



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

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Gus Vallejo
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Commissioner

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Health Service System

Holly Lopez
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TEL (628) 652-4646
<http://www.sfhss.org/>

HEALTH SERVICE BOARD

MEETING MINUTES

Thursday, January 8, 2026, 1:00 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for the public to comment at the beginning of the meeting and on each discussion or action item on the agenda. Each comment is limited to 3 minutes, and the Chair may, at their discretion, limit public comment to less than 3 minutes per member of the public. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit. Remote viewing may not be available due to technology outages.

Watch at 1:00 p.m. on January 8, 2026, (via SFGovTV schedule)

Click the link to join the meeting – [January 8, 2026 HSB Regular Meeting Webex link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2663 614 3446 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2663 614 3446#, then # again
2. Press *3 to enter the Public Comment queue, and you will hear the prompt, “You have raised your hand to ask a question; please wait to speak until the host calls on you.” When the system message says, “Your line has been unmuted,” - **THIS IS YOUR TIME TO SPEAK.**
3. You will be muted when your time to speak has expired.

Watching the meeting on Webex

1. Join via hyperlink [January 8, 2026 HSB Regular Meeting Webex link](#)
2. Webinar Password: 1145
3. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
4. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
5. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

Members of the public are encouraged to state their name clearly, although you may remain anonymous. You will hear an audible warning when you have 30 seconds remaining. When your 3 minutes have ended, you will be placed back on mute.

Best Practices when Calling in for Public Comment:

- Call from a quiet location
- Speak slowly and clearly
- Turn down any televisions or radios around you
- Address the Commission as a whole; do not address individual Commissioners

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org and **received by 4 p.m. on Wednesday, January 7, 2026**, before the meeting. Members can also call 628-652-4646 with any questions.

All comments received by the deadline will be forwarded to Board members, and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item and will include that note in the meeting minutes. In the body of your email, indicate the meeting date and the particular agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

1. **CALL TO ORDER:** 1:10 p.m.

2. **ROLL CALL:**

President Mary Hao- Present
Vice President Art Howard- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present
Commissioner Diana Guevara- Present
Commissioner Gus Vallejo- Present
Commissioner Fiona Wilson, MD.- Present

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

PUBLIC COMMENT:

Helen Horvarth, retired San Francisco Fire Fighter, expressed concern about Blue Shield of California denying treatment approval for husband, Ken Jones, also a retired San Francisco Fire Fighter.

Rachel Jones, daughter of Ken Jones, requested the Health Service Board override the treatment denial for her father.

Jeannine Nicholson, former Chief of San Francisco Fire Department, retiree; requested the Health Service Board and the Health Service System to take action to address treatment approval for Ken Jones, ensure that insurance companies cannot deny firefighters the care they need, and implement systemic change to prevent future cases and to protect firefighters from similar struggles.

Fred Sanchez, President of Protect Our Benefits, Member of RECCSF, CARA; requested the Board to hold Blue Shield of California accountable for making sure Ken Jones receives the treatment he needs.

Teresa Palmer, M.D, Geriatrician, Laguna Honda, hoped the Health Service Board could support Ken Jones access to care and requested that San Franciscans and retirees who need nursing home care in San Francisco can remain in their home cities for nursing home rehabilitation.

Marilyn Chavez, retired San Francisco Fire Fighter, shared the long amount of time to find new primary care doctor during the transition from United Health Care to Blue Sheild of California and urged the Board to protect city works, especially fire fighters and police officers who are exposed to certain health conditions.

Dennis Kruger, Active and Retired Fire Fighters and Spouses, complimented Blue Sheild for their efforts to support members and complimented the Board for holding Blue Sheild accountable for their commitments to members.

Supervisor Dorsey expressed concern that Blue Shield may be engaging in practices that UnitedHealthcare did not, potentially reducing service quality compared to what was promised during the RFP process. He emphasized the need to determine whether current issues represent a new, diminished level of service, which was not agreed upon during the transition. He stated that both the Health Service Board and the Board of Supervisors expect Blue Shield's service to meet or exceed prior standards. Supervisor Dorsey said if Blue Shield is not meeting those standards, he and his colleagues on the Board of Supervisors would likely be interested to investigate, using its charter authority, including hearings, letters of inquiry, or subpoenas.

REGULAR BOARD MEETING MATTERS

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

[See pdf of the December 11, 2025, HSB Regular Meeting Minutes Approved](#)

Commissioner Wilson moved to approve the December 11, 2025 Health Service Board Regular Meeting Minutes. Commissioner Cremen seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

ACTION: The Health Service Board unanimously approved the December 11, 2025, Health Service Board Regular Meeting Minutes.

5. PRESIDENT'S REPORT: (Discussion)

No report this month.

PUBLIC COMMENT: None

6. DIRECTOR'S REPORT: (Discussion)

[See pdf of the January 8, 2026, Director's Report](#)

Rin Coleridge, SFHSS Chief Operating and Experience Officer, presented the following items:

- Active Dental PPO Plan RFP Issued
- EAP Response For Recent Critical Incident at ZSFG
- Blackout Periods Continue
- Budget Instructions for FY26/27 & FY27/28
- Personnel Updates

President Hao thanked the San Francisco Health Service System staff for providing the critical Employee Assistance Program (EAP) services to members of the Public Health Department after the very tragic incident. She said although EAP is not a core health benefit, it is so vital to our workforce for their mental well-being.

PUBLIC COMMENT: None

7. SFHSS FINANCIAL REPORT AS OF NOVEMBER 30, 2025: (Discussion)

[See pdf of the SFHSS Financial Report as of November 30, 2025, memo](#)

[See pdf of the SFHSS Financial Report as of November 30, 2025, presentation](#)

Teresa Tan, SFHSS Chief Financial and Affordability Officer presented the following items:

- SFHSS Financial Report Highlights
- Employee Benefit Trust Fund
- Healthcare Sustainability Fund
- General Fund Administrative Budget

- Audit Updates

President Hao asked whether the positive net activity in the General Fund, attributed to vacancies, involved positions that Health Services could fill or if those positions were frozen. In response, Teresa Tan explained that, except for the 2820 Senior Health Program Planner position, the vacancies are generally fillable. However, the 2820 position will be permanently removed from the hiring program as directed by the Mayor's Budget Office.

PUBLIC COMMENT:

8. MAYOR'S BUDGET INSTRUCTIONS FOR THE FISCAL YEAR 2026-2027 AND FISCAL YEAR 2027-2028 AND OPPORTUNITY FOR PUBLIC INPUT: (Discussion)

[See pdf of the Mayor's Budget Instructions for the FYE 2027-2028 and Opportunity for Public Input](#)

In accordance with the adopted Budget Approval Process legislation (Administrative Code Section 3.3) most departments need to hold one public meeting for public input on its departmental budget priorities after the Mayor issues budget instructions in December, and one hearing at least 15 days later and no later than February 14 to solicit public input on their budget submissions. Links to the dates of these hearings and department budget submissions shall be posted on the SF Controller's Office webpage.

Teresa Tan, SFHSS Chief Financial and Affordability Officer, presented the following items:

- Budget Public Input Requirement
- City Budget Overview and City Challenges & Priorities
- SFHSS Budget Overview and SFHSS Challenges
- Mayor's Budget Instructions
- SFHSS Budget Submission Approach
- Timeline
- Board Discussion & Opportunity for Public Input

President Hao asked Teresa Tan to elaborate on what "core services" means, noting that it seems everything Health Services does could be considered core. Teresa agreed, explaining that internally they are working with managers to define staff duties and tasks, then reviewing how those align with core services. She clarified that the plan is to categorize functions within HSS, identify duties within each function, and use that structure to determine core services. President Hao emphasized that functions likely stem from the services offered, and Teresa Tan confirmed they will consider both services and functions in the process. Rin Coleridge added that Health Services is evaluating all activities and services to maximize efficiency. While core services like medical care will remain unchanged, the team is reviewing discretionary tasks such as certain reporting and analytics to determine if they are still necessary. Rin Coleridge noted that some reporting is strategically helpful but not essential, and the goal is to identify non-negotiable versus discretionary work. This process involves examining tasks at a detailed level and exploring more efficient ways to deliver services, acknowledging that service delivery may look different in the future due to resource constraints.

Commissioner Wilson commented on the recurring theme of efficiency, acknowledging that it can be difficult to define but is essential given current challenges. Wilson emphasized the need to accomplish as much—or more—with fewer resources, aligning efforts with organizational priorities. This may require discontinuing certain longstanding practices, which can be difficult but necessary for modernization. Wilson expressed appreciation for the team's work and commitment to keeping the Board informed, recognizing that this is a complex and demanding process.

Vice President Howard noted that discussions about efficiency and streamlining have occurred before and acknowledged that Health Services already operates with limited resources. Howard asked whether failing to identify sufficient cuts could lead to punitive actions from the Mayor's Office. Teresa Tan responded that the focus is on identifying core services tied to mandated programs first, then narrowing down discretionary activities. Rin Coleridge added that, so far, there has been no indication of punitive measures from the Mayor's Budget Office; the current process is simply a review, and any further steps will depend on the outcome of this evaluation.

PUBLIC COMMENT: None

RATES AND BENEFITS

9. PRESENTATION OF THE RATES AND BENEFITS ANNUAL PROCESS AND CALENDAR FOR THE PLAN YEAR 2027: (Discussion)

[See pdf of the HSB Rates and Benefits Annual Process and Cycle](#)

[See pdf of the HSB Rates and Benefits Calendar for the Plan Year 2027](#)

Rin Coleridge, SFHSS Chief Operating and Experience Officer, and Mike Clarke, Aon – Lead Actuary

- Health Service Board (HSB) Duties and Responsibilities
- Rates and Benefits (R&B) Cycle Timeline
- SFHSS Annual Benefit Contracts Market Evaluation and Assessment
- Reserve Approvals
- Funding Types for Benefit Plans Offered
- Health Plan Cost and Utilization Experience Reviews
- Industry Resources: 10-County Survey and Other Industry Studies
- Rates and Benefit Rates and Contributions Proposals
- Rate Setting Methodologies
- HSB Package of R&B after Final Approval for Board of Supervisors

Commissioner Cremen asked whether significant changes in health services or costs are expected in the coming year. Mike Clarke responded that costs are tracked with a national trend of about 9% annually, the highest in many years—driven by factors such as prescription drug prices and new therapies. He noted that more detailed insights into marketplace trends will be shared next month, with plan-specific updates beginning in March and April. Commissioner Cremen asked if national efforts to reduce pharmacy costs would impact SFHSS. Mike Clarke explained that most initiatives primarily affect government programs like Medicare and Medicaid, though SFHSS continues to work with major carriers to explore potential cost mitigation. He emphasized that these changes would take time to materialize but promised further updates in upcoming presentations.

President Hao asked Mike Clarke whether the 9% nationwide trend he referenced applies to all employers, both public and private. Clarke confirmed that it does, explaining that the increase reflects price escalation in services and significant developments in the pharmaceutical space, particularly GLP-1 drugs. He noted that upcoming oral forms of GLP-1 medications, such as Wegovy, could drive further utilization. Hao then asked if an aging population is contributing to rate increases. Clarke responded that while baby boomers will transition to Medicare by 2030,

current concerns include declining health among younger populations, with rising chronic conditions like diabetes. He added that SFHSS demographics remain stable overall, but large claim variability continues to impact costs. Clarke concluded that 2025 is shaping up as a high-claim year, with costs already exceeding projections, as reflected in recent budget reports.

Vice President Howard asked whether higher-cost claims impact flex-funded plans for active employees differently than fully insured plans for retirees, and whether the Board has more influence over flex-funded claims. Mike Clarke explained that both Blue Shield and Kaiser plans for non-Medicare populations include large-claim pooling mechanisms that act as stop-loss protections. For Blue Shield, SFHSS pays a specific fee for claims exceeding \$1.25 million per individual, while Kaiser pools claims over \$1.5 million across its entire book of business. These mechanisms help stabilize renewals despite large claims, though costs can vary year by year. Clarke emphasized that SFHSS monitors and negotiates these arrangements closely to ensure fairness and reasonable underwriting during renewals.

Commissioner Diana Guevara asked whether recent changes at the FDA and CDC, which affect coverage requirements, could impact benefits and whether the Board would be informed about such changes during the RFP and renewal process. Mike Clarke explained that vendors are required to disclose any regulatory-driven benefit changes during the renewal process, and these must be agreed upon before implementation. He noted that any proposed plan design changes would ultimately require Board approval. Guevara emphasized the importance of staying informed, especially since self-insured plans offer more control than fully insured plans, and cautioned against assuming benefits will remain unchanged year to year.

PUBLIC COMMENT:

Dennis Kruger, Active and Retired Fire Fighters and Spouses, requested that Delta Dental representatives attend the upcoming rates and benefits discussions to allow questions to be addressed and explore opportunities for improving dental benefits for retirees.

Fred Sanchez, Protect Our Benefits, urged the Board to stand firm against proposed rate increases and insurers need to manage these costs without reducing benefits or raising rates.

10. APPROVE THE JUNE 30, 2025 INCURRED BUT NOT REPORTED (IBNR) RESERVE AND CONTINGENCY RESERVE AMOUNTS FOR SELF-FUNDED AND FLEX-FUNDED HEALTH PLANS (Action):

[See pdf of the Incurred But Not Reported \(IBNR\) Reserve and Contingency Reserve Amounts as of June 30, 2025](#)

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

- Introduction — Incurred But Not Reported (IBNR) and Contingency Reserves
- Background — Three Reserves for SFHSS Self-Funded and Flex-Funded Health Plans
- Health Plans Holding IBNR and Contingency Reserves
- Recent SFHSS Contingency Reserve Developments
- IBNR Reserves as of June 30, 2025
- Contingency Reserves as of June 30, 2025
- Today's Recommendation

President Hao asked Mike Clarke how the current increase in IBNR (Incurred But Not Reported) reserves compares to last year's changes. Clarke noted that he did not have last year's figures on hand but recalled that the current increase is smaller than what was presented previously. Hao acknowledged that IBNR adjustments are not an exact science since they depend on claims

experience.

Commissioner Cremen moved to approve the IBNR and 95th percentile confidence level Contingency reserve amounts as of June 30, 2025, as presented today in this material. President Hao seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

ACTION: The Health Service Board unanimously approved the IBNR and 95th percentile confidence level Contingency reserve amounts as of June 30, 2025, as presented in this material for the following SFHSS self-funded and flex-funded health plans:

- **Flex-funded non-Medicare medical/Rx HMO plans administered by Blue Shield of California (BSC) (Access+ and Trio) for active employees and non-Medicare retirees;**
- **Flex-funded non-Medicare medical/Rx HMO plan administered by Health Net (CanopyCare) for active employees and non-Medicare retirees;**
- **Self-funded non-Medicare medical/Rx PPO plan administered by BSC for active employees and non-Medicare retirees; and • Self-funded dental PPO plan administered by Delta Dental of California (Delta Dental) for active employees (IBNR reserves only).**

Changes in Contingency reserves will be a component of December 31, 2025, stabilization reserve calculations in early 2026.

BREAK: ~12 minutes

REGULAR BOARD MEETING MATTERS

11. BLUE SHIELD MEDICARE PPO SKILLED NURSING OVERVIEW:(Discussion)

[See pdf of the Blue Shield Medicare PPO Skilled Nursing Overview](#)

Charles Lee, Senior Manager, Medicare and Liz Knape, Account Executive presented the following items:

- Skilled Nursing Facility Selection Process & Criteria
- Blue Shield Skilled Nursing Facility Status

Commissioner Wilson thanked the team for compiling the data, noting that it helps put the issue into perspective and provides clarity on proportionality. Wilson appreciated that most retirees remain in their home counties, even if not always, and found the information valuable. Commissioner Diana Guevara also expressed gratitude to Charles for the overview, stating that it clarified the selection process, criteria, and Blue Shield's network. Commissioner Guevara concluded that Blue Shield appears to be meeting its obligations to provide essential services.

Vice President Howard asked whether care at Laguna Honda would be considered out-of-network. Charles Lee confirmed that it would, as SFHSS is currently unable to contract with the facility. Liz Canape added that Laguna Honda generally does not accept patients with non-traditional Medicare or Medicaid plans, including commercial or Medicare Advantage coverage, which affects SFHSS members. While SFHSS's group Medicare PPO can cover care if a facility accepts Medicare, Laguna

Honda often rejects patients with supplemental insurance. Liz noted that, although Laguna Honda states on its website that exceptions may occur, this remains their standard practice today.

PUBLIC COMMENT:

Fred Sanchez, Protect Our Benefits, emphasized the importance of keeping retired city workers in city-owned facilities like Laguna Honda. He urged collaboration not only from the Health Service Board but also from the Board of Supervisors to ensure retirees can remain in local facilities for care. Written Public Comment:

Teresa Palmer, retired MD Geriatrician, Laguna Honda: The table listing SNFs/ beds is undated and months old judging from beds now available at Laguna Honda (less than 100). Chinese Hospital Post Acute SNF is not included. Where a person who requires SNF rehab goes can reverberate for the rest of their and their family's lives. Patients have a right to choose/direct their placement; extra time in hospital to ensure safe placement is covered. A foundational (and legal) principle of SNF placement/care is that residents receive care that allows them to **“attain and maintain their highest practicable physical, mental, and psycho-social well-being.”** (OBRA 1987). A “Letter of Agreement” about coverage from Blue Shield to uncontracted facilities can allow placement. Why is this not mentioned? Also: Why do excellent facilities like Laguna Honda and Chinese Hospital not have a contract? What can be done to fix this? Keeping frail people in their own community must be a priority!

Patrick Monette-Shaw: It's very concerning that the “*Blue Shield Medicare Advantage PPO Skilled Nursing Overview*” being presented at Agenda Item 11 by Blue Shield's Senior Manager Charles Lee, only mentions on slide # 4 that San Francisco's Laguna Honda Hospital and Rehabilitation Center isn't contracted with BSC's GMAPD-PPO network. Mr. Lee reports Blue Shield reached out to Laguna Honda, which confirmed patients must be covered by traditional Medicare or Medi-Cal for admissions, and LHH doesn't contract with Medicare Advantage or commercial insurance plans. LHH must be required to accept SFHSS retirees as an in-network provider. LHH must also agree to accept City Retirees who are Blue Shield GMAPD-PPO members, even if only by developing a “*Letter of Agreement*” for covering admission of Blue Shield retired members to LHH as an uncontracted facility for short-term physical rehabilitation. This is clearly discrimination against City retirees, since this Medicare Advantage insurance is our “*legal tender*”!

12. SFHSS 2026 GAP YEAR STRATEGIC PLAN: (Action)

[See pdf of the SFHSS 2026 Strategic Plan Gap Year](#)

[See pdf of the SFHSS 2026 Strategic Plan Gap Year presentation](#)

The Health Service Board Policy 208 SFHSS Strategic Planning Policy outlines the Board involvement. The Board shall be responsible for playing a policy and oversight role in the planning process, which will include providing the executive director with input on the direction of the SFHSS and possible initiatives to be included in the strategic plan. The Board will review and approve the strategic plan final today.

Rin Coleridge, SFHSS Chief Operating and Experience Officer, presented the following items:

- Strategic Plan Requirement
- Proposed SFHSS 2026 Gap Year Strategic Plan
 - Goals
 - What's Ahead in 202
- Recommendation for HSB Action

President Hao expressed appreciation for team's approach, noting that they are focusing on manageable priorities for the upcoming period. President Hao emphasized that these efforts are

aimed at improving efficiency and effectiveness in delivering services to members and thanked the team for drilling down into these important areas.

Commissioner Wilson moved to approve the San Francisco Health Service System 2026 Gap Year Strategic Plan. Vice President Howard seconded the motion.

PUBLIC COMMENT:

Teresa Palmer, MD: urged the Board to add a measurable strategic plan item focused on disabled, elderly, and retired employees and proposed tracking the percentage and number of those needing skilled nursing care who were not placed in their home cities or counties, emphasizing that this metric is easy to measure and should show improvement over time.

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

ACTION: The Health Service Board unanimously approved the San Francisco Health Service System 2026 Gap Year Strategic Plan.

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

Commissioner Wilson raised concerns about how recent federal-level changes, such as the rollback of standard vaccination recommendations, might affect coverage requirements. Wilson highlighted the formation of the West Coast Health Alliance to coordinate public health guidance and referenced California's new law, AB144, which mandates health plans to cover immunizations and preventive services recommended by the federal government as of January 1, 2025, and any CDPH recommendations without cost-sharing. Wilson asked health plans to confirm they will continue covering vaccines per CDPH guidelines and to outline what patient-facing information they will provide to encourage vaccination and reduce confusion. Wilson requested responses either now or at the next meeting.

Commissioner Guevara stressed the importance of national payers recognizing California-specific laws, not just following federal guidelines. She noted that changes at the FDA could impact not only vaccines but also diagnostic services and treatments, including cancer care. Guevara emphasized the need for payers to align with state requirements to ensure continued coverage for essential services.

- Liz Canape, representing Blue Shield of California, confirmed that the organization will continue covering vaccinations in accordance with California Department of Public Health guidelines. She emphasized Blue Shield's commitment to providing preventive, evidence-based care and stated that, consistent with California law, the company will maintain coverage for all state-recommended immunizations.
- Laura Zaman from Kaiser, affirmed Kaiser does follow AB 144, and works with CDHP. She said vaccinations are covered at 100% no-cost pay. Kaiser has a website that lists all the vaccinations for all of our states and what is covered.
- Emma Walsh, representing HealthNet Canopy Care, confirmed that vaccines recommended by the California Department of Public Health must be covered as preventive services with no cost sharing, even if those vaccines are no longer recommended at the federal level.

All three representatives agreed to have responses to Commissioner Wilson second question by the next meeting.

Commissioner Wilson thanked the plans for complying with the law but noted that patients and families are confused about coverage changes, especially with shifting federal guidelines. Wilson emphasized the importance of clear education and communication, such as website updates, to reassure members that required immunizations and preventive services remain covered and to prevent concerns about unexpected costs.

PUBLIC COMMENT:

Teresa Palmer requested the Board track skilled nursing facility placement outside of home city or county.

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

Commissioner Wilson moved to hold a closed session for the member appeal. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

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

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

15. CLOSED SESSION FOR MEMBER APPEAL (Action):

Presented by President Hao

ACTION:

RECONVENE IN OPEN SESSION

Approximately in closed session for 40 minutes. Return at 4:08 p.m.

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

President Hao moved not to disclose any information held in closed session. Vice President seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

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

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

President Hao moved to not report on any action taken in closed session. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Dorsey, Guevara, Hao, Howard, Vallejo, and Wilson Noes: None

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

18. ADJOURNMENT: 4:09 p.m.

Health Service Board and Health Service System Website: <https://www.sfhss.org/>

Summary of Health Service Board Rules Regarding Public Comment

1. There will be an opportunity for public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
2. A member of the public has up to three (3) minutes to make pertinent public comments; the Chair has the discretion to limit public comment to less than 3 minutes per member of the public.
3. Public Comment can be given in-person, remotely, or written.
4. Members may submit their comments by email to health.service.board@sfgov.org by 5 p.m. the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item and will include that note in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.
5. Remote public comment from people who have received accommodation due to disability will not count toward the 30-minute limit.

Knowing Your Rights Under the Sunshine Ordinance

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

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

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

Disability Access and Accommodation

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

City Hall Room 416 is wheelchair accessible. There are elevators and accessible restrooms located on every floor. **Wheelchair-accessible entrances are located on Van Ness Avenue and Grove Street. Please note the wheelchair lift at the Goodlett Place/Polk Street is temporarily not available.** After multiple repairs that were followed by additional breakdowns, the wheelchair lift at the Goodlett/Polk entrance is being replaced for improved operation and reliability. We anticipate having a functioning lift after the completion of construction in May 2025.

This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure the availability of the meeting link. Sign Language Interpretation is also available upon request. If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of 4 business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request an accommodation, please contact Holly Lopez, holly.lopez@sfgov.org, 628-652-4646.

To access the meeting remotely as an accommodation, please use [January 8, 2026 HSB Regular Meeting WebEx link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

Sensitivity to Chemical-based Products

To assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity, or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Holly Lopez at 628-652-4646 or email holly.lopez@sfgov.org. The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org.

Lobbyist Registration and Reporting Requirements

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

ChatGPT and Microsoft CoPilot AI were used to summarize and clarify discussion points in the meeting minutes.