HEALTH SERVICE BOARD

MEETING MINUTES

Thursday, June 11, 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 June 11, 2026 (via SFGovTV schedule)
Click the link to join the meeting – June 11, 2026 HSB Regular Meeting WebEx link
Public Comment Call-In: 415-655-0001 **/ Access Code:** 2664 515 6312 **Webinar Password**: 1145

Listening to the meeting via phone

1. Dial **415-655-0001** and then enter **access code** 2664 515 6312#, 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 June 11, 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, June 10, 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:** 1:05 p.m.

2. **ROLL CALL:**

President Mary Hao- Present
Vice President Art Howard- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Excused
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:
Teresa Palmer, representing Protect Our Benefits (POB), requested the Board obtain the data from Blue Shield on out-of-county nursing home and skilled nursing facility transfers for HSS members who are San Francisco residents. She also urged action to address Medicare Advantage denial and delay practices that could harm older adults, and she requested continued efforts by Blue Shield to work with Laguna Honda to improve access to appropriate in-county post-acute and rehab care.
Fred Sanchez, President of Protect Our Benefits, honored the memory of Ken Jones and asked for a brief pause in his remembrance. Fred Sanchez expressed concern that Blue Shield had not provided written follow-up on several items discussed in their recent meeting. He noted that only some issues had clear agreement and that others were addressed only verbally, leaving no documentation to review.
Dennis Kruger, Active and Retired Firefighters and Spouses, reported that his wife's hearing aid reimbursement from Blue Shield was repeatedly underpaid by $50 per device, despite the system showing a $2,500 benefit. He had explained that Blue Shield also initially paid for only one hearing aid instead of two. After multiple calls, a helpline representative determined that Blue Shield's system listed the correct amount, but the checks were still issued for $2,450. He had expressed concern that this error might be affecting many members and noted that Blue Shield even reported the higher amount to Medicare. He had urged the Board to look into the issue.

REGULAR BOARD MEETING MATTERS

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**
See pdf of May 14, 2026 HSB Regular Meeting Minutes Approved

Commissioner Wilson moved to approve the May 14, 2026, HSB Regular Meeting Minutes Draft. Commission 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 May 14, 2026, HSB Regular

Meeting Minutes.

5. **ELECTION OF HEALTH SERVICE BOARD PRESIDENT OFFICERS (PRESIDENT AND VICE PRESIDENT) FOR FISCAL YEAR 2026-2027: (Action)**

President Hao expressed gratitude at the close of the fiscal year and reflected on having served as Board President for the past two years. She explained that her nominations aligned with the Board's tradition of having one appointed Commissioner and one elected Commissioner serve in these leadership roles.

President Hao moved to nominate Commissioner Howard to serve as President and Commissioner Wilson to serve as Vice President, with terms starting on July 1, 2026. Commission 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 Commissioner Art Howard as President and Commissioner Fiona Wilson as Vice President, with officer terms starting on July 1, 2026, through June 2027.

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

President Hao thanked everyone for their participation during the rate and benefit season, acknowledging that it had been challenging and had surfaced many issues needing attention. She expressed appreciation for the partnership of the carriers, AON, staff, and Board members, thanking them for bringing forward matters that required action. She then noted that the agenda included several rates and benefits items and stated that the Board would proceed, hear the presentations, and make recommendations as appropriate.

PUBLIC COMMENT: None

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

See pdf of June 14, 2026, Director's Report
See pdf of June 14, 2026, Director's Report Presentation

Rey Guillen, SFHSS Executive Director, presented the following items:

- Submitted Response to Letter of Inquiry regarding prior authorization denials
- Presented SFHSS 2027 and 2028 General Fund Budget to the Board of Supervisors Budget and Appropriations Committee
- Black-Out Periods Continue
- Personnel Update

Vice President Howard had asked whether one EAP counselor position could be preserved after staffing cuts. Executive Director Rey Guillen had explained that the department had been required to offer three layoffs and that the remaining positions were essential for core medical services, leaving no possibility of retaining an EAP counselor. Vice President Howard had then asked if restoring a position might be possible next year. Executive Director Rey Guillen had responded that the city's budget outlook for the next two fiscal years projected further layoffs and consolidations, so he did not believe there would be any opportunity to add those positions back.

President Hao had noted that the budget was in the hands of the Board of Supervisors for further debate. Director Rey Guillen had added that budget hearings before the Budget and Appropriations Committee were continuing and that, once those hearings concluded, the budget would be presented to the full Board of Supervisors.

PUBLIC COMMENT:
Fred Sanchez, President of Protect Our Benefits, asked for clarification about whether HSS was facing cuts in the current or upcoming year. He expressed concern about the impact on services if staffing were reduced. Executive Director Rey Guillen had responded that HSS had been instructed to eliminate three positions—two senior Employee Assistance Program counselor roles and one accountant—reducing staffing from 40 to 37 FTEs. He confirmed that layoff notices had already been issued and that June 27 would be the employees' last day.

8. **SFHSS FINANCIAL REPORT AS OF APRIL 30, 2026: (Discussion)**
SFHSS Financial Report as of April 30, 2026, memo
SFHSS Financial Report as of April 30, 2026, presentation

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

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

Director Rey Guillen had explained that although HSS showed salary savings from positions held vacant, the department did not keep those funds because they were returned to the city's general fund at the end of the fiscal year. President Hao had noted that this made sense because those savings were already assumed in the Mayor's budget, and Director Guillen had agreed.

President Hao had asked when the board would receive the actual pharmacy rebate figures instead of projections. Teresa Tan had explained that some actuals were already posted and that the final rebate amount would be known in a couple of months. She had added that they were anticipating collecting about $22.1 million in pharmacy rebates by the end of the year.

PUBLIC COMMENT: None

RATES AND BENEFITS

9. **PRESENTATION OF THE RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2027: (Discussion)**
See pdf of Rates and Benefits Calendar for the Plan Year 2027

Executive Director Rey Guillen had explained that by the end of the meeting, the Board would have completed its responsibility to approve premiums for the 2027 plan year, but those rates would not take effect until the Board of Supervisors adopted them by ordinance with a three-fourths vote in July. He had noted one calendar change: the Budget and Finance Committee's review of the rate package had been moved to July 8, shifting the full Board's first reading to July 14 and the second reading to July 25.

PUBLIC COMMENT: None

10. HEALTH PLAN MARKET UPDATE: (Discussion)

See pdf of Health Plan Market Update

Rey Guillen presented the following items:

- Introduction
- What's Driving the Increase in Premium Rates
- SFHSS Health Plan Cost Increases and Drivers
- Premium Increases Fluctuate throughout the Years
- Health Service Board's Role
- Future Strategies to Consider for Plan Year 2028+

Commissioner Wilson had commented that rising health costs should not be described as "worsening population health," noting instead that people were living longer and receiving more advanced, effective care for chronic conditions. She had emphasized that improved treatments naturally increased costs and that San Francisco's population did not have worse health than other cities. Director Rey Guillen had agreed, acknowledging that "worsening" was the wrong term and explaining that higher costs were largely due to the region's extremely expensive health-care market, not poorer member health.

Vice President Howard had asked for future board education on why incentivizing members to move into certain health plans would benefit the City, HSS, and members. Executive Director Rey Guillen had explained that narrow network plans like Trio and CanopyCare managed care more effectively and cost the City less, but members had no financial incentive to choose them because premiums were the same as the higher cost Access+ plan. He had said that introducing incentives could shift enrollment toward lower cost plans while maintaining the same providers for many members. He had also noted that he had begun discussions with the Department of Human Resources to explore incentives during upcoming labor negotiations. Vice President Howard had agreed that clear messaging would be essential.

President Hao had asked whether the department had compared its health plan designs to those of other employers and how SFHSS's plans measured up. Executive Director Rey Guillen had explained that SFHSS used both a 10-county survey and Aon's national benchmarking to evaluate contributions and plan design. He had noted that the City contributed a significantly higher share of premiums—over 90 percent—compared to the roughly 77 percent contributed by other employers. He had added that while SFHSS's copayments were similar or higher than peers, overall plan costs in Northern California were much more expensive, even for the same plans offered elsewhere. President Hao had encouraged regular updates so the Board could stay informed, and Vice President Howard had agreed that ongoing education would be helpful.

PUBLIC COMMENT:

Teresa Palmer, representing Protect Our Benefits (POB), urged the board to examine denial rates, prior-authorization practices, and overturn rates when evaluating health plans. She warned that Blue Shield had indicated it did not view prior authorization as problematic unless 95 percent of denials were overturned, which she believed meant dangerous delays or inappropriate denials of care for many members. She emphasized that such practices could lead to serious harm and asked the board to scrutinize each plan's real world performance, focusing on whether members received timely and appropriate care when they were sick.

Fred Sanchez, President of Protect Our Benefits, questioned why a health plan could seek a 10.5%

rate increase for 2027 despite having already entered into a three-year- contract. He expressed concern that allowing such increases undermined the purpose of negotiated agreements and suggested that a vendor might intentionally underbid, then later raise rates.

BREAK: 1:58 -2:13 p.m.

11. **REVIEW AND APPROVE BLUE SHIELD OF CALIFORNIA NON-MEDICARE FLEX FUNDED HMO MEDICAL/RX PLANS 2027 RATES AND CONTRIBUTIONS: (Action)**
See pdf of Blue Shield of California Non-Medicare Flex-Funded HMO Medical/Rx Plans 2027 Rates and Contributions

Mike Clarke presented the following items:

- Blue Shield of California (BSC) HMO Plans 2027 Rating Work-Up and Recent Renewals History
- 2027 Monthly Rate Cards for Blue Shield of California (BSC) Access+ HMO and BSC Trio HMO Plans
- Active Employees (93/93/83 and 100/96/83 contribution strategies)
- Non-Medicare Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action

President Hao described the figures as “eyepopping.” President Hao asked, of the overall budget, what portion of the overall 10.5 percent rate increase the Blue Shield plan represented. Mike Clarke responded that the total spend for the two Blue Shield plans accounted for approximately 30 to 35 percent of the total SFHSS budget. Clarke explained that this reflected the head count distribution of active employees and non-Medicare retirees. Clarke added that Kaiser represented about 60 percent of the total population, while the two Blue Shield plans represented about 35 percent, with the remaining members split between the PPO and Health Net CanopyCare plans.

Commissioner Wilson moved to approve the Blue Shield of California Non-Medicare Flex-Funded HMO Medical/Rx Plans 2027 rates and contributions. Commissioner Guevara seconded the motion.

PUBLIC COMMENT: None

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

ACTION: The Health Service Board unanimously approved Blue Shield of California Non-Medicare Flex-Funded HMO Medical/Rx Plans 2027 rates and contributions as presented today.

12. **REVIEW AND APPROVE BLUE SHIELD OF CALIFORNIA NON-MEDICARE SELF FUNDED PPO MEDICAL/RX PLANS 2027 RATES AND CONTRIBUTIONS: (Action)**
See pdf of Blue Shield of California Non-Medicare Self-Funded PPO Medical/Rx Plans 2027 Rates and Contributions

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

- Blue Shield of California (BSC) Non-Medicare PPO Plan 2027 Rating Work-Up and Recent Renewals History
- 2027 Monthly Rate Cards for Non-Medicare PPO and Non-Medicare PPO—Choice Not Available Plans
- Active Employees (93/93/83 and 100/96/83 contribution strategies)

- Non-Medicare Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action

Commissioner Wilson had asked whether the board's earlier decision to discontinue certain Kaiser out-of-area plans meant that the affected employees would be moved into the plans currently under discussion. Mike Clarke had responded that anyone enrolled in those discontinued plans would be placed into the "Choice Not Available" rating category going forward.

Commissioner Cremen had asked whether the 23 percent increase was expected and whether it aligned with trends in other health systems. Mike Clarke had explained that the increase was unusually high and was driven by large claims within a relatively small membership pool, which magnified the impact of high-cost cases. He had added that the spike had been larger than anticipated and that staff were working with Blue Shield to understand ongoing large claim activity. Commissioner Cremen had noted that such claims were beyond the board's control. Clarke had agreed and emphasized that advances in medical care, while beneficial, often came with significant costs. Commissioner Wilson had added that high cost claims affected small groups more dramatically and that the board had limited options. President Hao had observed that the increase was large compared to recent years, and Clarke had confirmed that it was the largest increase he had presented in his nine years.

Vice President Howard moved to approve the Blue Shield of California Non-Medicare Self-Funded PPO Medical/Rx Plans 2027 rates and contributions. Commissioner Guevara seconded the motion.

PUBLIC COMMENT:
Fred Sanchez, President of Protect Our Benefits, asked how many early retirees were enrolled in the plan. Mike Clarke had responded that the non-Medicare population in that plan was about 1,200 people, and roughly half of them lived outside the Bay Area.

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

ACTION: The Health Service Board unanimously approved the Blue Shield of California Non-Medicare Self Funded PPO Medical/Rx Plans 2027 rates and contributions as presented today.

13. **REVIEW AND APPROVE BLUE SHIELD OF CALIFORNIA MEDICAL/RX FULLY INSURED RETIREE MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PASSIVE PPO PLAN 2027 RATES AND CONTRIBUTIONS: (Action)**
See pdf of Blue Shield of California Medical/Rx Fully Insured Retiree Medicare Advantage Prescription Drug (MAPD) Passive PPO Plan 2027 Rates and Contributions

Mike Clarke, Lead Actuary-Aon presented the following items:
- Introduction
- Retiree Medical Contributions in Rate Card
- Proposed 2027 Blue Shield of California (BSC) MAPD Plan Monthly Rate Card
- Recommendation

No Board discussion.

President Hao moved to approve the Blue Shield of California Medical/Rx Fully Insured retiree

Medicare Advantage Prescription Drug (MAPD) Passive PPO Plan 2027 rates and contributions as presented today. Commissioner Cremen seconded the motion.

PUBLIC COMMENT:
Juanita Stockwell, member of Protect Our Benefits, asked whether she could receive a full copy of the report that had been presented.

Director Rey Guillen had responded that the information was already posted on the SFHSS website, but that staff would also email her a copy directly. President Hao requested that the email also include a link to all meeting materials for easier access.

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

ACTION: The Health Service Board unanimously approved the Blue Shield of California Medical/Rx Fully Insured retiree Medicare Advantage Prescription Drug (MAPD) Passive PPO Plan 2027 rates and contributions as presented today.

14. **REVIEW AND APPROVE KAISER PERMANENTE (CALIFORNIA) MEDICAL/RX FULLY INSURED HMO PLANS 2027 RATES AND CONTRIBUTIONS: (Action)**
See pdf of the Kaiser Permanente (California) Medical/Rx Fully Insured HMO Plans 2027 Rates and Contributions

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

- Kaiser HMO Plans 2027 Rating Work-Up and Recent Renewals History
- Kaiser 2027 HMO Plan Rating – Renewal Summary
- 2027 Monthly Rate Cards for Kaiser California HMO Plan
- Active Employees (93/93/83 and 100/96/83 contribution strategies)
- Non-Medicare Retirees (per City Charter employer contribution guidance)
- Medicare Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action

Commissioner Wilson had reflected on the uncertainty surrounding future federal Medicare policies and how changes to risk adjustment rules could significantly affect health plan funding. She had noted that plans were paid more for sicker patients and that any shift in this structure created anxiety for those managing care. She had emphasized that the potential instability was troubling both for her and for peers across the industry who were trying to maintain high quality care amid evolving federal rules.

Commissioner Wilson moved to approve the Kaiser Permanente (California) Medical/Rx Fully Insured HMO Plans 2027 rates and contributions. 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 Kaiser Permanente (California) Medical/Rx Fully Insured HMO Plans 2027 rates and contributions.

REGULAR BOARD MEETING MATTERS

15. VOTE ON WHETHER TO CANCEL THE JULY 2026 HEALTH SERVICE BOARD REGULAR MEETING: (Action)

President Hao had reminded the Board that they typically voted to cancel the July meeting so staff could focus on the Board of Supervisors' budget and rate approval hearings.

President Hao moved to cancel the July 2026 Health Service Board Regular meeting. Commission 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 to cancel the July 2026 Health Service Board Regular meeting.

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

Commissioner Cremen had asked whether the Blue Shield staff would look into the hearing aid payment issue raised earlier by a member and report back to the Board. Liz Knape had confirmed that the issue had already been escalated internally and that she would follow up with the Board once the cause and resolution were identified.

Commissioner Cremen asked whether staff had completed the requested numbers for out-of-county skilled nursing facilities, noting that the information had not yet been seen. Liz Knape responded that the data through October 2025 had already been presented at the January 8 board meeting. She added that, as agreed in recent months, staff would provide an updated set of numbers by the end of June. Executive Director Rey Guillen said the team was expecting to receive that information in June and on a periodic basis thereafter. He explained that the plan was to include these updates in the Director's Report moving forward, unless the President preferred the information to be presented in a different format.

Vice President Howard acknowledged Blue Shield's presence and referenced the recent passing of firefighter Ken Jones. Howard noted that Rey Guillen's team had researched the circumstances and found that the delays were tied to Medicare decisions. Howard asked whether Blue Shield could partner with HSS to advocate with Medicare and help expedite similar cases in the future, emphasizing the need to prevent delays that could impact care outcomes. Tim Lieb, Senior Vice President of the Commercial Markets for Blue Shield of California, explained that several measures had already been put in place to ensure faster escalation when decisions might be denied. He described the importance of rapid escalation pathways, including direct physician-to-physician (peer-to-peer) communication to gather the correct information quickly. Lieb stated that, through ongoing discussions with HSS staff, Blue Shield had strengthened processes to ensure rapid escalation and more effective coordination with providers when urgent decisions were needed.

PUBLIC COMMENT: None

17. ADJOURNMENT: 3:12 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 June 11, 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.