

File No. 161059

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 13, 2016

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input 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"/> | 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"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | Information Sheet | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
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Completed by: Derek Evans Date October 7, 2016

Completed by: _____ Date _____

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



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 Plan Governing Board

Seat # or Category (If applicable): District:

Name: Eddie Chan

Home Address: Hillsborough, CA Zip: 94010

Home Phone: Occupation: President & CEO

Work Phone: 415-391-9686 Employer: North East Medical Services (NEMS)

Business Address: 1520 Stockton Street, San Francisco, CA Zip: 94133

Business E-Mail: eddie.chan@nems.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:

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

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:

President & CEO of North East Medical Services (NEMS), a non-profit federally qualified health center (FQHC) since 2008.
NEMS is a member of the San Francisco Health Plan.

Business and/or professional experience:


2008-Present NEMS, President & CEO
2005-2008 Kaiser Permanente, Clinic Operations Manager

Civic Activities:

President & CEO

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: 8/23/16 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: _____



www.sfccc.org

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

August 20, 2016

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
201 3rd Street, 7th Floor
San Francisco, CA 94103

Re: SFCCC Designation to San Francisco Health Authority

Dear Mr. Grgurina:

In accordance with Section 14087.36 (g) 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 Eddie Chan to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in blue ink that reads "John Gressman".

John Gressman
President & CEO

cc: Eddie Chan

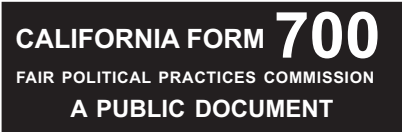
**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD
OF THE SAN FRANCISCO HEALTH AUTHORITY**

August 24, 2016

I, Eddie Chan, 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.

Eddie Chan (SIGNATURE)

8/23/2016 (DATE)



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

E-Filed
03/09/2016
09:51:38
Filing ID:
159116769

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Chan, Eddie

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, 2015, through December 31, 2015

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

-or-

The period covered is ____/____/____, through December 31, 2015

The period covered is January 1, 2015, 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: 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)

San Francisco

CA

94133

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 03/09/2016
(month, day, year)

Signature Eddie Chan
(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

Eddie Chan

* 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 1/1/2015 - 12/31/2015
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2015 - 12/31/2015

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 3075-3077 Market Street
 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

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 _____ TERM (Months/Years) _____
 _____% None
 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 _____ TERM (Months/Years) _____
 _____% None
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

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, Committees, & Task Forces

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

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

Name: Maria Luz Torre

Home Address: ██████████ 21st St ██████████ San Francisco, CA Zip: 94110

Home Phone: ██████████ Occupation: Community Organizer/ Advocate

Work Phone: 415343-3383 Employer: Children's Council of San Francisco

Business Address: 445 Church St, San Francisco, CA Zip: 94114

Business E-Mail: parentvoices@childrenscouncil.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: _____

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

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 member of the San Francisco Health Plan. My children are also members. I work with low income families in the city, many of whom are immigrants, people of color, and have special needs. I belong to the sandwich generation - I take care of my aging parent while bringing up my children. I am citizen and came here as a first generation immigrant. Both my children were born here and attended schools in San Francisco. I have lived in the city for the last 22 years, first in the Tenderloin and now in the Mission. As a member of the SF Budget Justice Coalition I am familiar with the issues that many of our residents and neighborhoods are facing. As Co-Chair of the SF Health Plan member Advisory Committee, I believe that public health depends on first meeting the basic needs of those most in need. I also believe that taking care of our young children, our aging population and those with special needs should be at the core of our public health system.

Business and/or professional experience:

I am an advocate and community organizer for parents with young children for more than 20 years now. I am a founding organizer of Parent Voices, a statewide parent led and run grass roots organization advocating for child care and health care for all children. Although I am not practicing law, I have a law degree which was useful when I was CPAC's (Child Care Planning Advisory Council) Legislative and Public Policy Committee Chair. My work with the Asthma Relief for Kids earned us the Clean Air Champion Awards and a US EPA Environmental Protection Award. I was a finalist in the Leadership for a Changing World Award out of 1400 nominees.

Civic Activities:

- Co-Chair of the SF Health Plan Member Advisory Committee
- Mayor's Welfare Reform Task Force Member
- Children's Fund Community Coalition
- Our Children, Our City Task Force Member (Children's Fund) - Framework/Design
- Board Member of Coleman Advocates for 10 years and was the Board President for 5 years
- Board Member of the Children's Advocate, the California Child Care Resource and Referral Network, the Bay Area Parent Leadership Action Network (Board Chair), and the North of Market Planning Coalition
- Get-Out-the-Vote Campaign
- Precinct Inspector / Supervisor for 3 Elections
- School Site Council and PTO in my children's elementary school (Tenderloin Community School)
- etc

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: 7-21-16 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: _____



August 4, 2016

Angela Calvillo
Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Pl.
City Hall, Room 244
San Francisco, CA 94102

Dear Ms. Calvillo:

In accordance with Section 14087.36(k)(1)(G) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the Member Advisory Committee nominates Maria Luz Torre to serve on the Governing Board of the San Francisco Health Authority. Ms. Torre has been an effective representative of member concerns to the Governing Board of the Authority. On behalf of the Committee, I urge the Board to approve her nomination.

Sincerely,

Irene Conway,
Co-Chair,
Member Advisory Committee

Cc: John Grgurina

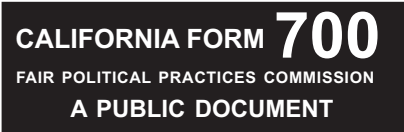
**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD
OF THE SAN FRANCISCO HEALTH AUTHORITY**

July 2016

I, Maria Luz Torre, Co-Chair of San Francisco Health Authority Member Advisory Committee am willing to accept re-appointment to serve on the Governing Board of the San Francisco Health Authority.

Maria Luz Torre (SIGNATURE)

July 21 5 2016 (DATE)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

E-Filed
03/30/2016
13:27:58
Filing ID:
159979704

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Torre, Maria Luz Lagasca

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, 2015, through December 31, 2015
-or-
The period covered is ____/____/____, through December 31, 2015
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
San Francisco CA 94114
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 03/30/2016 Signature Maria Luz Lagasca Torre
(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

Maria Luz Lagasca Torre

* 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	Community Health Authority	Governing Board Member	Annual 1/1/2015 - 12/31/2015
City and County of San Francisco	Health Authority	Governing Board Member	Annual 1/1/2015 - 12/31/2015

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 vacancies:

Vacant seat 1, succeeding Jeffrey Sterman, resigned, must be a member of, or designated by, the Board of Supervisors, who shall serve at the pleasure of the Board.

Vacant seat 6, succeeding Eddie Chan, term expired, must be employed in the senior management of either private nonprofit community clinics or a community clinic consortium, and must be nominated by the San Francisco Community Clinic Consortium, or any successor organization, for the unexpired portion of a three-year term ending January 16, 2019.

Vacant seat 9, succeeding Dale Butler, term expired, must be nominated by the San Francisco Labor Council, or any successor organization, for the unexpired portion of a three-year term ending January 15, 2018.

Vacant seat 10, succeeding Maria Luz Torre, term expired, must be nominated by 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 the unexpired portion of a three-year term ending January 15, 2019.

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.

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 may be obtained by reviewing the California Welfare and Institutions Code, Section 14087.36, available at http://www.leginfo.ca.gov/.html/wic_table_of_contents.html and the San Francisco Administrative Code, Section 69.1, available at <http://www.sfbos.org/sfmunicodes>.

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) 554-7702.


Angela Calvillo
Clerk of the Board

DATED/POSTED: September 28, 2016

San Francisco
BOARD OF SUPERVISORS

Date Printed: February 5, 2015

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

San Francisco
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 “T” 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.
