Art Howard
President

Fiona Wilson, MD
Vice President

Jack Cremen
Commissioner

Supervisor Matt Dorsey
District 6
Commissioner

Diana Guevara
Commissioner

Mary Hao
Commissioner

Gus Vallejo
Commissioner

Rey Guillen
Executive Director
Health Service System

Holly Lopez
Executive Secretary

TEL (628) 652-4646
http://www.sfhss.org/

HEALTH SERVICE BOARD

MEETING MINUTES

Thursday, October 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 October 8, 2026 (via SFGovTV schedule)
Click the link to join the meeting – October 8, 2026 HSB Regular Meeting WebEx link
Public Comment Call-In: 415-655-0001 **/ Access Code:** 2661 975 0947 **Webinar Password**: 1145

Listening to the meeting via phone

1. Dial **415-655-0001** and then enter **access code** 2661 975 0947#, 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 October 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, October 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:** 1:00 p.m.

2. **ROLL CALL:**

   President Art Howard- Present
   Vice President Fiona Wilson- Present
   Commissioner John Cremen-Present
   Supervisor Matt Dorsey-Excused
   Commissioner Diana Guevara-Present
   Commissioner Mary Hao-Present
   Commissioner Gus Vallejo- 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: None

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**
   See pdf of August 31, 2026, HSB Governance Committee Meeting Minutes Approved
   See pdf of September 10, 2026 HSB Regular Meeting Minutes Approved

   Commissioner Hao moved to approve the August 31, 2026 Health Service Board Committee Meeting Minutes and the September 10, 2026 Health Service Board Regular Meeting Minutes. Commissioner Cremen seconded the motion.

   PUBLIC COMMENT: None

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

   ACTION: The Health Service Board unanimously approved the August 31, 2026 Health Service Board Committee Meeting Minutes and the September 10, 2026 Health Service Board Regular Meeting Minutes.

5. **PRESIDENT'S REPORT: (Discussion)**
   President Howard thanked attendees and staff for participating during open enrollment and preparing comprehensive educational information for the Board and members. He noted that the annual contracts assessment would introduce a new contract option and help inform future Board decisions. He also highlighted the success of the 10K-a-Day Well-Being Challenge and its positive effects on healthy behaviors, well-being, and mental health.

   PUBLIC COMMENT: None

6. **DIRECTOR'S REPORT: (Discussion)**
   See pdf of the October 8, 2026, Director's Report
   See pdf of the October 8, 2026, Director's Report Presentation

   Rey Guillen, SFHSS Executive Director presented the following items:
   - Health Net Transition Update
   - Board Education About Accountable Care Organization Postponed

- 2027-2031 Strategic Plan
- Open Enrollment
- Kaiser Permanente Multi-Region Plans Outside of California
- HSB Follow-up from the August and September 2026 Regular Meetings
- Personnel Updates
- Divisional Updates

No Board discussion.

PUBLIC COMMENT: None

7. **SFHSS FINANCIAL REPORT AS OF AUGUST 31, 2026: (Discussion)**
See pdf of the SFHSS Financial Report as of August 31, 2026, memo
See pdf of the SFHSS Financial Report as of August 31, 2026, presentation

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

- Employee Benefit Trust Fund
- Plans Products
- Healthcare Sustainability Fund
- General Fund Administrative Budget

Teresa Tan provided an overview of the health plan products purchased by HSS and distinguished plan type from funding model. She explained that HMOs generally provided network-based, coordinated care, while PPOs offered broader provider access at generally higher costs. She emphasized that plan type did not determine whether a plan was fully insured or self-funded.

Teresa Tan described three funding models: fully-insured plans, under which providers assumed the financial risk and retained pharmacy savings; flex-funded HMOs, under which HSS assumed significant risk and received pharmacy rebates; and the self-funded PPO, under which HSS paid actual medical and pharmacy claims, assumes full financial risk, and received the full pharmacy rebates. She concluded that the plans' differing features, risks, contracts, pricing inputs, and pharmacy arrangements prevented direct one-to-one comparisons.

Vice President Wilson observed that healthcare expenses had increased across both Blue Shield and Kaiser, reflecting a broader rise in the cost of providing care beyond earlier projections. She emphasized that the Board needed to monitor these growing costs closely, despite feeling that it had limited control over them.

PUBLIC COMMENT: None

8. **BOARD EDUCATION: TYPES OF MEDICARE PLANS AND CONSIDERATIONS FOR FUTURE DECISIONS: (Discussion)**
See pdf of the October 8, 2026 Board Education: Types of Medicare

Rey Guillen, SFHSS Executive Director, Mike Clarke, Lead Actuary, Aon and Zared Castillo, Kaiser Permanente, Executive Retiree Solutions Manager presented the following items:

- Medicare Basics
- Original Medicare
- The Parts of Medicare
- Medicare Coverage Options
- Employer Group Coverage
- Considerations and Reference
- History of Health Service Board Medicare Plan Decisions
- Medicare Plan Decision Analysis
- Explanation of OPEB and Impact on Benefits
- Analysis of Changing Medicare Plans and Its Impact on SFHSS Members

Vice President Wilson asked whether CalPERS still offered the additional plan options cited in the presentation. Director Guillen confirmed that CalPERS currently offers two Medicare Advantage prescription drug PPO plans and two Medicare Supplement plans, PERS Gold and PERS Platinum. He explained that the supplement plans cost approximately 11% and 24% more, respectively, than the Blue Shield Medicare Advantage plan. He added that the plans were essentially the same except that PERS Platinum had an annual out-of-pocket maximum of approximately $3,500, while PERS Gold had no such limit.

Vice President Wilson noted that the aging baby-boomer population could face changing and potentially catastrophic healthcare needs. She requested data showing Medicare members by age group and changes in those groups over the past decade to help evaluate the potential cost and value of a Medigap option. She also emphasized that Medicare would remain responsible for Original Medicare costs, while HSS's responsibility would be limited to supplemental coverage, and she requested more detailed estimates of that potential expense. Director Guillen agreed to analyze the membership by age bands and examine how the age distribution had changed over time. He noted that increased longevity and rising healthcare costs with age were also important considerations, although their precise effects might be difficult to measure.

Commissioner Guevara supported examining the aging trends of the Medicare population. She noted that plan quality was another important consideration, emphasizing that Medicare Advantage's care management and preventive services could reduce avoidable hospitalizations and generate long-term savings that were difficult to quantify. She recommended further evaluation of a possible third option, including its quality, costs, and other trade-offs, even if the analysis ultimately showed that the option was not advisable.

Commissioner Vallejo clarified that GASB 45 and GASB 75 required governments to disclose and account for unfunded OPEB liabilities but did not require them to pre-fund those obligations. He noted that several large cities continued to use pay-as-you-go models. Director Guillen agreed and explained that San Francisco had chosen to pre-fund its retiree health liabilities because a

larger unfunded liability increased borrowing costs. He noted that the City's unfunded liability was approximately $5 billion and that full funding was not expected until about 2038. He advised that if the Board considered a more expensive plan, it should consult the Controller's Office and San Francisco Employee Retirement System (SFERS) to evaluate the potential effects on the City's OPEB obligations, required contributions, and funding timeline.

Commissioner Guevara noted that many members might continue to prefer the HMO because it had no premium and limited out-of-pocket costs, while the existing PPO would meet the needs of most others. However, she expressed concern about an aging segment of the Medicare population that could face catastrophic healthcare needs and lack secondary coverage. She recommended examining the size and needs of that group and considering possible alternatives, such as FSA savings, while remaining sensitive to affordability.

President Howard asked how choosing an individual plan would affect a retiree's eligibility for HSS coverage. Director Guillen explained that retirees could waive HSS coverage at any time and re-enroll during a future open enrollment period. He added that the involuntary loss of other coverage would create a special enrollment opportunity, but voluntarily dropping that coverage would generally require waiting until open enrollment. Commissioner Guevara noted that HSS coverage could not serve as supplemental coverage after a retiree waived it, potentially leaving a Medicare retiree responsible for uncovered costs unless the retiree purchased private Medigap coverage. She requested data on the number of members affected and suggested exploring financial assistance, such as an FSA-type option, while balancing member needs against affordability for the City and the broader retiree population.

PUBLIC COMMENT:
Teresa Palmer from Protect Our Benefits and RECCSF, a geriatrician, asked whether medical underwriting would apply to both a Medigap plan and a Part D prescription drug plan if a Medicare retiree left HSS coverage. She also requested clarification about Medicare plans identified by letters beyond Parts A through D, including Plans E and F, and asked whether any City employees or retirees could choose CalPERS coverage.
Dennis Kruger, Active, Retired Firefighters and Spouses, asked whether HSS still maintained catastrophic insurance for members that covered additional expenses after their copayments and other out-of-pocket costs reached a specified threshold.
Fred Sanchez, President of Protect Our Benefits, a member of Retired Employees of the City and County of San Francisco, member of CARA, emphasized the need to educate members about the costs and differences among Original Medicare, Blue Shield, and Kaiser options. He requested that HSS distribute contact information, including phone numbers and addresses, for organizations or counselors who could provide members with individualized guidance in evaluating their coverage options.
Mindy Talmadge, San Francisco retiree and also a member of Protect Our Benefits, requested more detailed information on the HSS website for retirees transitioning to Medicare, particularly about Original Medicare and Medigap. She contended that the presentation understated Medigap's coverage, portability, provider access, continuity, and lack of prior-authorization requirements compared with Medicare Advantage. She asked why the City could not give retirees a fixed-dollar contribution toward individually selected Medigap policies instead of creating its own supplemental plan. She also requested data on the percentage of retirees enrolled in City-sponsored Medicare Advantage plans versus those who obtained coverage independently.

BREAK: ~2:35 -2:46 p.m.

Commissioner Hao returned at 2:59 p.m.

9. **SFHSS ANNUAL BENEFITS CONTRACTS AND PROCUREMENT ASSESSMENT: (Discussion)**
See pdf of the October 8, 2026 SFHSS Annual Benefits Contracts and Procurement Assessment

Michael Visconti, HSS Contracts Administration Manager, and Maridale Goff, Aon Retiree Healthcare Sub-Practice Leader, presented the following items:

- Annual SFHSS Contracts and Assessment Review Summary
- Prescription Drug Plan (PDP) Carve Out Consideration for Plan Year 2028
- Next Steps

Vice President Wilson supported exploring the prescription drug plan carve-out and requested that the analysis assess its effects on members with chronic conditions, including diabetes, hypertension, and heart disease. She also asked whether carving out pharmacy benefits could affect medication adherence, care coordination, shared decision-making, and member engagement, particularly among aging retirees. As a physician, she expressed concern that separating pharmacy from medical coverage could create additional degrees of separation, reducing care coordination, shared decision-making, and member engagement. She suggested reviewing available research on those potential effects, particularly for aging retirees. Michael Visconte responded that HSS had made a similar arrangement about 10 years earlier and could evaluate the proposal using both current observations and its past experience with a large, stable member population.

PUBLIC COMMENT:
Teresa Palmer raised concerns about how coverage and authorization responsibilities would be divided if Part D prescription benefits were separated from the medical plan. Citing a prior denial involving a Part B IV chemotherapy medication administered in a physician's office, she asked whether Blue Shield or the separate Part D plan would have authority to deny Part D medications under a carved-out arrangement.
Sarah Koh, retired from the San Francisco Fire Department expressed concern that Delta Dental's retiree coverage had a low annual maximum and that fewer dentists were participating in its network, resulting in higher out-of-pocket costs. She asked whether the Board had discussed or considered offering a different dental plan.

10. **REVIEW AND APPROVE CHERRYROAD AS THE SELECTED SERVICE PROVIDER FOR THE PEOPLESOFT HUMAN CAPITAL MANAGEMENT (HCM) BENEFITS OPTIMIZATION AND IMPLEMENTATION SERVICES REQUEST FOR PROPOSAL (RFP): (Action)**
See pdf of October 8, 2026 RFP PeopleSoft HCM Recommendation
Rin Coleridge, SFHSS Chief Operating and Experience Officer, and Michael Visconti, Contracts Administration Manager presented the following items:

- Recommendation for Board Action
- Background
    - What is PeopleSoft HCM?
    - Why this Matters
    - What is the Council on Information Technology (COIT)?
    - Why the Initiative is Important
    - Benefits to SFHSS members
    - Project Funding by Source
- RFP Summary and Background

- RFP Results
- Next steps if approved by the Health Service Board
- Recommendation for Board Action

Commissioner Hao asked whether the Board could review a test environment or sample member-facing screens, emphasizing the importance of the member experience. Rin confirmed that such a review could be accommodated during the implementation process.

Commissioner Hao asked who from SFHSS would lead the partnership with CherryRoad and manage the project. Rin explained that PMP-certified project manager Brian Rodriguez will oversee project management. While SFHSS recruits an Information Systems manager, Rin is covering that role with Vish Shenoi serving as technical lead. Rin added that the Controller's Office has assigned personnel and project-management support for payroll integrations, including arrears and retroactive processing, because the project's success will require coordination beyond SFHSS.

Commissioner Cremen asked whether CherryRoad currently works with other City departments. Rin said CherryRoad is working with the Controller's Office and has supported previous City system upgrades, though CherryRoad is not currently working with another department. Vice President Wilson confirmed CherryRoad's familiarity with the City's PeopleSoft environment. Rin agreed, noting that CherryRoad's knowledge of the City's systems, standards, and expectations should simplify onboarding and the creation of a dedicated virtual environment.

Commissioner Vallejo congratulated SFHSS on securing COIT funding and asked about the PeopleSoft hosting environment, upgrade status, and potential integration with the imaging system. Rin explained that PeopleSoft runs on Oracle Cloud Infrastructure and that a recent PeopleTools upgrade was completed shortly before open enrollment, with future upgrades coordinated closely with the Controller's Office. Rin added that imaging-system integration is outside the scope of the current initiative; SFHSS plans to modernize integrations, including greater use of APIs, after completing foundational system improvements. Commissioner Vallejo concluded by endorsing CherryRoad as a strong choice.

Commissioner Hao moved to approve CherryRoad as the selected service provider for the PeopleSoft Human Capital Management Benefits Optimization and Implementation Services request for proposal. Vice President Wilson seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved CherryRoad as the selected service provider for the PeopleSoft Human Capital Management Benefits Optimization and Implementation Services request for proposal.

11. **WELL-BEING 10K-A-DAY CHALLENGE RESULTS: (Discussion)**
[See the pdf of October 8, 2026 Well-Being 10K-A-Day 2026 Challenge]

Carrie Beshears, HSS Well-Being Manager presented the following items:

- Well-Beings Purpose

- Background
- Key Features When Selecting a Program
- Goals
- Member Experience
- Results
- Communications
- What Members are Saying

No Board discussion.

PUBLIC COMMENT: None

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

Liz Knape, Blue Shield of California's health plan representative, reported that the Department of Managed Health Care fined Blue Shield for untimely and incomplete responses concerning member complaints in 2024. She said Blue Shield cooperated with the review, implemented corrective actions, and is strengthening its processes. She emphasized that the regulatory action does not change members' benefits, provider networks, covered services, or plan offerings. She also clarified that the Department regulates SFHSS Access+ and Trio HMO plans, while the PPO and Medicare Advantage PPO plans are overseen by other regulators.

PUBLIC COMMENT:
Teresa Palmer again, from POB and RECCSF, said Blue Shield members experience delays in access to available services, including acupuncture and hearing-aid reimbursements. She urged improved staff training, systems, and decision-making authority to make benefits easier to access.

GOVERNANCE COMMITTEE MEETING MATTERS

13. VOTE ON WHETHER TO HOLD CLOSED SESSION TO REVIEW AND APPROVE THE 2026 MIDYEAR EMPLOYEE PERFORMANCE EVALUATION REPORT (Action):

Commissioner Hao moved to hold a closed session to review and approve the 2026 Mid-year Performance Evaluation Report. Vice President Wilson seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved holding a closed session to review and approve the 2026 Mid-year Employee Performance Evaluation Report.

GOVERNMENT CODE SECTION 54957 (B)(1) AND SAN FRANCISCO ADMINISTRATIVE CODE 67.10(B): PUBLIC EMPLOYEE PERFORMANCE EVALUATION

14. REVIEW AND APPROVE THE 2026 MIDYEAR EMPLOYEE PERFORMANCE EVALUATION

REPORT: (Action)
Presented by Holly Lopez, Board Secretary

Employee and Position: Rey Guillen, SFHSS Executive Director

DOCUMENTS ATTACHED FOR BOARD ONLY:
HSB 2026 Midyear Employee Performance Evaluation Report

ACTION:

RECONVENE IN OPEN SESSION

15. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION (Government Code Section 54957.1 and San Francisco Administrative Code Section 67.12(b): (Action)**
Commissioner Cremen moved to not report on action taken in closed session. Vice President Wilson seconded the motion.

PUBLIC COMMENT: None

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

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

16. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR DISCUSSION HELD IN CLOSED SESSION: (San Francisco Administrative Code Section 67.12(a)): (Action)**
Commissioner Hao moved to not disclose any discussion held in closed session. Vice President Howard seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, 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. **ADJOURNMENT:** 4:17 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 September 10, 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 agenda.