



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

**Mary Hao**  
President

**Art Howard**  
Vice President

**Jack Cremen**  
Commissioner

**Supervisor Matt Dorsey**  
**District 6**  
Commissioner

**Diana Guevara**  
Commissioner

**Gus Vallejo**  
Commissioner

**Fiona Wilson, MD**  
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, December 11, 2025, 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 December 11, 2025 (via SFGovTV schedule)**

**Click the link to join the meeting – [December 11, 2025 HSB Regular Meeting WebEx link](#)**

**Public Comment Call-In: 415-655-0001 / Access Code: 2662 608 5447 Webinar Password: 1145**

### Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2662 608 5447#, 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 [December 11, 2025 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](mailto:health.service.board@sfgov.org) and **received by 4 p.m. on Wednesday, December 10, 2025**, 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- Excused  
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:**

Fred Sanchez, requested HSS convene a special, facilitated meeting of all stakeholders—including supervisors, insurance representatives, skilled nursing facilities, and state managed care regulators—so there can be open discussion and problem-solving outside the constraints of standard public comment.

**WRITTEN PUBLIC COMMENT:**

Janet Fowler, San Francisco Resident and City Retiree (City College-ESL), My friend recently passed away after being discharged to an out-of-county-SNF (in Oakland), where I found her severely dehydrated and near death. She had wanted a shot at rehabilitation. The damage done was irreversible. I had her sent to Hospital. She died there after 22 days. It was difficult to keep her from being sent back to the Oakland nursing home that brought about the irreversible damage, and where she would again suffer. Insurance available to city retirees (including Blue Cross/Blue Shield and Kaiser) does not contract with all nursing homes in San Francisco. Question: Why doesn't SF Employee/Retiree insurance contract with ALL SNFs in SF and how can this be changed? I am requesting, as soon as possible, for this to be on the agenda: Discussion of Out-of-County Transfers of San Francisco residents who are City Retirees/City Employees to Skilled Nursing.

Teresa Palmer, MD City Retiree, We are requesting, as soon as possible, for this to be on the HSB agenda: 1. Preventing Out of County Skilled Nursing Facilities/Nursing Homes (SNF/NH) Transfers of San Francisco residents who are City Retirees/City Employees. 2. Honoring the right to a safe hospital discharge plan-close to home. Like agenda item 14 on Nov 13 HSB agenda, representatives of the major insurances should be invited with advance notice so City Retirees/Employees may ask questions about how to prevent Out of County Transfers for SNF/NH care. Optimally, this would be an interactive part of the meeting, with questions and answers by Insurance Representatives, the HS Board, and attendants of the meeting. Questions: 1. Why doesn't SF Employee/Retiree insurance contact with ALL SNF/NHs in SF and how can this be changed? 2. How can HSS educate their members on their hospital discharge rights in regard to safe "post acute" placement close to home?

## REGULAR BOARD MEETING MATTERS

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

[See pdf of the November 6, 2025, HSB Governance Committee Meeting Minutes Approved](#)

[See pdf of the November 13, 2025, HSB Regular Meeting Minutes Approved](#)

Commissioner Cremen moved to approve the November 6, 2025 Health Service Board Governance Committee Meeting Minutes and the November 13, 2025 Health Service Board Regular Meeting Minutes. Commissioner Wilson seconded the motion.

PUBLIC COMMENT: None

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

**ACTION: The Health Service Board unanimously approved the November 6, 2025, Health Service Board Governance Committee Meeting Minutes and the November 13, 2025, Health Service Board Regular Meeting Minutes.**

### 5. PRESIDENT'S REPORT: (Discussion)

President Hao President Hao reminded Board members to complete any required mandated trainings by December 31, 2025, noting that additional trainings will begin in January. She also thanked staff, on behalf of the Board, for their hard work throughout the year, recognizing that despite limited resources, they continued to support members with professionalism and dedication.

PUBLIC COMMENT: None

### 6. DIRECTOR'S REPORT: (Discussion)

[See pdf of the December 11, 2025, Director's Report](#)

Rey Guillen presented the following items:

- Budget Planning
- Black-out Notices Continue
- Follow-up from Prior Health Service Board meeting
- Personnel Updates

President Hao asked whether the Mayor's office was expected to provide guidance calling only for staff reductions while maintaining services, or for both staff and service reductions. Rey Guillen responded that the Mayor's budget instructions required focusing on core services, meaning that position cuts would be accompanied by reductions in services. He explained that once budget targets were known, a proposed budget with service reductions would be brought forward, noting that reliance on the Sustainability Fund was limited and not viable long term, making further staff cuts without service impacts unrealistic.

PUBLIC COMMENT: None

## **7. SFHSS FINANCIAL REPORT AS OF OCTOBER 31, 2025: (Discussion)**

[See pdf of the SFHSS Financial Report as of October 31, 2025, memo](#)

[See pdf of the SFHSS Financial Report as of October 31, 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

No Board discussion on this item.

PUBLIC COMMENT: None

## **8. KAISER PERMANENTE MEDICARE FORMULARY TIERING CHANGE:(Discussion)**

[See the pdf of the Kaiser Permanente Medicare Formulary Tier Change](#)

Ramiro Salas, Director, California/Hawaii Group Medicare, Kaiser Permanente, presented the following items:

- What is changing?
- Why is the change being made?
- How are we supporting members?
- Memo from Kaiser Permanente to SFHSS

Commissioner Wilson commented that she appreciated the added detail and recognized the regional nature of the policy, while noting San Francisco's long history of leadership in HIV care. She emphasized that new and more effective medications are expensive but that cost discussions often overlook how much can be saved by keeping people healthier rather than getting sicker, and she expressed concern about the significant financial impact these increases would have on seniors on fixed incomes. She then asked whether similar tier shifts were occurring in other specialty areas, such as hepatitis, cardiac care, or diabetes, or whether the changes were specific to HIV medications.

Ramiro Salas responded that other non-HIV specialty drugs had also been moved to higher tiers, but those changes occurred in 2024. He explained that the 45 HIV drugs were moved later because Kaiser had previously delayed those tier changes, and that members using other specialty medications were already paying the higher tier costs.

President noted that all plans were changing and asked which plans are changing. Ramiro Salas explained that the tier changes applied to Kaiser's Medicare Part D formulary, which is used across all Medicare Advantage plans, including both group and individual products. He noted that while Kaiser has separate commercial and Medicare formularies, the Medicare formulary is largely the same across plans and Medicare Part D formulary has additional drugs that are covered by CMS. He stated that the changes were made to keep Kaiser's Medicare products equitable, competitive, and financially sustainable, particularly because other plans in the marketplace had already moved these drugs to higher specialty tiers. President Hao questioned how raising drug costs maintained competitiveness, suggesting that lower prices would seem more competitive. Ramiro Salas responded that while Kaiser aimed to be the lowest-cost and most affordable plan, not migrating the drugs risked adverse selection, where higher-cost

members disproportionately enrolled, driving up costs for all members. He explained that aligning tiers with other plans helped maintain sustainability and equity across Medicare products, and President Hao clarified that this explanation applied specifically to the Medicare product.

Vice President Howard asked whether the stated annual out-of-pocket maximum applied to all medications and prescriptions rather than a single drug, and Ramiro Salas confirmed that it did. Vice President Howard then asked whether financial assistance such as grants was available beyond payment plans. Ramiro Salas responded that multiple financial assistance programs were available through Kaiser and the state, that details were provided in the presentation materials with links, and that member service call centers had this information to assist members seeking support.

Director Rey Guillen added that 86 members were affected by the change, with the majority in Northern California (76), nine in Southern California, and one in Hawaii. He noted that 16 members were taking more than one of the affected medications, and that Kaiser did not provide additional details beyond this data.

**PUBLIC COMMENT:**

Teresa Palmer, commented about skilled nursing facilities she expressed earlier in agenda item three.

Dennis Kruger, Active and Retired Firefighters and Spouses, requested the phone number for members to call on this item.

**9. SFHSS STRATEGIC PLAN: 2023-2025 STRATEGIC PLAN CLOSE-OUT REPORT AND 2026 STRATEGIC PLAN GAP YEAR: (Discussion)**

[See the pdf of the SFHSS Strategic Plan Summary](#)

[See the pdf of the 2023-2025 Strategic Plan Close-out Report](#)

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

Rey Guillen, SFHSS Executive Director, Teresa Tan, SFHSS Chief Financial and Affordability Officer, Leticia Harris, Senior Health Program Planner, Carrie Beshears, SFHSS Well-Being Manager, Olga Stavinskaya Velasquez, SFHSS Operations Manager presented the following items:

- Strategic Plan Requirement
  - 2023-2025 Strategic Plan Closeout Report Summary
    - 2023 – 2025 Goals
    - Summary Results of the Goals
    - Lessons Learned
  - Proposed 2026 Strategic Plan Gap Year
  - Goals
  - Summary of Each Goal
  - What's Ahead in 2026

The Board was reminded that Health Service Board Policy 208 SFHSS Strategic Planning Policy outlines the Board's involvement in the Strategic Planning process. The Board is responsible for playing a policy and oversight role in the planning process, which includes providing the executive director with input on the direction of the SFHSS and possible initiatives to be included in the strategic plan. This agenda item discussed the gap year 2026 plan draft and staff asked for the Board's input. The Board was also reminded that they will be asked to approve the strategic



plan final draft in January 2026.

President Hao thanked the presenters for the thorough presentation, noting that some unexpected findings were positive. She highlighted several accomplishments for the team to be proud of and emphasized that the main outcome was a clearer understanding of the next steps compared to the initial draft.

Commissioner Cremen thanked the staff for their concise and thorough presentation and asked for clarification about the second goal regarding advanced primary care, specifically which providers were unwilling to participate. Director Rey Guillen explained that the major medical groups in the city—Hill’s Physician and Sutter—were not willing to participate in the pilot because they were hesitant to put fees at risk to demonstrate the long-term benefits of advanced primary care, unlike Brown and Toland, which participated through Altais ownership. He noted that the initiative is on pause locally but continues, with hopes that lessons learned will encourage broader participation in Southern California and eventually bring hesitant providers on board. Commissioner Cremen expressed optimism that the pilot’s results would demonstrate its effectiveness. Director Rey Guillen emphasized that the initiative was a highly collaborative effort involving Blue Shield, Altais as the new owners of Brown and Toland, and the Pacific Business Group on Health. He noted that the results were significant and promising, as detailed in the report, and expressed confidence that the benefits would reemerge in the future, though not immediately. Commissioner Cremen commented that this represented a win-win for all parties involved.

Commissioner Wilson acknowledged the positive aspects of the initiative and the upcoming “gap year” but emphasized that focusing on financial sustainability will be crucial. She cautioned that the health plan and partners will face challenging fiscal times ahead, particularly with ongoing healthcare costs under the ACA, and stressed the importance of planning to provide the best care possible with limited resources.

Vice President Howard acknowledged Carrie Beshears’ work with her unit and programs, noting that while the participation rate of 3% aligns with the national average, efforts are underway to reach 4% next year. He applauded her success in engaging the first responder community, which has achieved notably higher participation. Carrie Beshears added that first responders account for about 29% of total utilization, despite representing only roughly 12% of the employee population, highlighting their strong engagement. Vice President Howard praised her ongoing efforts.

President Hao commented that, although the equity goal is not explicitly stated for the gap year, the lessons learned and reported can still be integrated into the three stated goals, and she emphasized that pursuing equity is not mutually exclusive or excluded from the initiative.

Director Rey Guillen explained that for the 2026 gap year, the plan is to carry forward three of the five goals from the 2023–2025 Strategic Plan: maintaining affordable and sustainable services, supporting mental health and wellbeing, and optimizing service. The other two goals—fostering equity and advancing primary care—will not be included in the Strategic Plan but efforts in those areas will continue. He noted that changes on the city side, particularly within the Office of Racial Equity, are being monitored, and their input will inform the next Strategic Plan. He also clarified that the gap year Strategic Plan is being presented for discussion and feedback, with a final version scheduled for approval next month.

**PUBLIC COMMENT:**

Teresa Palmer, retiree questioned why goal four, supporting well-being and healthy aging, was not being advanced, emphasizing that healthy aging is important and addressing ageism is part of healthcare equity. She suggested a measurable target: tracking the number of enrollees transferred to nursing homes outside their county of residence, as keeping patients in-county supports family involvement, can reduce rehospitalization, and promotes transitions to less intensive care.

**10. REPORT ON OPEN ENROLLMENT ACTIVITIES FOR PLAN YEAR 2026: (Discussion)**  
[See pdf of the Report of Open Enrollment Activities for Plan Year 2026](#)

Rin Coleridge, Chief Operations and Experience Officer, and Olga Stavinskaya Velasquez, Operations Manager, presented the following items:

- Open Enrollment Plan
  - Purpose of Open Enrollment
  - Open Enrollment Objectives
- Plan Execution
  - Annual Enrollment
  - 2026 Initiatives
- Member Experience & Results
  - Member Support and Enrollment Processing
  - Off-Site Call Center Performance
  - Summary of Member and Dependent Activity
  - Summary of 2026 Initiatives
  - Member Communication

No Board discussion on this item.

PUBLIC COMMENT: None

**BREAK: 2:28-2:41**

**GOVERNANCE COMMITTEE MATTERS**

The Governance Committee met on November 6, 2025 to initiate the review process and present the final revisions at the December 11, 2025 full Board meeting. The Committee Chair gave a brief update on matters discussed and/or recommendations made by this committee. The committee reviews, develops, and oversees governance policies and practices of the Health Service Board.

**11. APPROVAL OF REVISIONS TO THE HEALTH SERVICE BOARD GOVERNANCE POLICIES AND TERMS OF REFERENCE: (Action)**

[See pdf of the HSB Governance Policies and Terms of Reference 2025 Review Process Timeline](#)

[See pdf of the HSB Governance Policies and Terms of Reference 2025 Revisions Summary](#)

[See pdf of the HSB Governance Policies and Terms of Reference 2025 Revisions Redlined](#)

Holly Lopez, Board Secretary presented the following items:

- Health Service Board Governance Policies and Terms of Reference Revisions Summary



Holly Lopez, Board Secretary, presented the final revisions to the Health Service Board Terms of Reference and Policies, which are reviewed every three years by the Governance Committee. She noted that the committee met on November 6th to approve the process, timeline, and necessary actions, and completed all review tasks, including individual section edits. The packet included redlined versions showing formatting, grammar, and substantive changes, as well as an updated supplemental document listing charter recommendations and requirements. Committee Chair Wilson stated that the presentation table effectively summarized the revisions including the added introduction and clarified date. Committee Chair Wilson said the Committee found all revisions were appropriate and sufficient for the Committee

President Hao moved to approve the Health Service Board Governance Policies and Terms of Reference revisions as presented. Commissioner Cremen seconded the motion.

PUBLIC COMMENT:

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

**ACTION: The Health Service Board unanimously approved the Health Service Board Governance Policies and Terms of Reference revisions as presented.**

**12. REVIEW AND APPROVE THE SFHSS RULES AND SECTION 125 CAFETERIA PLAN FOR PLAN YEAR 2026 REVISIONS: (Action)**

[See pdf of the SFHSS Rules and Section 125 Cafeteria Plan PY2026 Revisions Summary](#)

[See pdf of the SFHSS Rules PY2026 Revisions Redlined](#)

[See pdf of the SFHSS Section 125 Cafeteria Plan PY2026 Revisions Redlined](#)

Holly Lopez, Board Secretary, presented the following items:

- SFHSS Rules and Section 125 Cafeteria Plan PY2026 Revisions Summary

The Board Secretary explained that the item might have seemed familiar because it had been presented and approved by the Board the previous month. She noted that the charter and the Board's rules and policies required public notice for any policy or rule changes, and that the prior timeline had been too expedited, with the item moving from committee to the full Board within seven days. After consulting with counsel, the process was corrected, public notice was posted the prior week, and the item was brought back before the Board to be properly aligned with requirements. She emphasized that no changes had been made to the document and that it was presented for final approval.

Commissioner Cremen moved to approve the SFHSS Rules and Section 125 Cafeteria Plan for Plan Year 2026 revisions as presented. Commissioner Guevara seconded the motion.

PUBLIC COMMENT: None

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

**ACTION: The Health Service Board unanimously approved the SFHSS Rules and Section 125 Cafeteria Plan for Plan Year 2026 revisions as presented.**

## REGULAR BOARD MEETING MATTERS

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

Liz Canape, Strategic Account Executive with Blue Shield of California, provided an update on an issue she had raised at the prior month's meeting regarding a communication sent to approximately 800 SFHSS retirees. She explained that Providence Healthcare confirmed the notice stating coverage would be terminated was a one-time mailing sent in error by its broker relations team and was related to Providence's termination with UnitedHealthcare, not Blue Shield, and that SFHSS retirees were inadvertently included. She noted that while Providence initially planned a corrective follow-up mailing, it ultimately decided against doing so to avoid further confusion, instead ensuring its call centers and frontline caregivers were equipped with accurate information to address concerns. She added that Blue Shield had not received additional calls from affected SFHSS Medicare retirees on this issue, agreed with Providence's approach, and stated that the matter was considered closed, while remaining open to any questions or concerns.

#### **PUBLIC COMMENT:**

Teresa Palmer raised a concern regarding Blue Shield's contracting practices for rehabilitation care in skilled nursing facilities. She stated that, based on a report from Laguna Honda, Blue Shield permitted only very short skilled nursing rehabilitation stays under overly strict guidelines. She explained that even when special dispensations or letters of agreement were granted, patients were often required to leave Laguna Honda before achieving optimal rehabilitation, placing the facility in a difficult position.

### **14. ADJOURNMENT:** 3:14 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](mailto: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](mailto:holly.lopez@sfgov.org), 628-652-4646.

To access the meeting remotely as an accommodation, please use [December 11, 2025 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](mailto:holly.lopez@sfgov.org). The following email has been established to contact all members of the Health Service Board: [health.service.board@sfgov.org](mailto: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.**