Northern Inyo Healthcare District

Board Meeting

Governance Meeting - August 11, 2026

Agenda

Old Business

New Business

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

Mission
Northern Inyo Healthcare District provides health care services to improve the quality of life and health for all we serve

Vision
Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, compassionate, comprehensive care in coordination with regional partners.

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Governance Committee Meeting
August 11, 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
(719) 359-4580
Meeting ID: 325 789 3484

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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) Advocacy Update – Information Item
   b) Joint Board Meeting Update – Information Item
   c) Strategic Plan – Information Item
4. New Business
   a) Meeting Minutes July 7, 2026 – Action Item
   b) Board Request for Agenda Items – Action Item
   c) Board Meeting Schedule – 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.

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
1	AB 1923 - Soria	**Distressed Hospital Loan Program - $250 million** Expands and funds California's Distressed Hospital Loan Program to provide financial assistance to hospitals at risk of closure. The bill broadens eligibility and allows for loan forgiveness based on financial need, with the goal of stabilizing hospital operations. It is intended to preserve access to care, particularly in rural and underserved communities.	Introduced (2/12/26) Passed Assembly Health Committee (15-0 on 4/23/26) Passed Assembly Appropriations Committee (5/14/26) (P Passed the Assembly (78-0 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Passed Senate Health Committee
1	AB 2353 - Pacheco	**Requires review of any new mandate for hospitals** Requires an independent evaluation of legislation that imposes new requirements on hospitals to assess its cost and impact on healthcare affordability. The bill aims to provide lawmakers with better information on how proposed policies affect hospital operations and overall healthcare costs. It is intended to improve decision-making and prevent unintended financial strain on hospitals and the healthcare system. **Update:** The bill now establishes the Health Mandates Review Program and the Center for Health Provider Policy Impact to provide independent analyses of proposed hospital mandates and their impacts on hospital operations, healthcare affordability, workforce, and access to care before new requirements are enacted.	Passed Assembly Health Committee (11-0 on 4/21/26) Passed Assembly Appropriations Committee (12-0 on 5/1 Passed the Assembly (56-1 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Senate Health Committee - Hearing cancelled

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
1	AB 2208 - Stefani	**Maintains three month retroactive eligibility for Medi-Cal. Puts in place co pays for Medi-Cal as required by HR-1** maintains the current three-month retroactive eligibility period for Medi-Cal, allowing patients to receive coverage for services provided prior to enrollment. The bill also implements cost-sharing requirements, including co-pays, in alignment with federal policy changes under H.R. 1. It is intended to preserve access to coverage while aligning Medi-Cal policies with federal requirements.	Introduced (2/19/26) Passed Assembly Health Committee Passed Assembly Appropriations Committee Passed the Assembly Referred to the Senate Health Committee (6/10/26) Passed Senate Health Committee (7/1/26) Referred to Senate Appropriations Committee
1	AB 1607 - M. Gonzalez	**Extension of sunset for Maddy Emergency Medical Services Fund** Removes the sunset on counties' authority to levy penalties that fund the Maddy Emergency Medical Services (EMS) Fund, maintaining the funding mechanism for emergency medical and trauma services. By preserving this funding structure, the bill supports continued operation of EMS systems. These services are critical to maintaining access to emergency care, particularly in rural and underserved communities. **Update:** Extends funding for the Maddy EMS Fund and Richie's Fund through January 1, 2037.	Passed Assembly Health Committee (16-0 on 3/24/26) Passed Assembly Public Safety Committee (9-0 on 4/14/2 Passed the Assembly (72-1 on 4/20/26) Passed Senate Health Committee (11-0 on 6/17/26) Re-referred to the Senate Public Safety Committee (6/18/ Passed Senate Public Safety Committee (6-0 on 7/1/26)

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
1	HR 8209 - Tonko	**Bipartisan legislation introduced to extend School-Based Health Centers grant program through 2031** The SBHC grant program provides competitive funding to support the establishment and operation of school-based health centers. Grants can be used to acquire or lease equipment, support workforce training, pay staff salaries and cover operational and management costs. The program prioritizes communities facing significant barriers to care, including areas with high rates of uninsured children. **Update:** Awaits consideration by the full House of Representatives. It would authorize $55 million annually for FY 2027–2031 to support School-Based Health Centers.	Introduced (4/6/26) Passed House Energy & Commerce Health Subcommitte Passed House Energy & Commerce Committee (46-0 on Awaiting consideration by the full House of Representativ
2	AB 1811 - Rogers	**Health Professions Shortage Areas preservation** These designations support recruitment and retention of healthcare providers by maintaining eligibility for existing federal and state incentive programs, such as loan repayment and grants. The bill is intended to preserve provider availability in underserved and rural communities. **Update:** The bill was amended to preserve Health Professional Shortage Area (HPSA) designations that existed on January 1, 2025, through January 1, 2035, ensuring affected communities remain eligible for state incentive programs despite changes to federal HPSA designations.	Passed Assembly Health Committee (16-0 on 3/24/26) Passed Assembly Appropriations Committee (15-0 on 5/6 Passed the Assembly (79-0 on 5/14/26) Referred to Senate Health Committee (Was not heard in c

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
2	AB 2282 - Alanis	**Free Standing Emergency Department for Del Puerto HCD** Authorizes the establishment of a freestanding emergency department in the Del Puerto area to expand access to emergency medical services. The bill is intended to address gaps in emergency care availability in a rural and underserved region. It supports improved access to timely care where hospital-based emergency services are not readily available.	Passed Assembly Health Committee (16-0 on 4/22/26) Passed Assembly Appropriations Committee (15-0 on 5/1 Passed the Assembly (76-0 on 5/29/26) Referred to the Senate Health Committee (6/11/26) Passed Senate Health Committee (7/1/26)
2	AB 2311 - Schiavo	**Healthcare Districts hiring physicians** Expands the authority of healthcare districts to employ physicians and directly provide medical services. The bill is intended to improve access to care by allowing districts greater flexibility in staffing and service delivery. It supports rural and underserved communities where recruiting and retaining providers is a challenge.	Passed Assembly Health Committee (17-0 on 4/22/26) Passed Assembly Appropriations Committee (15-0 on 5/1 Passed the Assembly (79-0 on 5/29/26) Referred to the Senate Health Committee (6/11/26) Passed Senate Health Committee (7/1/26)
2	SB 1187 - Durazo	**Brown Act - Relates to what makes majority for a legislative body** Clarifies that a majority under the Brown Act is based on the total number of authorized board seats, including vacancies. The bill is intended to eliminate ambiguity and ensure consistent application of open meeting requirements for local agencies. It primarily affects governance procedures and how meetings are defined.	Passed Senate Local Government Committee (6-0 on 4/2 Passed Senate Judiciary Committee (12-0 on 5/6/26) Passed the Senate (39-0 on 5/29/26) Referred to the Assembly Local Government Committee (Passed Assembly Local Government Committee (8-0 on

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
2	AB 2386 - Alvarez	**Licensed Physicians from Mexico Program** Expands California's physician workforce pathways by allowing physicians from Mexico who complete a limited-term program to transition to full licensure and continue practicing in the state. The bill also creates a provisional licensing pathway for internationally trained physicians to practice under supervision and eventually obtain full licensure. It is intended to address physician shortages—particularly in underserved and rural areas—while maintaining oversight and training requirements. **Update:** The bill was amended to clarify eligibility, supervision, and licensure requirements for internationally trained physicians participating in the provisional licensing pathway.	Passed Assembly Business and Professions Committee (Passed Assembly Appropriations Committee (11-2 on 5/1 Passed the Assembly (54-9 on 5/26/26) Referred to Senate Business, Professions and Economic Amended in the Senate (6/16/26) Passed Senate Business, Professions and Economic Dev Re-referred to Senate Appropriations Committee (6/22/26 Senate Appropriations Committee hearing scheduled (8/3
2	AB 2497 - Johnson	**Physical Therapy Scope of Practice Expansion** Modernizes and expands the scope of practice for physical therapists in California. Authorizes physical therapists to perform additional services such as musculoskeletal ultrasound, broader direct access treatment, referrals for imaging, and certain tissue penetration procedures commonly referred to as dry needling. The bill is intended to improve access to musculoskeletal care and reduce administrative barriers, but has generated opposition from acupuncture groups and others concerned about training standards and patient safety. **Update:** The bill was amended to further define education, competency, and certification requirements for physical therapists performing dry needling and other newly authorized procedures.	Passed Assembly Business and Professions Committee (Passed Assembly Appropriations Committee (15-0 on 5/1 Failed on Assembly Floor (26-19 on 5/28/26)

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
2	AB 1460 - Rogers	**Pharmacy / 340B Program** Prohibits pharmaceutical manufacturers from restricting qualifying nonhospital 340B clinics from using contract pharmacies to dispense discounted medications to eligible patients. The bill is intended to protect access to the federal 340B program and preserve pharmacy-related funding mechanisms used by safety-net and rural healthcare providers. Supporters state the bill protects patient access and operational sustainability, while opponents raise concerns regarding transparency and oversight of contract pharmacy arrangements. **Update:** Adds annual audit, recertification, and reporting requirements for participating 340B clinics while strengthening protections for the use of contract pharmacies.	Passed Assembly Health Committee (16-0 on 4/8/26) Passed Assembly Appropriations Committee (15-0 on 5/1 Passed the Assembly (79-0 on 5/28/26) Referred to Senate Health Committee (6/10/26) Passed Senate Health Committee (11-0 on 6/25/26) Re-referred to Senate Judiciary Committee (6/25/26) Amended in the Senate (6/27/26) Was not heard in Senate Health Committee
3	AB 2729 - Bonta	**Employer fee for employees on Medi-Cal** Would impose a fee on large employers whose employees rely on Medi-Cal for health coverage. The bill is intended to shift some of the cost burden to employers whose workers depend on public health programs. It aims to support Medi-Cal funding but may increase costs for certain employers. **Update:** The bill now establishes a framework for implementing the employer fee through the state budget process.	Passed Assembly Health Committee (11-3 on 4/21/26) Re-referred to Assembly Appropriations Committee (4/22/ Placed on the Assembly Appropriations Suspense File (5/ Amended and re-referred to Assembly Appropriations Co

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
3	AB 1900 - Kalra	**Single payer health system** Proposes the establishment of a statewide single-payer health care system in which the state would finance and oversee coverage for all Californians. The bill would significantly restructure how hospitals and providers are paid by replacing much of the current multi-payer system with a state-administered model. While intended to expand access and control costs, it would have major implications for hospital reimbursement, financial sustainability, and operations.	In Rules - Dead for 2026
3	AB 1671 - Tangipa	**Creates grant program for providers to serve in rural areas** Establishes a grant program to support healthcare providers who commit to serving in rural and underserved areas. The bill is intended to improve workforce recruitment and retention by offering financial incentives to providers. It aims to expand access to care by increasing the availability of healthcare professionals in rural communities.	In Asm Appropriations -Held on Suspense File Dead for 2026
3	AB 2665 - Tangipa	**Budget request for Northern and Southern Inyo HCDs** a budget request that seeks state funding support specifically for the Northern and Southern Inyo Healthcare Districts. The bill is intended to provide financial resources to sustain operations, infrastructure, or services in these rural districts.	Pulled

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
3	SB 1422 - Durazo	**Allows for individuals who are unsatisfactory immigration status to appply for full scope Medi-Cal** Expands eligibility for full-scope Medi-Cal to individuals regardless of immigration status. The bill is intended to increase access to comprehensive health coverage for underserved populations. It would likely increase enrollment in Medi-Cal and expand access to care across the healthcare system.	Passed Senate Health Committee (11-0 on 4/9/26) Passed Senate Appropriations Committee (7-0 on 5/23/26 Placed on inactive file in Senate
3	AB 2131 - Rubio	**Exclude freestanding structures like congregate living health facilities or hospices from seismic requirements.** Exempts certain freestanding health care facilities, such as congregate living health facilities and hospices, from California's hospital seismic safety requirements. The bill is intended to reduce regulatory and financial burdens on these smaller or non-acute care facilities. It recognizes that these facilities may not require the same level of seismic compliance as full acute care hospitals.	In Asm Health - Dead for 2026
3	AB 1018 Bauer-Kahan	**Automated Decision Systems** Regulates the use of automated decision systems and artificial intelligence tools used in areas such as healthcare, employment, housing, insurance, and public services. The bill would require impact assessments, bias evaluations, transparency disclosures, and certain consumer protections related to AI-assisted decision making. It is intended to address concerns regarding discrimination, accountability, and oversight of AI systems, but may create additional compliance and operational requirements for healthcare organizations and public agencies.	Passed Assembly Privacy and Consumer Protection Com Passed Assembly Judiciary Committee (8-3 on 4/29/25) Passed Assembly Appropriations Committee (10-3 on 5/2 Passed the Assembly (50-16 on 6/2/25) Referred to the Senate Judiciary Committee (6/11/25) Passed Senate Judiciary Committee (7-2 on 6/26/26) Passed Senate Appropriations Committee (5-2 on 8/29/26 On Senate Floor

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
3	AB 1789 - Boerner	**Campaign Finance and Ethics Training Requirements** Requires most state and local candidates for elected office, as well as certain campaign treasurers, to complete FPPC-approved training on campaign finance and ethics laws. The bill is intended to improve compliance with the Political Reform Act, reduce reporting violations, and increase public confidence in elections. The requirements would likely apply to candidates for local special district boards, including healthcare districts, beginning January 1, 2029.	Passed the Assembly (78-0 on 5/26/26) Passed Senate Elections and Constitutional Amendments Committee (5-0 on 6/16/26) Re-referred to Senate Appropriations Committee (6/16/26) Senate Appropriations Committee - Placed on Suspense File
3	AB 225 Bonta	**Facility Fees for Outpatient Services** Prohibits hospitals from charging facility fees for telehealth visits, preventive services, and certain outpatient office visits that are commonly provided in hospital-owned clinics. Facility fees are additional charges billed by hospitals, separate from the provider's professional fee, and can represent a significant source of outpatient revenue. Recent amendments would also require hospitals to notify patients when facility fees may be charged and report facility fee revenue and utilization data to the state. The bill could reduce hospital revenue and increase reporting requirements for facilities that rely on outpatient clinic services. **Update:** The bill was amended to narrow the prohibition on facility fees by exempting certain outpatient services, including emergency, observation, surgery, and diagnostic services. It also clarifies hospital notice requirements and requires annual reporting of facility fee revenue, utilization, and payer information to the state.	Passed Assembly Health Committee (11-4 on 4/8/26) Passed Assembly Appropriations Committee (10-5 on 5/2 Passed the Assembly (51-17 on 6/2/26) Referred to the Senate Health Committee (6/16/26) Senate Health Committee hearing scheduled (bill pulled fr

Budget Bill Tracker			
Priority	**Legislation**	**Description**	**Status**
1	AB/SB 165	**Skilled Nursing Facility Budget Trailer Bill** Implements the 2026–27 State Budget provisions affecting California's skilled nursing facilities by revising Medi-Cal reimbursement and quality incentive programs. The bill suspends the state's 96-hour backup power requirement until funding is appropriated to reimburse facilities for compliance, eliminates future Workforce and Quality Incentive Program (WQIP) payments, and makes technical changes to skilled nursing facility reimbursement.	Passed the Legislature as part of the Enrolled and presented to the Gover Signed by the Governor (6/29/26)
2	AB/SB 164	**Health Budget Trailer Bill** Implements the healthcare provisions of California's 2026–27 State Budget. The bill includes statutory changes affecting Medi-Cal, HCAI, the Data Exchange Framework, hospital reporting, healthcare workforce initiatives, and numerous operational and technical healthcare programs. It remains under final amendment as part of the budget package and will serve as the primary healthcare implementation bill for the fiscal year.	Passed the Assembly (6/27/26) Passed the Senate (6/27/26) Enrolled and presented to the Gover Signed by the Governor (6/29/26)

2	AB/SB 125	**Managed Care Organization (MCO) Tax** Renews and restructures California's Managed Care Organization tax to comply with federal Medicaid requirements. The bill preserves billions in federal Medi-Cal funding while shifting more of the tax burden to commercial health plans. Although it is not expected to directly change NIHD's commercial reimbursement rates, it could increase employer health insurance costs and help support future Medi-Cal provider investments. **Update:** Extends California's Managed Care Organization (MCO) tax through December 31, 2028, preserving a major funding source that supports Medi-Cal and allows California to continue drawing billions in federal Medicaid matching funds.	Passed the Senate (28-10 on 3/20/2 Passed the Assembly (47-19 on 6/1 Senate concurred in Assembly amer Enrolled and presented to the Gover Signed by the Governor (6/27/26)
2	AB/SB 171	**Labor Budget Trailer Bill** Implements the labor and workforce provisions of California's 2026–27 State Budget, with the most significant changes reforming the Subsequent Injuries Benefits Trust Fund (SIBTF). The bill tightens eligibility for SIBTF benefits, requires stronger documentation of pre-existing disabilities, revises claims administration and appeals procedures, and is intended to slow rising workers' compensation costs for California employers. While it does not create significant new employment mandates for hospitals, it may modestly affect NIHD through changes to the state's workers' compensation system.	Passed the Assembly (6/27/26) Passed the Senate (6/27/26) Enrolled and presented to the Gover Signed by the Governor (6/29/26)

2	AB/SB 177	**Fair Share from Big Corporations Act** Requires the Department of Finance to develop options for requiring California's largest corporations to contribute toward the public cost of employees enrolled in Medi-Cal. The bill does not immediately affect hospital reimbursement but could influence future Medi-Cal financing and provider funding in later budget cycles.	Passed the Legislature as part of the Enrolled and presented to the Gover Signed by the Governor (6/29/26)
2	SB 122	**Digital Prewritten Software Sales Tax** Expands California's sales and use tax to apply to prewritten computer software regardless of how it is delivered, including downloaded software and Software-as-a-Service (SaaS), beginning January 1, 2027. The bill redefines digital software as taxable tangible personal property, establishes sourcing rules for remote software purchases, and extends certain business tax credit limitations. The measure is expected to increase software costs for hospitals, healthcare districts, and other public agencies that rely on cloud-based systems for electronic health records, payroll, cybersecurity, finance, credentialing, and other operations. **Update:** The enacted bill delays implementation until January 1, 2027, expands California sales and use tax to digital prewritten software and Software-as-a-Service (SaaS), and directs the California Department of Tax and Fee Administration (CDTFA) to implement the new requirements through guidance and administration before the tax takes effect.	Passed the Senate Passed the Assembly Senate concurred in Assembly amendments Enrolled and presented to the Governor (6/18/26) Signed by the Governor (6/27/26)

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 Laura Smith, Governance Committee Vice-Chair Christian Wallis, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Business Development Officer / Chief Human Resources Officer Patty Dickson, Compliance Officer
ABSENT	Adam Hawkins, Chief Medical Officer Andrea Mossman, Chief Financial 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
ADVOCACY UPDATE	Legislative Advocate Madden provided an update on the status of the 2026 legislative session, State budget, and priority healthcare legislation, including: • **AB 1923** – Continues to advance and would provide additional funding and establish loan forgiveness criteria for the Distressed Hospital Loan Program. • **AB 2353** – Would have required fiscal impact analyses for new hospital mandates but is no longer moving forward. • **AB 2208** – Aligns California Medi-Cal law with H.R. 1 and preserves retroactive Medi-Cal eligibility during the transition. • **AB 1607** – Extends the Maddy Emergency Medical Services Fund to continue supporting reimbursement for uncompensated emergency care. • **H.R. 8209** – Would establish grant funding to support school-based health centers through equipment, staffing, and operational assistance. • **Budget Trailer Bills** – Included updates on distressed hospital funding, the Managed Care Organization tax, the Fair Share from Big Corporations proposal, and the Digital Software Sales Tax. CEO Wallis discussed the potential impact of the legislation on the District's physician recruitment efforts, school-based health clinics, strategic initiatives, and financial planning. **Public Comment:** None **Board Discussion:** The Committee discussed the potential impact of the Managed Care Organization tax on the District's self-insured employee health plan. Madden stated he would research the issue and provide additional information at a future meeting.

MEETING MINUTES - MAY 12, 2026	**Motion by** Smith to approve the meeting minutes for May 12, 2026 **2nd:** Lent **Pass:** 2-0
MEDIA POLICY	**Motion by** Lent to move the Media Policy to the full board **2nd:** Smith **Pass:** 2-0
GENERAL INFORMATION	Vice-Chair Smith reported attending a community meet-and-greet with Congressman Tom McClintock. She noted that the small attendance allowed attendees the opportunity to speak with him and ask questions.
Adjournment	Adjourn at 2:50 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: August 2026

TO: Board of Directors, Northern Inyo Healthcare District

FROM: Ashley Reed, Board Clerk

RE: Proposed Amendment to the Agenda Management Process

MEMORANDUM

Background
The District's Civility and Code of Conduct Policy currently provides two methods for Board members to request future agenda items. A Board member may submit a request to the Chief Executive Officer and Board Chair for review, or request that an item be placed on a future agenda through the Board Clerk, who would confirm whether a second Board member supports the request.

Administration is proposing revisions to establish a single process for requesting future agenda items during regular Board meetings.

Discussion
The proposed amendment replaces the current process with a standing **Future Agenda Items** agenda item at each regular Board and standing committee meeting. Requests would be made during the meeting and would move forward upon receiving support from one additional member.

Establishing a single process during a public meeting creates a consistent approach for all members and eliminates the need for requests to be routed through the Board Chair, Chief Executive Officer, or Board Clerk before being considered.

Recommendations
Replace the current **Agenda Management** section of the Civility and Code of Conduct Policy with the following:

> **Agenda Management**
> A standing agenda item titled **"Board Request for Future Agenda Items"** shall be included near the end of each regular Board meeting and each standing committee meeting.
>
> - During this agenda item, a member may request that a topic be placed on a future Board or standing committee agenda, as applicable.
> - The Chair shall ask whether another member supports the request.
> - If one additional member indicates support, Administration shall work with the requesting member to prepare the item for a future Board or standing committee agenda, as applicable.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY

Title: Board Civility and Code of Conduct Policy		
Owner: NIHD Board and Foundation Clerk	Department: Administration	
Scope:		
Date Last Modified: 08/03/2026	Last Review Date: No Last Periodic Review Date Set	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: The Board of Directors is committed to creating a meeting environment where every voice is heard with respect, discussions are conducted with fairness, and decisions reflect the District's mission of serving our community.

This policy is designed to support productive, well-organized meetings that encourage open dialogue, foster collaboration, and build public trust. It provides clear guidance on how the Board and all participants will work together with civility, professionalism, and integrity.

Meetings will follow Robert's Rules of Order to ensure consistency and fairness. In the event of a conflict between this policy, Robert's Rules, and the Brown Act, the Brown Act and applicable law will control.

This policy applies to all members of the Board of Directors as well as participants in Board and standing committee meetings, including staff, consultants, advisory members, and members of the public.

STANDARDS OF CIVILITY AND CODE OF CONDUCT

Respectful Communication

- Members are expected to listen respectfully and speak courteously.
- Communication should foster constructive dialogue and avoid interruptions, raised voices, sarcasm, ridicule, dismissive gestures, profanity, or personal attacks.

Equal Participation

- Each member will have an equal opportunity to contribute to discussion.
- The Chair may set reasonable time limits on remarks, generally not exceeding five (5) minutes per round, to help ensure balanced participation.

Preparedness

- Members are expected to come prepared, having reviewed agenda packets and materials in advance.

- Meetings are most effective when discussion builds on the background information already provided, rather than revisiting it.

Respect for Public Comment

- Public comment is a valued opportunity for community input. Board members listen respectfully, and responses—when appropriate—may be provided at a later time through staff or subject-matter experts, or during an agendized discussion.

- The Chair may adjust speaking time limits for all speakers equally, consistent with the Brown Act (Gov. Code §54954.3).

Cell Phones & Technology

- During public comment, members are encouraged to give their full attention to speakers without using devices.

- Limited use is appropriate only for emergencies, agenda materials, or urgent District business.

Confidentiality & Closed Session

- Members must respect the confidentiality of closed session discussions as required by the Brown Act (Gov. Code §54963).

- Civility standards apply equally in closed session.

Board–Staff Interaction

- Requests for information should be directed through the Chief Executive Officer to ensure clarity and respect staff's reporting structure.

Board Member Communications Outside of Meetings

- Board members should avoid email, text, or phone chains to engage in "serial meetings" or reach a consensus outside of publicly noticed meetings, in compliance with the Brown Act (Gov. Code §54952.2).

- Board communications should be respectful and focused on logistics or information, with discussion of District business reserved for public meetings.

- Written communications between members should remain professional and respectful, recognizing they may become part of the public record.

Out-of-Meeting Conduct

- Civility standards apply outside the boardroom, including in emails, public events, and on social media.

- Board members model professionalism by speaking respectfully about the District, staff, and fellow directors in public settings.

- Concerns about civility violations outside of meetings may be reported in writing to the Board Chair and Governance Committee for review.

Code of Conduct Commitments

I will:

1. represent the best interests of NIHD and be a positive example to others within NIHD and within the community in both my attitude and actions, acting at all times with honesty, integrity, diligence, competence, and in good faith;
2. become and stay knowledgeable about the Board's bylaws, policies, and procedures;
3. become well-informed about each matter coming before the Board for decision;
4. bring matters to the Board's attention that I believe may have a significant effect on the well-being of NIHD, its services, employees, or mission;
5. participate actively in Board and committee discussions;
6. listen carefully to other members and consider their opinions respectfully, particularly if they differ from mine;
7. respect and support the majority decisions of the Board, even if I disagree with that result;
8. acknowledge conflicts that arise between my personal interests and the Board's activities, identifying them early and withdrawing from related discussions and votes;
9. maintain, in accordance with law, the confidentiality of information provided to me in my role as a Board Member;
10. refer Board member complaints promptly and directly to the Board Chair and to the Chief Executive Officer (CEO), as appropriate;
11. surrender all information related to NIHD matters to my successor, but continue to maintain related duties of confidentiality;
12. comply with all NIHD policies and procedures to support and model a work environment that discourages any form of inappropriate conduct, harassment, discrimination, or retaliation;
13. recognize and respect the differentiation between Board and staff responsibilities.

I will not:

1. share opinions elsewhere that I am unwilling to discuss before the Board or its committees;
2. decide how to vote before hearing discussion and becoming fully informed;
3. interfere with duties and activities of other Board members;
4. speak publicly on behalf of the Board unless specifically authorized to do so by the Board Chair or CEO, consistent with the NIHD Media Policy.

Meeting Procedures: Order of Discussion for Each Agenda Item

1. **Chair Introduces the Item**

2. **Presentation of Item**

3. **Public Comment** – 3 minutes per speaker; 30 minutes total unless extended by the Chair

4. **Board Discussion**

- **Step 1 – Round-Robin Discussion**: Each Board member is called on in turn; Board members may speak or "pass." No interruptions.
- **Step 2 – Clarification and Responses**: Staff or other Board members may clarify, directed through the Chair.
- **Step 3 – Open Floor Discussion**: Board members may request recognition; repetition should be avoided.
- **Step 4 – Summarizing Key Points**: Chair summarizes the discussion.
- **Step 5 – Final Comments**: Chair invites final remarks.
- **Step 6 – Transition to Action**: Chair calls for a motion.

5. **Motion and Vote** – Motion made and seconded, restated by the Chair, then voted on. Roll call required if remote participation.

The Chair may adjust this process for routine or time-sensitive items, while ensuring all Board members have an opportunity to contribute.

Agenda Management

- ~~**Adding Items –** Individual Board members may request items for a future agenda by submitting the request to the Chief Executive Officer and Board Chair in advance.~~
- ~~**Two-Member Request –** If two Board members wish to place an item on a future agenda, they may do so by notifying the **Board Clerk**. The Clerk will confirm whether a second Board member supports the request, without Board members contacting each other directly, to avoid Brown Act violations. Items supported by two Board members will be placed on a future agenda, generally within two regular meetings, unless additional preparation is required.~~
- ~~**Review –** For single-member requests, the Board Chair and CEO review the item to determine placement, timing, and whether additional background information is required.~~
- ~~**Final Authority –** The Board, acting as a body, may add items during a meeting only as allowed under the Brown Act (Gov. Code §54954.2(b)).~~
- ~~**No Off-the-Cuff Additions –** Items should not be added or acted upon during meetings unless they meet the legal urgency exception and are approved by a two-thirds vote.~~
- ~~**Applicability to Committees –** These procedures apply to all meetings of the Board of Directors and standing committees, unless otherwise modified by committee charter.~~

A standing agenda item titled **"Board Request for Future Agenda Items"** shall be included near the end of each regular Board meeting and each standing committee meeting.

- During this agenda item, a member may request that a topic be placed on a future Board or standing committee agenda, as applicable.
- The Chair shall ask whether another member supports the request.
- If one additional member indicates support, Administration shall work with the requesting member to prepare the item for a future Board or standing committee agenda, as applicable.

Public Disruptions

- Members of the public are expected to maintain civility and respect during meetings.
- If a disruption occurs, the Chair may first issue a verbal warning and request that order be restored.
- If the disruption continues, the Chair may call a brief recess to address the matter privately with the individual.
- If disruption persists after these steps, the Chair may call the individual to order.
- If necessary, the Chair may direct the removal of the individual in accordance with Government Code §54957.9.
- In extreme cases, if willful interruptions make it unfeasible to continue the meeting, the Board may clear the meeting room and proceed in compliance with the Brown Act, while allowing members of the press and non-disruptive attendees to remain (Brown Act requirement).

Enforcement & Consequences

General

This policy applies equally to all Board members, including the Chair. When concerns arise, they will be addressed promptly, consistently, and respectfully to maintain order and trust in the Board's work.

If a Board Member Violates Civility or Meeting Procedure

The Chair may take the following steps, escalating only as necessary:

1. **Reminder/Redirection** – The Chair provides a reminder or may call a brief recess to redirect discussion privately.
2. **Call to Order** – If needed, the Chair formally calls the Board member to order.
3. **Referral** – Repeated or disruptive violations are documented and referred to the Governance Committee, which may recommend corrective action or training and report findings to the full Board.

4. **Board Action** – If necessary, the full Board may take corrective action, such as:
    - Issuing a private or public warning.
    - Requiring additional training (such as governance, civility, or Brown Act training offered by CSDA or another recognized provider).

If the Chair Violates this Policy

If the Chair fails to follow these rules or does not apply them fairly, the Board may take the following actions:

1. **Point of Order** – Any Board member may raise a Point of Order. The Chair must allow it to be heard.
2. **Discussion** – The Board may briefly discuss whether the Chair's action violated this policy.
3. **Board Vote** – By majority vote, the Board may:
    - Overrule the Chair's ruling.
    - Direct the Chair to comply with the policy.
    - Appoint a temporary presiding officer.
4. **Documentation** – Any such action is recorded in the minutes.

Removal from Office

The Board does not have the authority to remove an elected director from office. Removal, if necessary, is governed by the District bylaws and California law, including voter recall and judicial declaration of vacancy.

Definitions

- **Point of Order** – A procedural motion raised by a Board member to call attention to a violation of the rules or this policy.
- **Recess** – A temporary pause in a meeting called by the Chair to restore order or allow a break, after which the meeting resumes.
- **Serial Meeting** – A series of communications, directly or through intermediaries, that results in a majority of the Board discussing, deliberating, or reaching consensus outside of a publicly noticed meeting, prohibited by the Brown Act (Gov. Code §54952.2).
- **Brown Act** – California's open meeting law (Gov. Code §54950 et seq.), requiring transparency and public access to local government meetings.

Annual Acknowledgement

I, _____, acknowledge that I have received and reviewed the Northern Inyo Healthcare District Board Civility & Code of Conduct Policy and commit to uphold its standards. I will annually reaffirm this commitment in writing.

_____ _____

Signature Date

Supersedes: v.1 Board Civility and Code of Conduct Policy