Northern Inyo Healthcare District

Board Meeting

Governance Meeting - April 8, 2026

Mission

* Strong Stewardship * Ethical Oversight *
*Eternal Local Access *

Vision Statement

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

Values

* Integrity * Innovate Vision * Stewardship * Teamwork *

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Governance Committee Meeting

April 8, 2026 at 2:00 pm

The Governance Committee will meet in person at 150 Pioneer Lane. Members of the public will be allowed to attend in person or via Zoom. Public comments can be made in person or via Zoom.

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)
https://us06web.zoom.us/s/86114057527
Webinar ID: 861 1405 7527
Passcode: 898843

PHONE CONNECTION:
(669) 444-9171
(253) 215-8782
Webinar ID: 861 1405 7527

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1. Call to Order at 2:00 pm
2. Public Comment: At this time, members of the audience may speak only on items listed on this Notice. Each speaker is limited to a maximum of three (3) minutes, with a total of thirty (30) minutes for all public comments unless modified by the Chair. The Board is prohibited from discussing or taking action on items not listed on this Notice. Speaking time may not be transferred to another person, except when arrangements have been made in advance for a designated spokesperson to represent a large group. Comments must be brief, non-repetitive, and respectful.
3. Old Business
   a) Board Self-Assessment Action Plan Checklist – Information Item
   b) Joint Board Meeting – Information Item
4. New Business
   a) Meeting Minutes – March 10, 2026 – Action Item
   b) Advocacy Update – Information Item
      i) Legislative Affairs Lobbyist – Action Item

ii) AB 2311 – Support Association of California Healthcare District – Action Item

iii) Opposition to Health Care Endangerment Act (HCEA) by California Hospital Association – Action Item

iv) AB 2353 – Support California Hospital Association – Action Item

c) CEO Performance Evaluation/Jacob Green Feedback Discussion – Information Item

d) Mission, Vision, Values, and Strategic Plan – Next Steps – Action Item

5. General Information from Board Members – Information Item
6. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board Governance Committee meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

Board Self-Assessment Action Plan

August 2025 – Early Starts (Already in Progress)

Board Communication & Engagement Foundations

☒ CEO begins weekly updates (emails), urgent calls, and voice memos for non-urgent issues.

☒ Board Clerk clarifies process for Board members to request agenda items (Governance Committee discussion).

☒ COO coordinates hospital tours or rounding opportunities for Board members.

Governance & Strategic Direction

☒ Share Board self-assessment presentation slides with the Board.

☐ Governance Committee reviews Mission, Vision, and Values alongside the Strategic Plan.

☒ Document shared expectations for incoming CEO to guide hiring/onboarding.

☒ Board remains actively involved in finalizing CEO hiring process.

Community Engagement

☒ Marketing and Board Clerk draft public-facing calendar of community events.

☒ Board and CEO (with Marketing/Clerk) maintain and promote the community event calendar.

September 2025 – Foundations, Compliance & Meeting Conduct

Compliance & Meeting Rules

☒ Confirm Directors and Officers (D&O) liability coverage for executive staff.

☒ Legal Counsel conducts Brown Act training.

☒ Chair implements Robert's Rules of Order sequencing consistently at meetings.

☒ CEO informs staff that non-presenters attend Board meetings as members of the public only.

☒ Board sustains collaborative tone and incorporates individual member strengths into decision-making.

Governance Tools & Communication Protocols

☒ Governance Committee reviews and updates the Board's Code of Conduct.

☒ CEO and Executive Team develop vetting process for staff-generated agenda items.

☒ Board and CEO define the Board's role at community events.

Financial Oversight & Engagement

☒ Finance Committee continues monitoring financial turnaround progress (standing).

☒ Board participates in staff appreciation efforts (employees, providers, volunteers).

October 2025 – Strategic Direction & Partnerships

Governance & Culture

☒Board begins discussion on documenting/formalizing how Board diversity and member strengths support governance.

Strategic Planning

☒ Governance Committee meets to discuss long-term vision and service line strategy. Includes physician recruitment as part of service line strategy.

☒ Board explores partnership opportunities (Mammoth, Toiyabe, Southern Inyo, Valley Health).

☒ Board and CEO discuss Northern Inyo Healthcare District's (NIHD) role in restoring access in Northern Mono County (Bridgeport Clinic).

November 2025 – Engagement & Oversight

Community & Staff Engagement

☒ Foundation and Auxiliary begin presenting regular updates at Board meetings.

☒ Board and Foundation host a provider/community recognition event.

Workforce Development

☒ Executive Team updates Board on physician recruitment and workforce development initiatives.

Oversight & Infrastructure

☒ CEO and IT Team review IT infrastructure and report findings.

☒ Finance Committee reviews billing issues and reports to the Board.

December 2025 – CEO Evaluation & Closing the Loop

CEO Evaluation Process

☐ Board refines CEO evaluation process (format, frequency, 360-degree feedback).

Board Development

☐ Full Board revisits Board self-assessment themes to close the feedback loop.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Governance Chair Lent called the meeting to order at 2:01 pm.
PRESENT	David Lent, Governance Chair Jean Turner, Governance Alternate Christian Wallis, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Business Development Officer / Chief Human Resources Officer
PUBLIC COMMENT	Chair Lent reported that at this time, audience members may speak on any items on the agenda that are within the jurisdiction of the Board. **Public Comment:** None
BOARD SELF-ASSESSMENT ACTION PLAN	Committee members reviewed the Board Self-Assessment Action Plan and noted that the plan is substantially complete, with remaining items expected to be addressed during an upcoming special meeting with Jacob Green. The item will remain under Governance Committee oversight until those final items are completed. **Public Comment:** None **Board Discussion:** None
MEETING MINUTES – JANUARY 13, 2026	**Motion by** Lent to approve the meeting minutes for January 13, 2026 **Pass:** 1-0 **Abstain:** Smith
BOARD RESOLUTION – CONSOLIDATED ELECTION	**Motion by** Smith to move the Consolidate Elections Resolution to the full board **2nd:** Lent **Pass:** 2-0
ADVOCACY UPDATE	**LEGISLATIVE AFFAIRS LOBBYIST** CEO Wallis presented the potential engagement of a legislative affairs lobbyist to support advocacy efforts, including monitoring healthcare-related legislation, coordinating outreach to policymakers, and representing the District's interests. He provided an overview of potential costs and services **Public Comment:** None **Board Discussion:** The committee discussed the potential value of engaging a lobbyist to strengthen advocacy efforts and explored the possibility of collaborating with other regional hospitals to share costs. Members also discussed the indirect nature of legislative influence and the importance of aligning advocacy

priorities with organizational needs.

Voting:
No action taken; staff directed to return with additional information on costs, scope, and potential partnership opportunities.

CSDA SITE VISIT WITH LEGISLATORS

CEO Wallis provided an update on a planned CSDA-coordinated site visit with legislative representatives and staff scheduled for April 23. The visit will include discussion of rural health transformation initiatives, relevant legislation, and a tour of hospital facilities.

Public Comment: None

Board Discussion:
Members agreed to recommend that Governance Committee members attend on behalf of the Board.

REPRESENTATIVE TANGIPA, BILL FOR FINANCIAL SUPPORT

CEO Wallis provided an update on legislative engagement with Representative Tangipa's office regarding a proposed bill for financial support. Following outreach from legislative staff, a placeholder bill was established, and a request of approximately $2.5 million was submitted to address near-term financial needs and support operational stability, with no guarantee of funding at this stage.

Public Comment: None

Board Discussion: None

POTENTIAL FOR JOINT MEETING WITH NIHD BOARD OF DIRECTORS AND SMHD BOARD OF DIRECTORS CEO

CEO Wallis presented a proposal to hold a joint meeting between the Northern Inyo Healthcare District (NIHD) and Southern Mono Healthcare District (SMHD) Boards of Directors, noting increased collaboration between leadership teams and a shared interest in strengthening regional coordination and communication.

Public Comment: None

Board Discussion:
The committee discussed the value of continued collaboration between the two organizations and expressed support for fostering stronger regional relationships. Members noted that a joint meeting would promote alignment, communication, and shared understanding of regional healthcare needs.

Motion by Smith to recommend the joint board meeting to the full board.
2nd: Lent
Pass: 2-0

LEGAL CLAIMS	CEO Wallis presented a discussion regarding the handling of legal claims and clarified the distinction between routine administrative matters and claims requiring Board involvement. An example of a late claim was provided to illustrate standard administrative handling. **Public Comment:** None **Board Discussion:** The committee discussed appropriate thresholds for Board review of legal claims and supported an approach in which routine or time-barred claims are handled administratively, while significant or active claims are brought forward to the Board as needed.
HOSPITAL EVENTS	CEO Wallis initiated a discussion regarding Board member participation in hospital events, including expectations for visibility and engagement during staff and community activities. **Public Comment:** None **Board Discussion:** The committee discussed the value of Board member presence at hospital events as a demonstration of support and engagement. Members expressed a preference to attend and be recognized as present, while avoiding formal roles or prominent recognition during events.
BOARD BYLAWS	Staff presented proposed updates to the Board Bylaws to reflect recent changes in governance structure, committee organization, and current operational practices, along with minor administrative edits. **Public Comment:** None **Board Discussion:** The committee discussed the proposed updates and noted the importance of clearly defining governance roles, including reaffirming that authority resides with the full Board while the Chair serves in a coordinating role. Members expressed support for aligning the bylaws with current practices. **Motion by** Lent to move the Board Bylaws to the full board for approval **2nd:** Smith **Pass:** 2-0
GENERAL INFORMATION	None
Adjournment	Adjourn at 2:45 pm.

_____

David Lent
Northern Inyo Healthcare District

Governance Chair

Attest: _____
Laura Smith
Northern Inyo Healthcare District
Governance Vice-Chair

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

DATE: April 2026

TO: Board of Directors, Northern Inyo Healthcare District

FROM: Christian Wallis, CEO

RE: Legislative Affairs Lobbyist

MEMORANDUM

Background

Each year, the California Legislature introduces a large number of bills that may affect healthcare providers, public hospital districts, and rural healthcare systems. These proposals may address healthcare funding, regulatory requirements, workforce issues, and public health policy. Legislative decisions at the state level can directly impact the District's operations and its ability to serve the community.

As part of ongoing efforts to strengthen the District's legislative engagement and advocacy efforts, staff has identified a potential partner. The proposed lobbyist specializes in representing healthcare organizations and has experience navigating state-level policy issues relevant to hospitals and specifically healthcare districts.

Discussion

Given the volume and complexity of legislation introduced each year, engaging a legislative affairs lobbyist would help the District proactively identify, analyze, and respond to legislative and regulatory developments.

Staff is exploring a partnership with a firm that could provide the following services:

- **Legislative Monitoring and Analysis**
    - Review approximately 2,000 bills and narrow to ~350 relevant to healthcare and special districts
    - Further refine to 20–30 bills with direct impact to NIHD
    - Track legislative progress and provide insight into the political landscape
- **Advocacy and Representation**
    - Draft letters of support or opposition
    - Communicate directly with legislators

  - Provide testimony or assist NIHD in preparing testimony for legislative committees

- **Budget and Funding Support**
  - Provide guidance on the state budget process and its development
  - Assist with identifying and pursuing funding opportunities, including grants, loans, and state budget requests (e.g., Rural Health Clinics)
- **Strategic Relationships and Access**
  - Facilitate connections with key state agencies and leadership, including HCAI (OHCA, RHTP), CDPH, and HHS
  - Coordinate meetings with legislators and support development of a communication strategy
- **Policy Engagement Support**
  - Draft comments and materials for NIHD participation in legislative and regulatory processes

These services would enhance the District's ability to stay informed, respond strategically to legislation, and pursue opportunities that support its operational and financial goals.

Recommendation

Staff recommends that the District consider engaging a qualified advocacy partner to provide legislative monitoring, analysis, and advocacy services at a cost of $4,000 per month for a 12-month term (total $48,000).

Given the firm's healthcare-specific focus and experience with similar healthcare districts, this engagement would support NIHD in navigating the legislative environment, advocating for District priorities, and identifying funding opportunities.

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

March 12, 2026

The Honorable Mia Bonta
Chair, Assembly Health Committee
1020 O St., Room 390
Sacramento, CA 95814

RE: Assembly Bill 2311 (Schiavo) Healthcare District: Employment — SUPPORT

Dear Assemblymember Bonta:

On behalf of the Northern Inyo Healthcare District, I write to express support for Assembly Bill 2311, which would allow district hospitals to directly employ physicians without interfering with the professional judgment of the physicians they hire.

Northern Inyo Healthcare District is a public healthcare district serving residents of Inyo County and surrounding Eastern Sierra communities. Through Northern Inyo Hospital and its network of outpatient clinics, the District provides essential emergency, primary, and specialty care services to a large rural region. As a community-owned district hospital, our mission is to ensure local residents have access to high-quality healthcare close to home.

The California Future Health Workforce Commission has found that California is projected to have a shortage of 4,100 primary care clinicians by 2030.[1] At the same time, the state has significantly expanded access to care through Medi-Cal, increasing the number of patients accessing all types of health care services. We applaud increased access to health care, but recognize that providers who serve the most vulnerable populations continue to struggle meeting the demand for care.

District hospitals serving rural communities and large numbers of Medi-Cal patients often face significant challenges in recruiting and retaining physicians. Many hospitals must rely on contracting arrangements rather than offering direct employment, which makes it harder to compete for physicians in today's workforce environment. For hospitals with higher levels of Medi-Cal coverage and uncompensated care, these limitations can make recruitment especially difficult.

Northern Inyo Healthcare District serves a patient population with a significant reliance on public coverage. Approximately 41% of our patients are covered by Medi-Cal, and in the most recent fiscal year, the District provided more than $6.7 million in uncompensated care, including charity care and bad debt. These financial realities make recruiting and retaining physicians particularly challenging for rural district hospitals that serve a high proportion of publicly insured patients.

AB 2311 is a modest approach to allow public district hospitals to effectively recruit and retain providers to their facilities, giving a small number of public hospitals a tool that has proven to be effective. California is one of only five states that still interprets the Ban on the Corporate Practice of Medicine Doctrine to include a prohibition on direct employment of physicians. However, the University of California and county hospitals have long enjoyed the ability to employ doctors as public providers regardless of their location.

The ability to employ physicians would allow district hospitals to attract specialty providers that otherwise may not reach our communities through physician groups, including OBGYNs, cardiologists, and behavioral health doctors. Employment

[1] https://futurehealthworkforce.org/wp-content/uploads/2025/10/FutureHealthWorkforceCommission_FinalReport.pdf

or similar models are extremely attractive to graduates coming out of residency or doctors who practice in other states. Allowing district hospitals the opportunity to offer set salaries, generous benefits, set schedules, and align with the model of 45 states will make serving in public settings more attractive.

Simply put, AB 2311 is about provider equity and will ensure California's underserved populations get quality and timely access to primary and specialty care. For these reasons, Northern Inyo Healthcare District is pleased to support AB 2311. Please don't hesitate to contact me at Christian.wallis@nih.org if I can be of additional assistance.

Sincerely,

Christian Wallis

Christian Wallis, CEO
Northern Inyo Healthcare District

cc: The Honorable Pilar Schiavo, Member, California State Assembly
Lara Flynn, Chief Consultant, Assembly Health Committee
Justin Boman, Consultant, Assembly Republican Caucus
All Legislative Members, California State Assembly

Californians **Against** the
Health Care
Endangerment Act

Measure Jeopardizes Patient Care by Forcing Quality Doctors, Nurses and Health Care Leaders out of California

Special interests are pushing a cynical and harmful measure that would **endanger patient care and health care jobs by forcing quality doctors, nurses and health care leaders out of California** by arbitrarily capping the earnings of these health care professionals.

Here's why a broad coalition of groups representing doctors, health care workers, and health care providers opposes this dangerous measure:

Jeopardizes Quality Care by Forcing Highly Skilled Doctors, Nurses & Health Care Leaders out of California

This measure **would impact thousands of health care workers** in leadership positions at hospitals and physician group practices—many of the doctors, nurses, specialists, and others who provide and support quality care. Arbitrary pay caps—the only one of its kind in the country—will push health care leaders to other states or professions. The measure hurts vital health care workers, including:

- Leaders of physician groups and doctors' practices that provide specialty care like cancer treatment, OB/GYN, maternity services, pediatrics, cardiology, memory care, surgery services and more
- Chief Nursing Officers at hospitals that oversee quality care initiatives, nurse recruitment, retention and training and patient care plans
- Chief Medical Officers at hospitals that oversee physicians and patient care
- Leaders in surgery, emergency rooms, oncology, obstetrics, cardiology, pediatrics and other specialties at hospitals

Capping physician, nurse and health care leader compensation will **discourage doctors and nurses from getting into the medical profession when we already have a severe shortage, and will drive experienced health care leaders out of California—resulting in lower quality care for Californians and longer wait times for patients to see a specialist.**

Makes California's Health Care Challenges Even Worse

California's health care system is facing unprecedented challenges, including tens of billions of dollars in federal cuts, workforce shortages, lack of access and long wait times to see doctors and specialists, or receive cancer or surgical care. **This measure will make a bad problem worse by pushing skilled doctors, nurses and health care leaders out of our state**—diminishing quality care and draining talent and leadership when it is needed most.

Arbitrarily Excludes Other Health Care Executives

This measure attacks hospital and physician leaders, but **excludes leaders of health insurance companies, pharmaceutical companies, and other health care entities**. These arbitrary exclusions prove that this measure is all about politics and not rational policy.

Will Not Decrease Health Care Costs

This measure will not lower health care costs at all and, in fact, could increase costs as hospitals and physician groups lose quality leaders that ensure health care services are delivered efficiently and effectively. **We risk losing quality health care workers and services without achieving any cost savings or any other benefits.**

Don't Chase Quality Doctors, Nurses & Health Leaders Out of California

REJECT the Health Care Endangerment Act

protectqualitycare.com

Ad paid for by Californians Against the Health Care Endangerment Act, sponsored by
California Association of Hospitals and Health Systems
Ad Committee's Top Funder
California Association of Hospitals and Health Systems

CALIFORNIANS FOR

HEALTH CARE WORKERS' RIGHT TO VOTE

Give Health Care Workers a Voice

The **Health Care Union Transparency, Accountability & Union Member Right to Vote Act, aimed for California's November ballot**, is supported by health care workers, providers, and community leaders because it will provide health care workers much needed transparency and accountability over how their hard earned dues moneys are spent.

WHAT IT DOES:

Gives health care workers the right to vote on how their dues are spent on ballot measure campaigns. Large health care unions would be required to get a vote of approval from their members before they can spend more than $1 million on a statewide ballot measure or $100,000 or more on a local ballot measure.

Provides health care workers more transparency and accountability by requiring large health care unions to provide their members a detailed account of how their dues are spent on campaigns and politics every year — by mail and email — including the per member cost of that political spending.

That includes spending on ballot measures, PACs, candidates, elected officers or an elective office, independent expenditures, and payment to influence legislative or administrative action.

Applies to large health care unions with more than 50,000 members, where more than half of their members work for a health care provider.

WHY IT'S NEEDED:

Health Care Workers Deserve a Say:

- Right now, **health care union members have little to no say** on how their dues are spent on ballot measure campaigns and there is very little transparency or accountability.
- **Decisions are often made by a small group of union executives**, not rank-and-file members. For one California health care union, decisions on where to spend money on politics are made by executives representing one quarter of one percent of their membership.
- Labor unions have a right to spend money on political issues and measures. But **union members also have the right to decide how their dues money is being spent** and a right to know exactly where their hard-earned dues money is going.

Health Care Workers Should Know Where Their Money Goes:

- Too often, **health care union executives don't disclose to their members** exactly how they've spent their dues on political campaigns, ballot measures and political issues that threaten patients and health care workers.
- In the past 15 years, a few large special interest health care union leaders have proposed **dozens of cynical and unnecessary state and local ballot measures** threatening patient access to quality health care at hospitals, health clinics, doctors' offices, and other medical providers. These measures also threaten the health care jobs of the very members they are supposed to represent.
- Since 2012, the leader of one large California health care union alone has been behind 45 state and local ballot initiatives in California — spending more than **$73 million of health care workers' dues money to push unnecessary and risky initiatives**, with most of them failing. That amounts to more than **$700 per member**.

It's time to give health care workers the transparency and accountability they deserve, and the right to vote on how their hard-earned dues money is spent on ballot measure campaigns.

Vote YES to Give Health Care Workers a Voice!

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