Meeting minutes

City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health
San Francisco Health Commission
Daniel Tsai, Director of Health

President

Laurie Green, MD

Commissioners

- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D
- Tessie Guillermo, Vice President
- Judy Guggenhime
- Karim Salgado

DPH Director of Health

Daniel Tsai

Health Commission Secretary

Mark Morewitz, MSW

Minutes for Health Commission

Date and Time

June 15, 2026 4pm

Agenda items

1. Call to Order

Present: President Laurie Green, MD, President
Vice President Tessie Guillermo
Commissioner Edward A. Chow M.D
Commissioner Suzanne Giraudo, ED.D
Commissioner Susan Belinda Christian, J.D.
Commissioner Judy Guggenhime

Excused: Commissioner Karim Salgado

President Green called the meeting to order at 4:06pm.

2. Approval of the Minutes of the Health Commission Meeting of June 1, 2026

Mr. Morewitz noted some incorrect pronoun usage in several passages in the draft minutes.

Public Comment:
Mr. Bob Hall explained that earlier conversations about artificial turf caused confusion, especially about what components comprises synthetic turf. He emphasized that a standard field contains around 40,000 pounds of plastic turf, far more than the infill materials that usually attract attention. While cork or coated infills may seem greener than rubber crumb, he said these changes address only a small part of the environmental impact. He described the global, -intensive supply chain behind the turf and noted ongoing disputes about whether the material is truly recyclable. He also pointed out that studies previously cited looked only at rubber crumb, not microplastic shedding from the plastic blades. He urged the Commission to clearly distinguish between infill and the much larger volume of plastic in the turf system during future discussions.

Commissioner Comments:
There were no commissioner comments.

Action Taken: The Health Commission unanimously approved the June 1, 2026 meeting minutes.

3. General Public Comment

Mr. Bob Hall urged the Commission to address what he saw as major gaps in earlier artificial-turf presentations. He stressed that the greatest health and environmental risk comes from microplastics shed by the plastic blades, noting that each full-size field loses 2,000–3,000 pounds of plastic annually. He criticized relying on studies that examine only rubber crumb while overlooking PFAS, fire retardants, metals, and other hazardous chemicals in the turf. He also raised concern about reported lead, zinc, and

other contaminants affecting children, as well as extreme heat on turf fields, especially where tree removal increases exposure. He asked the Commission to adopt a health-focused stance and advocate for stronger limits on artificial turf in San Francisco.

4. Health Commission Officer Elections

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Guillermo began by declining renomination and emphasizing that her decision did not reflect any reduction in her commitment to the Commission. She enthusiastically nominated Commissioner Dr. Susan Giraudo for Vice President, highlighting her deep dedication to San Francisco's children and families. Guillermo praised Dr. Giraudo's leadership on the Community Health Committee and her thoughtful, principled approach to policy oversight. She emphasized that Giraudo's skills and insight would strengthen the full Commission. Commissioner Guillermo concluded by expressing gratitude for the opportunity to nominate her.

Commissioner Christian strongly supported Dr. Giraudo's nomination, describing her as exceptionally qualified and deeply committed to youth wellbeing and behavioral health. She also expressed gratitude that Commissioner Guillermo would remain on the Commission, noting the mentorship and leadership she provided during her vice presidency. Commissioner Christian praised both commissioners for their professionalism and generosity.

Commissioner Chow said he was pleased to second Dr. Giraudo's nomination and emphasized his long-standing professional acquaintance with her. He described being glad when she first joined the Commission and even more pleased that she would now take on a leadership role. Chow noted that public health in San Francisco would benefit from her expanded influence. He expressed confidence in Giraudo's commitment and effectiveness.

President Green echoed the praise for both Commissioners Guillermo and Giraudo, emphasizing Commissioner Guillermo's long history in San Francisco and her advocacy for Asian American communities. She described Commissioner Guillermo as a dear friend and someone whose leadership has been recognized citywide. President Green described Commissioner Giraudo as undertaking a lifelong service to underserved families, including founding a school in the Tenderloin. She highlighted stories from patients whose families had been deeply helped by Commissioner Giraudo. She concluded by expressing pride that Commissioner Giraudo would serve as Vice President.

Newly elected Vice President Giraudo thanked her colleagues for their kind words and said she viewed the Commission as a true team. She emphasized that any past success particularly on the Community and Public Health Committee had been achieved collectively. Vice President Giraudo expressed her admiration for Commissioner Guillermo's leadership and said she hoped to fill "even one of her shoes." She noted that the coming period would be challenging and that the Commission would need everyone's strengths. She closed by saying she was honored to serve as Vice President.

Commissioner Guillermo nominated President Green to continue as President, praising her leadership during several difficult years. She noted that the two of them joined the Commission at the same time and developed a strong, collaborative partnership. Commissioner Guillermo highlighted President

Green's skills in building consensus, ensuring all voices are heard, and thoroughly understanding every issue before the Commission. She also emphasized President Green's reputation and deep community ties across San Francisco. She concluded that she was honored to nominate Dr. Green for another term as President.

Commissioner Christian supported the nomination enthusiastically, noting that the Commission's upcoming leadership would represent expertise "from the cradle to college." She praised President Green's intelligence, thoughtfulness, and steady, brilliant leadership. She emphasized how President Green's comments and questions consistently elevate the Commission's work. She expressed gratitude that President Green was willing to continue serving and said she wholeheartedly supported the nomination.

Commissioner Chow said he was pleased to second President Green's nomination. He recalled her original appointment and stated that she had far exceeded expectations through exceptional leadership. Commissioner Chow highlighted the partnership between President Green and former Vice President Guillermo, noting how effectively they guided the Commission through challenging times. He expressed gratitude that President Green would continue for another year. Commissioner Chow said the combination of President Green and Vice President Giraudo would put the Commission in a strong position.

Commissioner Guggenhime voiced strong support for President Green, stating she admired President Green's leadership and skill in uniting the Commission. She noted that President Green handled challenging public meetings with grace and fairness.

Commissioner Guggenhime said she looked forward to working with President Green in a renewed capacity. She commended that President Green for always listening carefully to every member of the public and for fostering mutual respect.

President Green expressed deep gratitude and said serving as President had been the most gratifying part of her long career. She highlighted the importance of shared values at a time when many values are under national pressure. She thanked each commissioner for their mentorship, collaboration, and support, singling out Commissioner Chow for helping orient her early on. She praised the Department's staff, calling them deeply committed and mission-driven, and described the public's passion for vulnerable communities as inspiring. She closed by reaffirming her dedication to leading the Commission through the challenging years ahead.

Action Taken: The Health Commission unanimously voted to elect Suzanne Giraudo as Vice President.

Action Taken: The Health Commission unanimously voted to re-elect Laurie Green as President.

5. Resolution to Recommend to the Board of Supervisors to Authorize the Department of Public Health to Expend a Gift of $87,000 from BIOBOT Analytics

Jeffrey Hom, MD, Director of the Population Behavioral Health section of the Behavioral Health Services Division in the San Francisco Department of Public Health, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment A)

6. Directors Report

Daniel Tsai, DPH Director of Health, presented the item.

Public Comment:
Patrick Monette-Shaw provided comment and submitted the following written summary:

> It is very disturbing seeing in Director Tsai's "Director's Report" just the barest mention of the Cal-OSHA $130,500 fine against SFGH and SFDPH, regarding the tragic on-the-job stabbing death of Alberto Rangel, a 51-year-old social worker at SFGH by a known troublesome patient. The dollar amount was not even mentioned, and Tsai also made no mention of the separate Cal-OSHA fine of $142,700 against UCSF, SFDPH-SFGH's affiliation agreement partner. The two fines total a staggering $273,200 for multiple citations. Shockingly, perhaps both UCSF and SFDPH failed to immediately report the incident to Cal-OSHA. By report, Rangel's husband, Stuart Moulder plans to sue the City for Rangel's wrongful death. This Health Commission must proactively work with City Attorney David Chiu. to prevent the City from needlessly delaying a wrongful death settlement with Mr. Moulder. Don't allow the City Attorney acting in your good names to drag out a wrongful death settlement!

Commissioner Comments:
There were no commissioner comments.

7. Amending the Healthcare Accountability Ordinance Minimum Standards

Max Gara, Senior Health Program Planner, Officer of Policy and Planning; and Sarah Neukrug, Health Program Planner, Office of Policy and Planning, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Giraudo, asked for clarity about differences between gold, platinum, silver, and bronze plan classifications. She emphasized the importance of accessible educational materials so nonprofits understand actuarial values and cost-sharing requirements. She noted that small nonprofits often struggle to interpret complex plan structures and require guidance to choose compliant plans. Mr. Gara explained actuarial value: platinum covers 90% of costs on average, gold 80%, silver 70%, and bronze 60%. He noted the Department provides clear tables and educational events to ensure employers understand requirements.

Commissioner Chow, expressed concern that rising health care costs continue to shrink the number of compliant plans and place increasing pressure on employers and employees alike. He noted that while the proposed adjustments improve compliance in the short term, they do not address the long-term instability of the insurance market or the ongoing affordability challenges facing nonprofits and small

employers. He questioned whether the Department should begin exploring structural or policy-level solutions beyond the biennial review cycle, given the rapid pace of market changes and federal policy shifts. Commissioner Chow also emphasized the need to better understand employer and employee satisfaction with the current reimbursement systems and suggested earlier outreach to solicit feedback before the next review period. Finally, he requested an update on the status of unused employee reimbursement funds under related health ordinances, noting that this remains an important indicator of whether the policies are functioning as intended. Mr. Gara stated the DPH would conduct outreach to employers and employees and begin gathering data earlier in the cycle. He agreed to provide an update on reimbursement fund utilization and consider more proactive strategic planning.

President Green noted that San Francisco's long-standing leadership in establishing robust minimum health coverage standards places an added responsibility on the Commission to ensure that updates continue to protect workers in an increasingly unstable insurance environment. She observed that narrowing provider networks in commercial plans may limit meaningful access to care, especially for employees in small organizations with few plan choices. She asked whether the Department could anticipate network adequacy trends and incorporate that forecast into future minimum standards reviews. President Green also raised concerns about whether employees using out-of-network providers due to medical necessity would still benefit from the employer coverage requirements under the updated rules. She questioned whether the two-year cycle for revising HCAO standards remains appropriate given the pace of market shifts, mergers, and federal policy changes affecting premiums. Additionally, she expressed interest in monitoring how plan affordability pressures might influence job stability in nonprofit and small-business sectors that are already financially stretched. Finally, she emphasized that maintaining San Francisco's commitment to equitable and comprehensive coverage requires proactive analysis, not just reactive updates, and asked staff to comment on plans for improved forward-looking monitoring. Mr. Gara thanked President Green for her thoughtful questions and agreed that anticipating network adequacy trends is increasingly important as marketplace plans evolve. He explained that while current HCAO standards do not directly regulate network breadth, the Department is exploring ways to incorporate early-warning indicators into future analyses. He also clarified that out-of-network coverage rules remain governed by federal standards, but the Department will continue evaluating how cost-sharing interacts with real-world access issues. Finally, he stated that staff are developing a more proactive monitoring framework to identify emerging affordability or plan availability concerns before the next required biennial review.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment B)

8. Tuberculosis Outbreak in a San Francisco High School Update

Susannah Graves, MD, MPH, Director Tuberculosis Branch, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Vice President Giraudo asked how TB screening compliance is monitored in private schools, noting that private institutions sometimes do not require vaccinations or TB tests. She also thanked staff personally, explaining that a family member had been a close contact of the Riodan High School active case and the Department's outreach had been exemplary. She reaffirmed the importance of robust public health communication with families. Dr. Seema Jain, Deputy Health Officer Deputy Director for Public Health Services, Population Health Division, explained that TB screening is required in San Francisco, and the

Department provides guidance but lacks an auditing system. She noted that outreach to private and parochial schools is increasing and that statewide organizations are reinforcing requirements. She added that improved collaboration is underway ahead of the new school year.

9. DPH Street Teams

Aman Lael, MHA, CAO, Ambulatory Services Division, SF Health Network, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Vice President Giraudo asked for clarity on the structure of Shared Priority Teams, including how many exist, how they differ from Rapid Response Teams, and how they navigate neighborhoods. She explained that she needed this information for an upcoming presentation and stressed the importance of clear public messaging. She also requested information on team vehicles and identification. Ms. Lael explained that both Rapid Response and Shared Priority Teams operate in five neighborhoods, each with paired leads, clinical staff, and peer counselors. She noted that teams are mobile, use vans and cars, and coordinate huddles in neighborhood hubs. The presenters committed to providing Vice President Giraudo with a written summary for use in her presentation.

Commissioner Christian praised the new model and requested regular updates. She explained that the integration represented a major improvement over previous siloed structures and emphasized the value of peer navigators in building trust. She encouraged staff to advocate for ongoing funding of peer roles despite budget pressures. Ms. Lael affirmed that the new model would launch July 1st and regular updates would be provided. She agreed that peer navigators are essential to operations and remain a priority.

Commissioner Guillermo, asked whether San Francisco's model is unique or based on national models, and how outcome metrics will be tracked given differing data systems across agencies. She also asked how 311 calls generate field responses and how teams respond to situations where individuals repeatedly refuse services. Ms. Lael described the model as an evolution of prior pilots and stated that neighborhood-based coverage increases efficiency. She noted that data integration work is ongoing and that 311 calls do generate responses, though outcomes depend on motivation, eligibility, and service availability. She acknowledged that multiple contacts are often needed before successful engagement.

Commissioner Chow asked how Shared Priority Teams coordinate their daily operations and manage high-risk client lists. He emphasized the importance of evaluating the integration after several months and suggested a six-month follow-up report. Ms. Lael explained that teams begin each day with neighborhood-specific client lists, split into pairs, and search for individuals needing care. She noted that a single high-risk list is now shared across agencies. She agreed to return with a six-month implementation review.

10. Community and Public Health Committee Update

This item was postponed until the July 6, 2026 meeting.

11. Consent Calendar

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

Action Taken: The Health Commission unanimously approved the following items:

June 2026 LHH Policies

Item	Scope	Policy No.	Policy Title
1	Facility-wide	28-06	Behavioral Response Team (BRT)/ Therapeutic Care Team (TCT)
2	Facility-Wide	24-12	Laguna Premier Club: A Neurobehavioral Day Program
3	Clinical Nutrition		Diet Manual LHH 2026
4	Clinical Nutrition	1.12	Registration of Dietitians
5	Clinical Nutrition	1.15	Diet Manual Approved by Medical Staff
6	Clinical Nutrition	1.16	Nutrition Screening and Documentation Process
7	Clinical Nutrition	1.19	Acute Medical/ Rehab Admissions/Transfers
8	Clinical Nutrition	1.20	Nutrition Screening and Assessment Documentation for Acute Hospital Admissions
9	Clinical Nutrition	1.22	Enteral Formulary Availability
10	Clinical Nutrition	1.23	Discharge Diet Education
11	Clinical Nutrition	1.25	NPO or Clear Liquid Diet Orders
12	FNS	1.92	Standardized Recipes
13	FNS	1.94	Safety Standard
14	FNS	1.95	Use of Eggs
15	Medical Staff		LHH Credentialing Policy and Procedures Manual
16	Medical Staff	G 1.0	Vital Signs

12. Other Business

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

13. Closed Session

A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
There was no public comment for this item.

B) Vote on whether to hold a Closed Session.
President Green noted that the closed session would be postponed until the 7/6/26 meeting due to the length of this meeting.

C) Closed Session pursuant to California Government Code Section 54957(b) and San Francisco Administrative Code Section 67.10(b):

PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

DPH DIRECTOR OF HEALTH DANIEL TSAI

14. RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).)

   The closed session was postponed until the 7/6/26 meeting. Therefore, there was no action for this item.

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

   The closed session was postponed until the 7/6/26 meeting. Therefore, there was no action for this item.

15. Adjournment

The meeting was adjourned at 6:57pm.

Attachment A

Health Commission
City and County of San Francisco
Resolution No. 26-17_

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF $87,000 FROM BIOBOT ANALYTICS

WHEREAS, Biobot Analytics (BBA) is donating to the Department of Public Health (DPH) an in-kind gift of services valued in the amount of $87,000; and

WHEREAS, BBA has notified DPH that the gift will be distributed; and

WHEREAS, The donation will go to provide wastewater-based epidemiology services to DPH; and

WHEREAS, The services will help to estimate concentration of substances associated with adverse health consequences; and

WHEREAS, The services will also help to understand San Francisco's drug supply; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend an in-kind gift of up to eighty-seven thousand dollars ($87,000) to help DPH estimate and track the concentration of substances with adverse health consequences; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on June 15, 2026, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary

Health Commission
City and County of San Francisco
Resolution No. 26-18

AMENDING THE HEALTHCARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS

WHEREAS, On July 1, 2001, the Healthcare Accountability Ordinance (HCAO) went into effect, requiring that employers doing business with the City provide health insurance coverage for their employees that meets all the Minimum Standards or pay a fee to offset costs for health care provided by the City and County of San Francisco to the uninsured; and

WHEREAS, The HCAO provides the Health Commission with the authority and responsibility to determine Minimum Standards for health plan benefits offered by City contractors and lessees, as well as certain subcontractors and subtenants; and,

WHEREAS, The HCAO requires that the Health Commission review the Minimum Standards at least every two years and make changes as necessary to ensure that they are consistent with the current health insurance market; and

WHEREAS, Thru April and May 2026, DPH convened the Minimum Standards Workgroup, with representatives from various entities including health insurance broker firms, health plans, employers, labor advocates, and others, with the task of making recommendations for a revised set of Minimum Standards; and

WHEREAS, This workgroup met two times with the purpose of reviewing and making recommendations for changes to the Minimum Standards, with the goal to balance the needs of employers and employees that would ensure health insurance plan options for employers, retain comprehensive benefits for employees, and consider affordability for both; and

WHEREAS, The workgroup recognizes the financial challenges experienced by both employers and employees during this fiscal climate; and

WHEREAS, The workgroup emphasizes the importance of maintaining access to affordable and comprehensive care for employees, while ensuring that employers have access to quality health plans for their staff; and

WHEREAS, Taking into consideration the workgroup's recommendations, DPH produced a written report to be presented to the full Health Commission on June 15th, 2026 with an explanation of the process and description of the recommendations; and

WHEREAS, A review of the current Minimum Standards against 137 plans on the small business market in 2026 found that only 56 percent of silver plans are compliant; with the changes recommended here, this increases the share of compliant silver plans to 72 percent; and

WHEREAS, DPH supports the proposal developed in conjunction with the HCAO Minimum Standards Workgroup, as described fully in this resolution, and is respectfully requesting approval from the Health Commission;

THEREFORE, BE IT RESOLVED, That the Health Commission thanks the Minimum Standards Workgroup for its thorough and thoughtful engagement and collaboration to develop recommended changes to the HCAO Minimum Standards for the Health Commission's consideration; and be it

FURTHER RESOLVED, That the Health Commission approves the following revised Minimum Standards effective January 1 for the calendar years 2027 and 2028:

Benefit Requirement	New Minimum Standard
Type of Plan	Any type of plan that meets all the Minimum Standards as described below. All gold- and platinum-level plans written in California are deemed compliant if: • the employer covers 100 percent of both the plan premium and medical services deducible; and • the plan covers all required covered services standards (5, 8-16) Employers may use any health savings/reimbursement product that supports coverage of the medical deductible.
1. Premium Contribution	Employer pays 100 percent
2. Annual OOP Maximum	In-Network: • Employer must cover in-network out-of-pocket expenses up to 50 percent of plan's annual out of pocket maximum. These expenses must be covered on a first-dollar basis. • Employers may use any health savings or reimbursement product that supports compliance with this minimum standard. • OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.). • *The plan's out of pocket maximum cannot exceed the Federal out-of-pocket* limit for a self-only coverage plan during the plan's effective date. In 2027, the limit is $12,000 Out-of-Network: Not specified
3. Medical Deductible	• In-Network: $3,200 max • Out-of-Network: Not specified

Benefit Requirement	New Minimum Standard
4. Prescription Drug Deductible	• In-Network: $500 max • Out-of-Network: Not specified
5. Prescription Drug Coverage	Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	• In-Network: 55 percent/45 percent • Out-of-Network: 50 percent/50 percent
7. Copayment for Primary Care Provider Visits	• In-Network: $65 per visit. When coinsurance is applied See Benefit Requirement #6 • Out-of-Network: Not specified
8. Preventive & Wellness Services	• In-Network: Provided at no cost, per ACA rules. • Out-of-Network: Subject to the plan's out-of-network fee requirements. These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of preventive services that are required.
9. Pre/Post-Natal Care	• In-Network: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules. • Out-of-Network: Subject to the plan's out-of-network fee requirements. These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of pre- and post-natal services that are required.
10. Ambulatory Patient Services (Outpatient Care)	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: • Primary Care Provider: See Benefit Requirement #7 • Specialty visits: Not specified
11. Hospitalization	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
12. Mental Health & Substance Use Disorder	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified

Benefit Requirement	New Minimum Standard
Services, including Behavioral Health	
13. Rehabilitative & Habilitative Services	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
14. Laboratory Services	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
15. Emergency Room Services & Ambulance	Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.
16. Other Services	The full set of covered benefits is defined by the California EHB Benchmark plan.

I hereby certify that the San Francisco Health Commission adopted this resolution at its meeting of June 15, 2026.

_____

Mark Morewitz, MSW

Health Commission Executive Secretary