

Minutes from the September 14, 2026 meeting of the Immigrant Rights Commission

Date and Time

September 14, 2026 at 5:30 p.m.

Location

- San Francisco City Hall, 1 Dr. Carlton B. Goodlett Place, Room 416
- [View the meeting online](#)
- Call in to listen:
 - 415-655-0001
 - Access code: 266 491 75114 / Webinar password: 2026

Overview

Members of the Immigrant Rights Commission will attend this meeting in person. Members of the public are invited to observe the meeting in-person or remotely using Webex or by calling the phone number and entering the access code above. Everyone attending the meeting in person is encouraged to wear a mask throughout the meeting. Each member of the public attending in person may address the Commission for up to two minutes. Public speakers using consecutive interpretation assistance will be allowed to speak for twice the amount of time. For each agenda item, there is one comment per person. Members of the public may also submit public comment by email to: civic.engagement@sfgov.org.

Agenda items

1. Call to Order and Roll Call

Chair Souza called the meeting to order at 5:40 p.m. and noted that this meeting is part of San Francisco's Welcoming Week.

IRC Commissioners present: Chair Souza, Vice Chair Ng, Commissioners Abdou (left at 7:49 p.m.), Fara, Kennelly (6:16 p.m.), Obregon, Paz, Ratanapakdee, Reyes.

Also present: How (left at 7:59 p.m.), Padilla (5:54 p.m.), Ruiz, Traore (5:49 p.m.).

Not present: Commissioner Gin (excused).

OCEIA Staff Present: Director Rivas, Clerk Shore, Assistant Sarabia, Language Assistant Borres, Operations and Grants Administrator Chan, Spanish Language Specialist Cosenza, Language Access and Policy Manager De Carolis, Senior Communications Specialist Richardson, Senior Data & Field Systems Coordinator Rivera, Senior Chinese Language Specialist Wong, Deputy Director Yen.

2. Ramaytush Ohlone Land Acknowledgment

We, the San Francisco Immigrant Rights Commission, acknowledge that we are on the unceded ancestral homeland of the Ramaytush Ohlone who are the original inhabitants of the San Francisco Peninsula. As the indigenous stewards of this land and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the ancestors, elders and relatives of the Ramaytush Community and by affirming their sovereign rights as First Peoples.

Chair Souza read the land acknowledgment statement.

3. Announcements and General Public Comment

(Information)

This item is to allow Director Rivas to provide announcements on the San Francisco Immigrant Forum, interpretation services, public comment, and other information related to today's hearing; and to allow members of the public to address the Commission on matters that are within the subject matter jurisdiction of the Commission and that do not appear on today's agenda.

Director Rivas made announcements on interpretation, which is being provided in Spanish, Cantonese, Filipino, Vietnamese, and Arabic for today's meeting. He also provided announcements on Welcoming Week, the San Francisco Immigrant Forum, and the date of the next Commission meeting, which has been rescheduled to October 21 due to the holiday. Chair Souza called for general public comment and there was no public comment.

4. Recognizing Commissioner Wang

(Information)

This item is to allow Director Rivas and Chair Souza to recognize Immigrant Rights Commissioner Alicia Wang for her service on the Commission.

Director Rivas and Chair Souza honored Commissioner Wang for more than a decade of service on the Immigrant Rights Commission, highlighting her strong advocacy for language access, support for educational institutions including City College of San Francisco, and standing against hate. Commissioner Wang expressed gratitude to her fellow Commissioners, reflected on the ongoing work of confronting injustice, affirmed that their efforts are recognized and appreciated, and offered her support for their future work.

5. Update on Public Charge (Susie Smith, Deputy Director, Policy, Planning & Public Affairs, San Francisco Human Services Agency)

(Information)

This item allows Susie Smith, San Francisco Human Services Agency's Deputy Director of Policy, Planning & Public Affairs, to provide an informational update on USCIS's new guidance on public charge, set to take effect on September 18, 2026, including who is and is not impacted by the public charge test, and what

immigrant families need to know.

OCEIA: [Public Charge: San Francisco Immigrant Support Hub](#)

SFHSA: [Public Charge: SFHSA Answers Your Questions](#)

Deputy Director Smith provided information on USCIS's new guidance on public charge, set to take effect on September 18, 2026, barring a court injunction. She explained who is and is not impacted by the public charge test, and what immigrant families need to know, and answered questions from Commissioners. Deputy Director Smith stressed that public charge is limited in scope, and most immigrants who receive public benefits and services are not impacted. However, misinformation can lead to fear, even among those who are not impacted. She highlighted the City's work conducting community education on public charge through webinars, community meetings, multilingual materials, and partnerships with ethnic media and local organizations. Individuals who think the rule may apply to them are encouraged to consult a trusted legal services provider to make the best decision for their family.

6. IRC Hearing on Access to Healthcare for Immigrant Communities in San Francisco (Various Speakers)

(Information/Discussion)

This item allows Chair Souza, Commissioner Padilla and Commissioner Paz to introduce the IRC hearing and allows the invited speakers to present on the changes to healthcare access for immigrant community members, what immigrant families need to know, and what resources are available for San Franciscans regardless of status. Invited speakers include:

- San Francisco Human Services Agency (SFHSA): Susie Smith, Deputy Director of Policy, Planning & Public Affairs
- San Francisco Department of Public Health (SFDPH) and Healthy San Francisco: Tangerine Brigham, Chief Operating and Strategy Officer, San Francisco Health Network; Stella Cao, Director, Office of Managed Care
- Mission Neighborhood Health Center (MNHC): Denisse Porter, RN, MS, FNP, Associate Chief Medical Officer; Willie Ramirez, Chief Strategy Officer; Anna Robert, RN, MSN, DrPH, Chief Executive Officer

[San Francisco Human Services Agency \(SFHSA\) Presentation](#)

[San Francisco Department of Public Health \(SFDPH\) Presentation](#)

[Mission Neighborhood Health Center \(MNHC\) Presentation](#)

Chair Souza, Commissioner Padilla and Commissioner Paz welcomed speakers and introduced the special hearing.

The invited speakers discussed the City's response to changes to healthcare access for immigrant communities and answered questions from Commissioners.

San Francisco Human Services Agency (SFHSA): Susie Smith, Deputy Director of Policy, Planning &

Public Affairs

Deputy Director Smith of SFHSA provided an overview of the state and federal changes to healthcare access for immigrant communities. Despite being the first state in the nation to expand healthcare to undocumented immigrants of all ages, California is now reversing course.

In January 2026, the state froze Medi-Cal enrollment for those with unsatisfactory immigration status (UIS) ages 19 and older. For these individuals, those already receiving Medi-Cal can renew, but new members cannot join. Those who already have Medi-Cal are encouraged to make sure to renew it.

In January 2027, two more changes take effect: Those between the ages of 19 and 64, and parents with children who are 14 and older, will have to renew eligibility for Medi-Cal twice a year, instead of once a year; and must work, attend school, or do community service for at least 80 hours a month, or earn about \$600 a month, to keep their Medi-Cal benefits. This includes those with unsatisfactory immigration status. However, many people are exempt from this requirement, including people with disabilities, and those already complying with the CalFresh work requirement. In another change, those with unsatisfactory immigration status will transition from managed care to a fee-for-service model.

In July 2027, other changes will take effect related to services and funding: Medi-Cal premiums of \$30 per month per person will begin for those with unsatisfactory immigration status; UIS members ages 19 and older will not be eligible for dental benefits; and California will eliminate the Prospective Payment System (PPS) per-visit rate for state-only Medi-Cal services provided to UIS individuals, which will impact funding for Federally Qualified Health Centers.

Deputy Director Smith of SFHSA noted that the H.R.1 requirements impact about 100,000 Medi-Cal beneficiaries, representing 47 percent of their caseload. Of these, about 35,000 speak a primary language other than English: about 18,000 speak Spanish, 12,000 speak Cantonese, 1,400 speak Vietnamese, 700 speak Russian, and 300 speak Filipino as their primary language.

She outlined SFHSA's plans to help eligible families and individuals maintain access to food and healthcare coverage, and support pathways to employment. SFHSA's action plan includes analysis, stakeholder and community engagement, innovative strategies including use of technology and process improvements, advocacy for increased state and local resources, and expanding workforce development services. For example, San Francisco is partnering with United Way Bay Area and Project Open Hand to launch a workfare program to make it easier for people to meet the CalFresh work requirement. Clients can also comply through a self-driven volunteer option.

Commissioners can remind community members to keep their information updated with the correct address, phone, and email to receive renewal notices; and to opt in to receive text reminders. Clients are also encouraged to create their own BenefitsCal account to make it easier to renew and resolve renewal issues.

San Francisco Department of Public Health (SFPDH) and Healthy San Francisco: Tangerine Bringham, Chief Operating and Strategy Officer, San Francisco Health Network

Tangerine Bringham, Chief Operating and Strategy Officer of SFPDH's San Francisco Health Network (SFPDH), provided an overview of Healthy San Francisco. The City has supported the health access program since 2007 to help uninsured San Francisco residents get low-cost, ongoing healthcare. Healthy San Francisco is not insurance, and services are limited. The program does not consider immigration status in determining eligibility. It offers an income-based fee structure for those with incomes above the Federal Poverty Level. Individuals can register and access services on the same day, and renew once a year. Sixty percent of Healthy San Francisco participants use Spanish as their primary language.

Healthy San Francisco started before the Affordable Care Act and peaked at about 54,000 individuals. When the Affordable Care Act (ACA) went into effect, enrollment in Healthy San Francisco decreased as more people were able to access health insurance through Medi-Cal. During the past four years, California expanded full-scope Medi-Cal to individuals regardless of immigration status. By the end of 2025, enrollment in Healthy San Francisco was under 3,000.

Since then, the trend has reversed as UIS individuals are no longer eligible for full-scope Medi-Cal as of January 1, 2026. Enrollment in Healthy San Francisco has increased by over 1,000 since January and is expected to continue to rise.

Chief Operating and Strategy Officer Bringham noted that federal and state changes have created confusion and a chilling effect, and stressed that Healthy San Francisco is open for business. San Francisco residents who make up to 500 percent of the Federal Poverty Level are eligible to enroll in the program.

DPH's goals are to maximize full-scope Medi-Cal retention for those who are eligible, and to ensure continued Healthy San Francisco enrollment for those who are ineligible for full-scope Medi-Cal. Those with restricted Medi-Cal for emergency care can also apply for Healthy San Francisco. The San Francisco Board of Supervisors also approved an increase of more than \$25 million in DPH funding for non-City Healthy San Francisco providers over the next several years to care for this population. DPH continues to collaborate with City departments, community-based organizations, and health plans to ensure that individuals have as much comprehensive coverage as possible.

Mission Neighborhood Health Center (MNHC): Denisse Porter, RN, MS, FNP, Associate Chief Medical Officer; Willie Ramirez, Chief Strategy Officer; Anna Robert, RN, MSN, DrPH, Chief Executive Officer
MNHC Associate Chief Medical Officer Denisse Porter, a nurse practitioner, described the story of "Lourdes," a 45-year-old MNHC patient from Guatemala who is a single mother and a uterine cancer survivor. Lourdes has lost her Medi-Cal and cannot renew it. She works as an office cleaner and can't afford Healthy San Francisco's \$60 quarterly fee. Porter noted that this is what happens when patients lose health coverage and clinics are not adequately funded to provide the care they need. She called for stakeholders to come together to center patients.

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MNHC CEO Anna Robert provided an overview of MNHC, an independent Federally Qualified Health Center founded in 1967 that offers low-cost and free healthcare services. MNHC is part of the San Francisco Community Clinic Consortium. MNHC served over 18,000 patients in 2025, the majority of whom (51 percent) are under 30 years old. Most MNHC patients (75 percent) prefer to receive care in Spanish. MNHC builds community trust through cultural competency, long-term employees, a strong promotora presence, and a culture of patient-centered care.

MNHC CEO Robert stated that the crisis is already here. She estimated that between December 2025 and the end of July 2026, about 18,000 San Franciscans have fallen off Medi-Cal. During that time, she said there have only been about 1,300 new enrollees in Healthy San Francisco. MNHC has seen an increase in patients who have lost Medi-Cal and are now uninsured. She argued that Healthy San Francisco is not a replacement for Medi-Cal or the state funding to health clinics. In July 2027, the reimbursement that Federally Qualified Health Centers (FQHCs) like MNHC get paid to care for the UIS population will go from \$300 to about \$30 per visit.

MNHC Chief Strategy Officer Willie Ramirez said that MNHC has 267 employees. Many come from the communities they serve, and 15 percent of staff have an immigration status that is in process. DACA delays, visa restrictions, and uncertainty around work permits make it harder to retain health care workers.

MNHC CEO Robert estimated that healthcare services provided by SFDPH clinics are about 80 percent more expensive than those provided by MNHC.

She said a different approach is needed to create a citywide plan in partnership with the entire safety net, and to prepare for more federal uncertainty. For example, pending litigation over the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) could further restrict which federally funded providers are permitted to serve some immigrant patients.

She asked the IRC to call for the creation of a Healthcare Access Rapid Response Team (HARRT), led by the Mayor's Office, with representatives from the San Francisco Health Commission, Department of Public Health, Human Services Agency, San Francisco Community Clinic Consortium, and at least two community-based organizations that provide specialty behavioral health services. She said the HARRT should develop within 60 days a coordinated funding and implementation plan that protects access to care and stabilizes the community healthcare workforce. She said the plan should:

- Sustainably fund community-based care and community health clinics (to serve those who are uninsured and choose not to enroll in Healthy San Francisco);
- Close the Healthy San Francisco reimbursement gap (to address the financial gaps currently being absorbed by community clinics);
- Embed HSA's Medi-Cal and CalFresh enrollment services at community health centers (to prevent people from unnecessarily losing health coverage and food assistance);
- Protect the healthcare workforce (by providing or reimbursing legal assistance for healthcare workers affected by changes in immigration status or work authorization); and

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- Report back to the IRC within 30 days on their progress.

Chair Souza called for public comment and there were eight public comments.

1. Cristy Dieterich, speaking in her personal capacity, asked how and if DPH, Healthy San Francisco, and the consortium clinics are evaluating Medi-Cal eligibility for noncitizen immigration statuses. She noted that some noncitizens, such as those who have applied for asylum, qualify for full-scope Medi-Cal.
2. Rahael Borchers, speaking in her capacity as a physician at San Francisco General Hospital and a member of the Health for All Coalition, said healthcare providers are concerned about immigrants' access to healthcare and willing to collaborate with the City, noted that the fee-for-service model will cause even more people to lose access to healthcare, and highlighted research on immigrant health and resources from the UCSF Health and Human Rights Initiative and the Everyone Belongs Here website.
3. Merrill Buice, director of coverage and access at the San Francisco Community Clinic Consortium, asked the IRC to help encourage HSA to station eligibility workers at all partner health centers on a regular and frequent basis, noting that community members feel comfortable going to clinics; asked for a direct phone line to reach HSA's eligibility staff; and encouraged patients to continue to get the care they need.
4. Rosa Aragon, a patient services manager at MNHC, said she meets patients every day who are worried about their health insurance, described a successful event last week with HSA, and asked HSA to assign someone to MNHC on a daily basis to help people renew their Medi-Cal.
5. Felipe Flores, a San Francisco resident who has worked in community and health, discussed workers' perspectives, concerns about data sharing, changes in eligibility, program cuts, and the need to be innovative in how we work together and care for each other, noting that no one City agency or community organization can do this on their own.
6. Jose Lopez, director of MNHC's behavioral health and substance abuse services, discussed the importance of trust and cultural competence of community clinics. He shared the story of an indigenous Peruvian patient who suffered abuse in her home country and finally sought help through her MNHC doctor. When her Medi-Cal lapsed, he met with her in the parking lot because she was afraid that she would be charged if she entered the clinic.
7. Farzana Poyan, MNHC's dental director, noted that dental treatment prevents disease, preserves teeth, and keeps people out of emergency rooms, and discussed the impact of taking treatment away.
8. Brian Abel, MNHC's chief population health and value-based care officer, stated that California Advancing and Innovating Medi-Cal (CalAIM) was designed to prevent catastrophic events for patients; noted that when people lose coverage, their underlying conditions do not go away; and called on San Francisco to come together as a city to prevent catastrophe.

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Chair Souza, Commissioner Paz, and Commissioner Padilla thanked speakers and made closing remarks. Chair Souza will bring this item to the Executive Committee meeting to discuss potential recommendations on how to move forward.

7. Adjournment

Chair Souza adjourned the meeting at 8:20 p.m.