



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Mary Hao
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Art Howard
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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, February 12, 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 February 12, 2026 (via [SFGovTV schedule](#))

Click the link to join the meeting – [February 12, 2026 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2662 935 5678 Webinar Password: 1145

Listening to the meeting via phone

1. Dial **415-655-0001** and then enter **access code** 2662 935 5678#, 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 [February 12, 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, February 11, 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 Mary Hao- Excused
Vice President Art Howard- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present, arrived 2:34 p.m.
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:

Dennis Kruger, Active and Retired Firefighters and Spouses, shared that there are two more cases of retired fire fighters in different stages of cancer that were denied PET scans through Blue Shield.

REGULAR BOARD MEETING MATTERS

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

[See pdf of January 8, 2026, HSB Regular Meeting Minutes Approved](#)

[See pdf of January 20, 2026, HSB Finance and Budget Committee Meeting Minutes Approved](#)

Commissioner Wilson moved to approve the January 8, 2026 Regular Meeting Minutes and the January 20, 2026 Health Service Board Budget and Finance Committee Meeting Minutes. Commissioner Guevara seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved the January 8, 2026 Regular Meeting Minutes and the January 20, 2026 Health Service Board Budget and Finance Committee Meeting Minutes.

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

No President's report for this month.

PUBLIC COMMENT: None

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

[See pdf of the February 12, 2026, Director's Report](#)

[See pdf of the February 12, 2026, Director's Report presentation](#)

PUBLIC COMMENT:

Rey Guillen, SFHSS Executive Director presented the following items:

- Annual Audit and Compliance Report
- Black-Out Periods Continue
- Follow-ups from January Health Service Board Meeting
- Personnel Updates

Commissioner Cremen asked whether the investigation was conducted solely by the Health Service System or in partnership with Blue Shield. Executive Director Rey Guillen explained that the investigation was done in partnership with Blue Shield. Due to medical privacy rules, HSS normally cannot access members' medical information without written consent, but in this case Ken Jones provided that consent. This allowed HSS to review all relevant information from Blue Shield. Executive Director Guillen stated that Blue Shield's actions were based on Medicare rules, which do not allow the denied services. An independent review agency, Maximus, confirmed that such services are not covered. Because of that decision, Blue Shield is required not to cover them. While HSS wants members to receive all care they are entitled to, the insurance plans must follow regulatory guidelines, and the services in question are not available under any of the plans. Commissioner Cremen asked whether Ken Jones' physician was contacted during the investigation. Executive Director Rey Guillen explained that the Health Service System does not provide medical guidance and therefore did not contact the physician. The review was administrative, relying on the rules and regulations that govern the health plan rather than medical consultation.

PUBLIC COMMENT:

Adam Wood, Vice President of the San Francisco Firefighters Cancer Prevention Foundation, expressed concern that the Director's report appeared to repeat Blue Shield's talking points about the treatment denial for Ken Jones without considering input from the treating physician, Dr. Gubbins. He noted that NBC Bay Area had recently covered Dr. Gubbins's perspective and encouraged the Board to view the report. He thanked city leaders for inviting workers to share treatment-denial experiences and acknowledged the Board's creation of an accessible reporting email. He requested that the Board allow time for these reports to come in and, if a pattern of denials emerged, act to ensure that members received timely, life-saving treatment.

Helen Horvath, a retired firefighter, explained that her husband, Ken Jones, initially paid \$50,000 through GoFundMe for immunotherapy and later changed from Blue Shield Medicare Advantage to traditional Medicare, under which he is now receiving the full treatment recommended by his UCSF oncologist. She stated that the Health Service System's investigation upheld Blue Shield's original denial of that treatment. Helen questioned how the investigation was conducted, whether Ken's physician or any independent medical reviewers were consulted, and cited recent federal guidance from the Office of the Inspector General indicating that Medicare Advantage plans must base medical-necessity decisions on an individual patient's circumstances rather than algorithm-based determinations. She believes Ken's case reflects the improper use of an algorithm instead of a patient-specific evaluation.

Bigad Shaban, a reporter from NBC, stated that he submitted a media request to the Board and to Director Rey Guillen. He asked the Board to explain how the Director's report concluded that Blue Shield did not withhold appropriate care and what entities were consulted to reach that determination. He also questioned the report's statement that the same outcome would have occurred under any Medicare Advantage plan. He asked whether UnitedHealthcare was contacted and whether Ken Jones' medical information was reviewed by them. He requested clarification on which parties, aside from Blue Shield, were consulted in making these determinations and noted that he welcomes a response either during the meeting or by email for inclusion in his reporting.

WRITTEN PUBLIC COMMENT:

Teresa Palmer, MD, geriatrician, City Retiree: Please require that insurances serving City Employees and Retirees supply the Health Services Board regularly with data on out of home county/city Skilled Nursing Home (Rehab) and Nursing Home (long term care) placements. Requiring this data on a regular basis (in a manner that respects individual privacy) should be neither difficult nor expensive. SF Health Network Deputy Director Brigham reported to the Laguna Honda Joint Conference Committee on February 9 that she was told by Blue Shield's Provider Contracting Specialist in Northern California that "there is sufficient (SNF/NH) access." How do we know this is true if we don't see the data? To an insurance functionary the drive from San Francisco to a nursing home in Millbrae or Oakland may seem to be "sufficient" access, but to the exhausted San Francisco family of a frail San Francisco rehab or nursing home patient it is real insult to everybody's safety and quality of life!

7. SFHSS FINANCIAL REPORT AS OF DECEMBER 31, 2025: (Discussion)

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

[See pdf of SFHSS Financial Report as of December 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

No Board discussion.

PUBLIC COMMENT: None

FINANCE AND BUDGET COMMITTEE MATTERS

8. APPROVAL OF PROPOSED SAN FRANCISCO HEALTH SERVICE SYSTEM GENERAL FUND BUDGET FOR FISCAL YEARS 2026-27 AND 2027-28: (Action)

[See the pdf of the Proposed SFHSS General Fund Budget 2026-27 and 2027-28](#)

Committee Chair Howard said the Committee met and approved the draft budgets Teresa Tan presented. Teresa Tan, SFHSS Chief Financial and Affordability Officer, reported that the department's General Fund budget follows the Mayor's budget instructions and is being submitted as a status-quo budget with only minor adjustments, as the city works to address a \$40 million deficit. The Mayor's Office will review departmental submissions from late February through June, with the final budget released in June. She noted that the current submission removes one position—the Senior Health Program Planner (classification 2820)—and that losing this full-time position will require difficult operational decisions. As part of those decisions, staff will propose eliminating the Kaiser Multi-Region Plan (KPMR) because it requires separate regional contracts and administrative oversight, duplicates coverage already provided by the Nationwide PPO Plan, and is difficult to maintain under staffing constraints.

Tan also raised concerns about the Dependent Eligibility Verification Audit (DEVA). Small pilot audits conducted in 2022 and 2024 used in-house staff pulled away from core duties, which is unsustainable. The Mayor's Office is requesting one-time investments that produce long-term savings. A full citywide DEVA using an external vendor is estimated to cost \$1.2 million and generate approximately \$5 million in annual savings. This approach aligns with the Mayor's

budget objectives. Both potential actions—the elimination of KPMR and implementing DEVA with an external vendor—are intended to minimize member impact. Teresa Tan emphasized that these are initial options and that staff will continue evaluating solutions and providing updates to the Board.

Commissioner Cremen moved to approve the San Francisco Health Service System General Fund Budget for fiscal years 2026-27 and 2027-28. Commissioner Vallejo seconded the motion.

PUBLIC COMMENT:

Teresa Palmer, MD, geriatrician, City Retiree: Asked how many members are currently enrolled in the Kaiser Multi-Region Plan and how many would be affected if the plan is eliminated.

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

ACTION: The Health Service Board unanimously approved the San Francisco Health Service System General Fund Budget for fiscal years 2026-27 and 2027-28.

9. APPROVAL OF PROPOSED SAN FRANCISCO HEALTH SERVICE SYSTEM HEALTHCARE SUSTAINABILITY BUDGET FOR FISCAL 2026-27 AND FISCAL 2027-28: (Action)

Proposed SFHSS Healthcare Sustainability Fund Budget 2026-27 and 2027-28

No Board discussion.

Commissioner Cremen moved to approve the San Francisco Health Service System Healthcare Sustainability Fund Budget for fiscal years 2026-27 and 2027-28. Commissioner Wilson seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved the San Francisco Health Service System Healthcare Sustainability Fund Budget for fiscal years 2026-27 and 2027-28.

RATES AND BENEFITS

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

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

No Board discussion.

PUBLIC COMMENT: None

11. BOARD EDUCATION: HEALTHCARE COST TREND INFLUENCERS UPDATE: (Discussion)

[See the pdf of the Board Education: Healthcare Cost Trend Influencers Update](#)

Chris Riffel, Account Executive, Aon, and Mike Clarke, Lead Actuary-Aon presented the following items:

- U.S. Healthcare in Highest Trend Environment in 20 Years
- Breaking Down 9.5% Healthcare Trend Increase for 2026
- Current Market Landscape
- Population Health Risk Impacts—Spend Distribution
- Explosive Growth in Specialty and Biologic Drugs¹
- Aon Clients' GLP-1 Experience
- GLP-1s Show Clinical Promise Beyond Weight Loss & Diabetes
- Health Plan Focuses From Recent Aon Discussions
- Bright Spots In Addressing Employer Pain Points
- Trend Experience Historical View
- Health Service Board's Role - Control Versus Influence
- Healthcare Cost Trend Influencers – Projected Impact on 2027 SFHSS Medical/Rx Plan Rates
- Next Steps to Determine SFHSS Medical/Rx Plan Rates and Contributions for 2027 Plan Year

Commissioner Cremen asked if Kaiser lost a million people last year. Chris Riffel said the the million-person figure does not refer to Kaiser's plan losing members. It comes from a Kaiser Family Foundation (separate organization) survey showing that about a million people left the public marketplace and became uninsured, not that they left the Kaiser health system.

Commissioner Cremen asked whether, given the current surge in GLP-1 usage and rising costs, these medications will eventually reduce healthcare costs by preventing high-risk individuals from becoming high-risk in the future. Chris Riffel explained that the situation is currently complex. Current GLP-1 drug costs are very high, so members using them still cost more per month than those who are not. Any potential cost benefit depends heavily on adherence. He added that costs may decrease over time if pill forms become available and easier to maintain, but until drug prices drop, the cost-benefit is not favorable. Mike Clarke added that recent studies show individuals may regain weight after stopping GLP-1 medications, which is a concern for employers who invest in these treatments. He emphasized that long-term effects are still being studied. He also noted that Aon continues to analyze large data sets and publish findings, including the recently completed phase-two study, and will continue to monitor developments to guide future recommendations.

Commissioner Wilson praised the presentation and noted the complexity of the topic, emphasizing that GLP-1 medications have many variables and potential long-term effects that are still not fully understood, including possible benefits such as reducing dementia. She stated that these drugs appear to have significant potential, possibly functioning as anti-inflammatories, but their long-term impact remains uncertain and will need continued monitoring. She pointed out that affordability is a major concern for both health plans and the broader public, as none of these treatments are inexpensive, and everyone is grappling with how to provide high-quality care within financial constraints. Wilson expressed appreciation for the clear summary provided and acknowledged that difficult decisions lie ahead. She also remarked that she expected the cited number to be higher than 9.5 percent and was pleased that this was the actual figure.

Commissioner Guevara noted that off-label requests often result in patients being denied insurance coverage, which can contribute to adherence issues. She explained that the healthcare system is still in an exploratory stage with these medications, and that insurers and the broader marketplace have not fully embraced them due to their high cost. As a result, most payers continue to limit coverage strictly to the approved uses, even when physicians provide strong evidence supporting benefits for other conditions. Guevara emphasized that health risks will continue until the marketplace accepts broader GLP-1 coverage or until more affordable options become available.

Vice President Howard asked how long it would take for GLP-1 medications to become available in generic form, noting that brand-name drugs typically have an exclusivity period before generics can be produced. In response, Mike Clarke explained that prescription drug patents in the United States last for 20 years from the time the patent application is filed. He added that while some diabetic medications already have generic versions, the GLP-1 drugs currently on the market remain under patent protection. Clarke also noted that even after a patent expires, there is usually an additional transition period of roughly 12 months during which exclusivity may continue, meaning it could be some time before the widely used GLP-1 medications become available as generics.

PUBLIC COMMENT: None

12. REVIEW AND APPROVE VSP VISION FULLY INSURED 2027 RATES AND CONTRIBUTIONS:

(Action)

[See pdf of the VSP Vision Fully Insured 2027 Rates and Contributions](#)

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

- Health Plan Funding-Method Comparison by SFHSS Plan—VSP Vision is Fully Insured
- Health Plan Rate Setting Process for Next Plan Year
- VSP Vision Fully Insured Rate Renewal
- Today's Recommendation
- Current 5-Year Agreement Background
- New Proposed 5-Year Agreement
- 2027 Renewal Action—Increase for Premier Plan Rates
- Recent Loss Ratio Experience—All Plans, Basic Plan Only, Premier Plan Only
- Enrollment Shifts Into Premier Plan Since 2018
- 2027 VSP Vision Fully Insured Rate Renewal—Monthly
- 2027 VSP Vision Fully Insured Rate Renewal

No Board discussion.

Commissioner Cremen moved to approve the VSP fully insured 2027 rates and contributions for plan year 2027. Commissioner Guevara seconded the motion.

PUBLIC COMMENT: None

VOTE: Ayes: Cremen, Guevara, Howard, Vallejo, and Wilson

Noes: None

ACTION: The Health Service Board unanimously approved the VSP fully insured 2027 rates and contributions for plan year 2027.

13. REVIEW AND APPROVE NEW YORK LIFE FULLY INSURED 2027 RATES AND CONTRIBUTIONS (LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT, LONG-TERM AND SHORT-TERM DISABILITY PLANS): (Action)

[See pdf of the York Life Fully Insured 2027 Rates and Contributions Life ADD LTD STD](#)

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

- Recommendation Summary
- Introduction and Prior Renewal Background
- Employer-Paid Coverage—Basic Life Insurance
- Employer-Paid Coverage—Long-Term Disability Insurance (LTD)
- Member-Paid Coverage — Supplemental Employee and Dependent Life Insurance / AD&D
- Member-Paid Coverage — Short-Term Disability Insurance (STD)—Employees Newly Enrolled On/After January 1, 2026
- Member-Paid Coverage — Short-Term Disability Insurance (STD)—Grandfathered Employees
- Overall Renewal Summary— Expected Aggregate 2027 Premiums
- Recommendation for HSB Action

No Board discussion.

Commissioner Wilson moved to approve the New York Life Fully Insured 2027 Rates and contributions for life insurance, Accidental Death and Dismemberment, Long-Term and Short-Term Disability Plans. Commissioner Guevara seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved the New York Life Fully Insured 2027 Rates and contributions for life insurance, Accidental Death and Dismemberment, Long-Term and Short-Term Disability Plans.

REGULAR BOARD MEETING MATTERS

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

Kate Ferrante, Kaiser Permanente, informed the Board that Kaiser Permanente is collaborating with the California Professional Firefighters on several health initiatives, including a new cancer research study launching this year. She noted that enrollment for the study closes on February 28 and that information is available on the California Professional Firefighters website and in their fall newsletter. She stated that Kaiser Permanente will continue to provide updates as the study progresses.

Nancy Jackson, Market Director, VSP, expressed her appreciation for the fifty-year partnership with the Board, noting that the long-standing relationship has been meaningful for VSP. She thanked the Board for the continued opportunity to work together.

Commissioner Cremen asked Vice President Amy DeHart, whether Blue Shield had seen the NBC news report about Firefighter Jones and based on that report, why the member received conflicting information, including an unhelpful phone number and difficulty obtaining support. He questioned whether Blue Shield had reached out directly to Firefighter Jones and noted that many other members were experiencing similar issues, requesting more direct assistance rather than being redirected through multiple phone lines. He then asked why Blue Shield did not proactively contact Jones's specialist to resolve the matter, noting that the news segment suggested the provider also struggled to reach the plan. Amy DeHart, Vice President for Blue Shield for Premier Accounts, responded that she had watched the news report and agreed it reflected a terrible situation for Mr. Jones. She stated that Blue Shield believed they had reached out to him when he was a member and emphasized the organization's commitment to supporting firefighters and examining what additional assistance they can provide. She said she believed Blue Shield's clinical teams had contacted the provider to work through a treatment option approved by CMS and the FDA. DeHart acknowledged the challenges shown in the report and affirmed that Blue Shield is reviewing the situation carefully to prevent similar issues in the future.

PUBLIC COMMENT:

Dr. Teresa Palmer expressed deep concern that traditional Medicare approved Firefighter Ken Jones's treatment while Blue Shield denied it, calling the discrepancy shocking and in need of further investigation. She expressed concern about routine denials for necessary diagnostic tests such as CAT scans, emphasizing that cancer patients require rapid access to timely evaluations and care.

2:34 p.m. Supervisor Dorsey arrived.

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

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

VOTE:

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

PUBLIC COMMENT: 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

16. CLOSED SESSION FOR MEMBER APPEAL (Action):

Presented by President Hao

ACTION:

RECONVENE IN OPEN SESSION

Reconvene in open session: 2:44 p.m.

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

Commissioner Cremen moved not to disclose any information held in closed session.
Commissioner Wilson seconded the motion.

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

PUBLIC COMMENT: None

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

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

Commissioner Wilson moved to not report on any action taken in closed session. Commissioner Vallejo seconded the motion.

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

PUBLIC COMMENT: None

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

19. ADJOURNMENT: 4:11 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 [February 12, 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/>

Microsoft CoPilot AI was used to summarize and clarify discussion points in the agenda.