the Governing Board of the San Francisco Health Authority to replace Judith L. Mates, MD.

On behalf of SFMS, and in accordance with Section 14087.36(k) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, I would like to designate Randall Low, MD to serve on the Board. Dr. Low is a distinguished physician and member of both the SFMS Board of Directors and the SFMS Executive Committee. I know he will be an excellent addition to the Governing Board of the San Francisco Health Authority.

Sincerely,

William H. Goodson III, MD
President
San Francisco Medical Society

cc: Randall Low, MD

1409 Sutter Street
San Francisco
California
94109
415-561-0850
FAX 415-561-0833

Printed on 100% Recycled Paper

COVER PAGE

FILED

A Public Document

2010 MAR 22 PM 2:34

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	ETHICS BOARD REGISTRATION NUMBER
LOW.	RANDALL		(415) 956-8339
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
	ANZA ST.	SAN FRANCISCO	CA 94118
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Sgt. HEARD ANTHONY / SF. COMMUNITY

Division, Board, District, if applicable: HEARD ANTHONY

Your Position:
BOARD OF GOVERNORS

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of SAN FRANCISCO

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

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

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

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

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed March 4, 2010
(month, day, year)

Signature [Handwritten Signature]
(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 _____

▶ NAME OF BUSINESS ENTITY
CHEVRON - TEXACO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
6/10/09 _____/_____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MIGHTY GOLD MOUNTAIN WARRIORS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK CLUB

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GAN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOFTWARE GAMES INDUSTRY

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
YAHOO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
6/10/09 _____/_____/09
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 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 _____

1. BUSINESS ENTITY OR TRUST

RANDALL LOW M.D.
 Name _____

728 PACIFIC AVE #501
 Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /09 / /09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION OWNER

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)

MEDICARE - CIVILIAN HEALTH, ST FRANCIS HOSP.,
CCAPP,

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or _____
 Street Address or Assessor's Parcel Number 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 / /09 / /09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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: _____

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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /09 / /09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership 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

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or _____
 Street Address or Assessor's Parcel Number 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 / /09 / /09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CHINESE COMMUNITY HERBAL MEDICAL ASSOCIATION

ADDRESS (Business Address Acceptable)
TPA - PHYSICIAN ASSOCIATION

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADVISORY - TO BOARD

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

\$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
 Loan repayment

Sale of _____
 (Property, car, boat, etc.)

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

Other CONSULTATION FEE
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SAN FRANCISCO HERBAL DOCTORS

ADDRESS (Business Address Acceptable)
CONSULTIVE PHYSICIAN

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

\$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
 Loan repayment

Sale of _____
 (Property, car, boat, etc.)

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

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: _____



**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 and Committees

Application for Appointment to: San Francisco Health Authority

Name of Board, Commission, Committee, or Task Force

Seat # or Category (if applicable): Consumer Representative , seat 10

District:

Name: Maria Luz Torre

Home Address: 21st St #205, San Francisco, CA

Zip: 94114

Home Phone: (415) _____

Occupation: Community Organizer/Advocate

Work Phone: (415) 343-3383

Employer: Children's Council of San Francisco (for Parent Voices)

Business Address: 445 Church St, San Francisco, CA

Zip: 94114

Business E-Mail: parentvoices@childrenscouncil.org

Home E-Mail: _____ @aol.com

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

I Co-Chair Members Advisory Committee of the SF Health Plan, I am a parent of children enrolled in Healthy Kids

Education:

Bachelor of Laws

AB Social Science (Political Science, Psychology, Community Development)

Business and/or professional experience:

Community Organizer, Parent Voices, Children's Council of San Francisco - 1996-current

Advocacy and Networking Coordinator, Haribon Foundation 1989-1992

Civic Activities:

Board President, Coleman Advocates for Children and Youth, current

Board Member, Action Alliance for Children, current ; Member, Parent Leadership Action Network (Bay Area PLAN)

Ethnicity: (optional) Filipino

Sex: (optional) M F

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.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: _____ Applicant's Signature: (required) _____

Maria Luz Torre

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

A Public Document

2010 MAR 30 PM 4:54

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
TORRE	MARIA LUIZ	LAGASCA	(415) 343-3383
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
445 Church St	San Francisco, CA	94114	
BY OPTIONAL E-MAIL ADDRESS			
PARCULT@CSF.CA.GOV			childrenscouncil.org

1. Office, Agency, or Court

Name of Office, Agency, or Court:
San Francisco Health Authority

Division, Board, District, if applicable:
San Francisco

Your Position:
Governing Board

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Child Care Planning Advisory Council

Position: Member

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

State

County of San Francisco

City of San Francisco

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is 1/1/2009 through December 31, 2009

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

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

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: _____

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

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

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed March 30, 2010
(month, day, year)

Signature Maria Luiza
(File the originally signed statement with your filing official.)

San Francisco
BOARD OF SUPERVISORS

Date Printed: October 4, 2010

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:

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

Board Qualifications:

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one 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 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; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is 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 are stated in Section 69.3 of the Administrative Code.

Reports: None specified.

Sunset Clause: None