

File No. 150283

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date March 26, 2015

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"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" 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 type="checkbox"/> | Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input 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"/>	_____
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Completed by: Alisa Somera Date March 20, 2015

Completed by: _____ Date _____



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: Emily Webb

Home Address: Bay Street, Apt. San Francisco CA Zip: 94123

Home Phone: 530-_____ Occupation: Director of Community Health Programs

Work Phone: 415-600-7526 Employer: California Pacific Medical Center/Sutter Health

Business Address: 600 Folsom Street, 1st Floor, San Francisco CA Zip: 94107

Business E-Mail: webbe@sutterhealth.org Home E-Mail: emilyw3@_____

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 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 health policy for uninsured and underinsured populations.

Business and/or professional experience:

- 1. Director of Community Health Programs, 2/2012- present
California Pacific Medical Center, Sutter Health Affiliate, San Francisco, CA
- 2. Health Systems Innovation and Community Benefit Consultant, 5/2011-1/2012
California Pacific Medical Center, Sutter Health Affiliate, San Francisco, CA
- 3. Provider Relations 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

Civic Activities:

- 1. Member, Board of Directors, 2014-present
Portola and Excelsior Family Connections, San Francisco CA
- 2. Member, Board of Directors, 2013-present
Center for Youth Wellness, San Francisco, CA
- 3. Graduate, Class of 2013-2014
Leadership San Francisco, San Francisco Chamber of Commerce
- 4. Participant, 2013-present
Leukemia and Lymphoma Society, Team in Training, Greater Bay Area Team
- 5. Vice President, Public Health, 2011-2012
Haas Healthcare Association, University of California at Berkeley
- 6. Fundraising Volunteer, The March of Dimes, Northern California Chapter, 2008

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: 2/23/2015 Applicant's Signature: (required) Emily A. 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 Seal was Vacated: _____



**SAN FRANCISCO
HEALTH PLAN**

Here for you

201 Third Street, 7th Floor • San Francisco, CA 94103
(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

March 11, 2015

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.

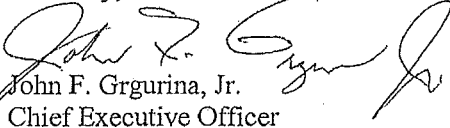
I certify to you that Emily Webb, MPH, Director of Community Health Programs for the California Pacific Medical Center/St. Luke's Hospital is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code 14087.36 (k)(1)(c) 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 esq.

Enclosed please find a letter from the Chief Executive Officer /Executive Vice-President of California Pacific Medical Center/St. Luke's Hospital designating Emily Webb to serve on the San Francisco Health Authority Governing Body. Additionally, Emily Webb has provided a statement indicating a willingness to serve and her statement is also enclosed. I request that you schedule a public hearing on the appointment of Emily Webb to the San Francisco Health Authority Governing Body.

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

Enclosure



Sutter Health
CPMC
We Plus You

California Campus
3700 California Street

Davies Campus
Castro & Duboce Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez Street

Mailing Address
P.O. Box 7999
San Francisco, CA 94120
415.600.6000

February 4, 2015

Sue Currin, RN
Chair, Board of Directors
San Francisco Health Plan
201 3rd Street, 7th Floor
San Francisco, CA 94103

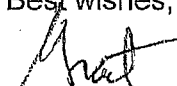
Dear Sue:

Pursuant to the bylaws of San Francisco Health Plan (SFHP), California Pacific Medical Center would like to name Ms. Emily Webb to the vacant board seat with the San Francisco Health Authority's San Francisco Health Plan.

I have attached Emily's resume and would welcome any questions you may have. Otherwise, I will ask Emily to work with John Grgurina's office to guide her through the San Francisco City appointment process.

Thanks again for your dedication to SFHP.

Best wishes,


Grant Davies, FACHE
CEO, North Bay Hospitals &
EVP, California Pacific Medical Center

cc: Warren Browner, M.D.
CEO, CPMC Hospitals
John Grgurina
CEO, San Francisco Health Plan

Emily A. Webb

Bay Street, San Francisco, CA 94123 • 530 • emilyw3@

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

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

Responsible for CPMC's community health program team and community benefit contributions. Manage two health clinics (a multidisciplinary pediatric primary care practice in the Bayview and an innovative chronic disease management program at St. Luke's Health Care Center), a breast health program and partnerships with more than 70 community based organizations. Manage CPMC's partnerships and services for patients with public insurance-- a partnership with North East Medical Services that coordinates care for more than 16,000 Medi-Cal managed care beneficiaries in San Francisco, two Healthy San Francisco partnerships and the charity care program. The community benefit program contributes about \$140 million annually to the San Francisco community with about \$100 million of this in programs and services to the poor and underserved.

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

California Pacific Medical Center, Sutter Health Affiliate, 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 responded very quickly to training. Completed numerous courses relating to the healthcare field, emerging trends, and customer service. Gained valuable experience working on a team, with senior management and clients.

**Volunteer
Experience**

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

**Member, Board of Directors, 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**

Fundraising Volunteer, The March of Dimes, Northern California Chapter, 2006

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
 Received
 Official Use Only

COVER PAGE

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
- Multi-County _____
- City of San Francisco
- 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, 2014, through December 31, 2014.
 -or-
 The period covered is _____, through December 31, 2014.
- Assuming Office: Date assumed 02 / 23 / 2015
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 2
- 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
 (Business or Agency Address Recommended - Public Document)
Bay Street, Apt San Francisco CA 94123
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) 600-7526 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 2/23/2015 Signature Emily A. Webb
 (month, day, year) (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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Employer/Salary

YOUR BUSINESS POSITION
 Director of Community Health Programs

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
 (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
 \$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: _____

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

February 2015

I, Emily Webb, Director of Community Health Programs of California Pacific Medical Center am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

Emily A. Webb (SIGNATURE)

2/23/2015 (DATE)

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 3, succeeding Susan Currin, term expiring on January 15, 2015, must be employed in the senior management of San Francisco General Hospital, for a three-year term ending January 15, 2018.

Vacant seat 4, succeeding Grant Davies, term expired, must be a senior manager of St. Luke's Hospital, for a three-year term ending January 15, 2018.

Vacant seat 5, succeeding John Gressman, term expiring on January 15, 2015, 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, 2018.

Vacant seat 7, succeeding Randall Low, term expired, must be a physician and nominated by the San Francisco Medical Society, or any successor organization, for a three-year term ending January 15, 2018.

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

Vacant 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, 2018.

Vacant seat 10, succeeding Maria Luz Torre, term expired, must be nominated by the Health Authority Beneficiary Advisory Committee 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, 2016.

Vacant seat 12, succeeding Steve Fields, term expired, must be a person 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, 2018.

Vacant seat 14, succeeding Elena Tinloy, term expiring on January 15, 2015, must be nominated by the San Francisco Pharmacy Leadership Group, or any other successor organization, for a three-year term ending January 15, 2018.

Additional Seat Requirements: One member 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.sfbos.org/form700>.

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 the appointment(s) at the meeting and applicants may be asked to state their qualifications. The appointment(s) of individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if vacancies for this subordinate body are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.


Angela Calvillo
Clerk of the Board

DATED/POSTED: December 12, 2014

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 "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.