Northern Inyo Healthcare District

Board Meeting

Governance Meeting - July 7, 2026

Agenda

Old Business

New Business

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

July 7, 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) Advocacy Update – Information Item
4. New Business
   a) Meeting Minutes – May 12, 2026 – Action Item
   b) Media Policy – 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 2:00 pm.
PRESENT	David Lent, Governance Chair Laura Smith, Governance Committee Vice-Chair Christian Wallis, Chief Executive Officer Alison Murray, Chief Business Development Officer / Chief Human Resources Officer Patty Dickson, Compliance Officer
ABSENT	Allison Partridge, Chief Operations Officer / Chief Nursing Officer 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	CEO Christian Wallis introduced Tim Madden, legislative advocate, to provide an overview of the California legislative process and review healthcare-related legislation relevant to Northern Inyo Healthcare District. Mr. Madden explained the structure of California's two-year legislative session, the committee and appropriations process, suspense file procedures, floor votes, and gubernatorial action on legislation. Discussion included how organizations may support, oppose, or monitor legislation, the timing of advocacy engagement, and how bills may change through amendments during the legislative process. Madden and CEO Wallis then reviewed the District's legislative tracking spreadsheet, including priority healthcare-related state and federal bills. Discussion included legislation related to distressed hospital funding, healthcare affordability impacts on hospitals, health professional shortage areas (HPSAs), Medi-Cal retroactive eligibility, rural provider grants, school-based health clinic grant opportunities, physician licensing pathways, and freestanding emergency department models. Committee members also discussed the importance of monitoring legislation impacting rural healthcare access and aligning advocacy efforts with organizations such as the California Hospital Association (CHA), Association of California Healthcare Districts (ACHD), and California Special Districts Association (CSDA). Due to time constraints, the committee paused review of several remaining Priority 2 and Priority 3 legislative items, with plans to continue discussion at a future Governance Committee meeting. **Public Comment:** None **Board Discussion:** Committee members discussed the value of understanding the legislative

process, the importance of early engagement on legislation, and the District's role in monitoring and advocating on healthcare policy issues affecting rural hospitals and healthcare districts. Committee members expressed appreciation for having legislative expertise available to assist the District in identifying and prioritizing bills that may impact hospital operations, healthcare access, and funding.

JOINT BOARD MEETING

CEO Wallis provided a brief update regarding the recent joint board meeting between Northern Inyo Healthcare District and Mammoth Hospital and discussed continuing regional collaboration conversations between the organizations. CEO Wallis also noted that a future joint board meeting in Bishop was anticipated for September 2026.

Public Comment: None

Board Discussion:
Committee members discussed the value of continued communication and collaboration between regional healthcare organizations.

MEETING MINUTES - APRIL 8, 2026

Motion by Smith to approve the meeting minutes for April 8, 2026
2nd: Lent
Pass: 2-0

VALUES AND TAG LINES

Draft organizational values and tagline concepts developed from prior Governance Committee discussions, existing District materials, and the 2024 Strategic Plan process were reviewed. Discussion included comparing current District values, Board values, and strategic planning language, as well as potential tagline options intended to support organizational identity and public messaging.

Public Comment: None

Board Discussion:
Committee members discussed similarities and differences between the District's existing organizational values, Board values, and values identified during the strategic planning process.

Motion by Smith to move the Values to the full board for approval
2nd: Lent
Pass: 2-0

GENERAL INFORMATION

Committee members discussed the inclusion of the Pledge of Allegiance at Board meetings and shared differing perspectives regarding the practice. Discussion included balancing longstanding meeting traditions with ensuring meetings remain welcoming and inclusive to all members of the public. Committee members requested that the CEO consider adding the topic to a future regular Board meeting agenda for further discussion.

Adjournment

Adjourn at 3:04 pm.

_____
David Lent
Northern Inyo Healthcare District
Governance Chair

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

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY

Title: Media Policy		
Owner: MANAGER OF MARKETING COMM AND STRATEGY	Department: Marketing	
Scope: District-wide		
Date Last Modified: 06/30/2026	Last Review Date: No Last Periodic Review Date Set	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

Purpose
This policy establishes guidelines for communication with the media and the public to protect patient privacy, support accurate and consistent public communication, and coordinate media access and response activities.

Scope
This policy applies to the Northern Inyo Healthcare District (NIHD) Board of Directors ("Board"), workforce, and individuals acting on behalf of NIHD, referred to throughout this policy as the District.

All individuals covered under this policy are expected to maintain confidentiality, protect patient privacy, and follow procedures regarding media access, public communications, filming, photography, and the release of information related to District operations.

Definitions
Media: Any organization or individual gathering information for print, broadcast, digital, documentary, podcast, or online publication, including reporters, photographers, bloggers, social media content creators, freelance journalists, or documentary producers.

Protected Health Information (PHI): individually identifiable health information that is transmitted or maintained in any form or medium, including electronic PHI.

Manager of Marketing, Communications, and Strategy: The individual designated by the Chief Executive Officer (CEO) to manage media relations, press inquiries, and public communications on behalf of the District.

Administrator-on-Call (AOC): The on-duty administrator responsible for after-hours operational oversight and initial media coordination during emergencies or incidents of public interest.

Workforce: Persons whose conduct, in the performance of their work for NIHD, is under the direct control of NIHD or who have an executed agreement with NIHD, whether or not NIHD pays them. The workforce includes employees, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Advanced Practice Providers (APPs), and other NIHD health care providers involved in the provision of care for NIHD's patients.

Policy

1. The Manager of Marketing, Communications, and Strategy or designee shall be contacted regarding all media inquiries, interviews, filming requests, photography requests, and requests for public statements related to District operations, patients, incidents, personnel, or other District matters.

2. Individuals covered under this policy shall not release confidential, Protected Health Information (PHI), operational, personnel-related, or other non-public District information without authorization.

3. The District reserves the right to deny, limit, supervise, or discontinue media access or recording activities to protect patient privacy, confidentiality, safety, security, and the delivery of care.

4. Communications related to District business, including certain electronic communications and social media activity, may constitute public records or business records subject to retention, disclosure, litigation hold, audit, or legal review requirements.

5. Nothing in this policy is intended to interfere with or prohibit communications or activities protected by applicable law, including:

    a) Lawful speech, governance responsibilities, and legally protected communications of elected Board members acting within their official capacities or rights under applicable law.

    b) Protected whistleblower activity or lawful reporting to governmental agencies.

    c) Protected concerted activity, discussions regarding wages or working conditions, or other legally protected employee communications.

6. No individual covered under this policy shall make statements on behalf of the District unless authorized.

Procedure

1. **Law Enforcement and Government Agency Requests**

    a) Requests from law enforcement, governmental agencies, or public officials for information, interviews, recordings, or facility access shall be coordinated through the Chief Executive Officer (CEO), the Chief Operating Officer (COO), the Compliance Officer, Legal Counsel, or other designated personnel as appropriate.

2. **Media Inquiries**

    a) The Manager of Marketing, Communications, and Strategy shall be contacted during business hours, or the Administrator-on-Call (AOC) after hours, regarding calls, emails, visits, interview requests, or inquiries from reporters, photographers, film crews, social media content creators, or other media representatives to ensure accurate and coordinated communication.

    b) Media interviews of patients, families, workforce members, or visitors on District property require prior authorization from District leadership and any required patient authorization or consent.

    c) The Manager of Marketing, Communications, and Strategy shall serve as the official District spokesperson unless otherwise designated by the Board or District administration.

3. **Media Access to District Property**

a) Media representatives must obtain prior approval from the CEO, Manager of Marketing, Communications, and Strategy, or the AOC before entering District facilities for media-related activities. Media representatives are required to check in, wear identification, and remain escorted while on District property.

b) Media representatives are not permitted in patient-care areas, restricted areas, or staff workspaces without approval and supervision.

c) Filming, photography, or recording by media representatives is prohibited unless approved by the Manager of Marketing, Communications, and Strategy and supported by appropriate written patient authorization when required. Approved media activities must not disrupt operations, patient care, privacy, safety, or security.

d) The District may establish designated media staging areas during emergencies or incidents of public interest.

4. **Workplace Violence and Security Concerns**

a) The District may immediately suspend or terminate recording, filming, photography, or media access activities that create safety, security, workplace violence, harassment, disruption, or operational concerns.

5. **Photography, Videography, and Recordings**

a) The Manager of Marketing, Communications, and Strategy or designee must approve photography, filming, or recording involving patients, patient-care activities, or District operations. Written HIPAA-compliant authorization shall be obtained before photography, filming, or recording involving patients or Protected Health Information unless otherwise permitted by law.

b) Photography, filming, or recording in public areas of the District, including lobbies, waiting areas, parking lots, or exterior grounds, must not capture patients, Protected Health Information (PHI), confidential information, or activities that compromise privacy, safety, or operations.

6. **Release of Patient Information**

a) The Manager of Marketing, Communications, and Strategy shall be contacted regarding requests from the media or public for patient information or condition updates.

b) Patient information, including a patient's identity, condition, treatment, admission status, or other Protected Health Information (PHI), shall not be released without appropriate authorization or legal authority.

c) Any permitted disclosure shall be limited to the minimum necessary information consistent with applicable law.

7. **After-Hours and Emergency Incidents**

a) The Administrator-on-Call (AOC) shall coordinate media inquiries involving after-hours emergencies, incidents, or events involving heightened public or media interest with the Manager of Marketing, Communications, and Strategy and the CEO. If unavailable, the AOC shall continue notification efforts

through the COO, Chief Human Resources Officer (CHRO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO) as appropriate.

b) During declared emergencies or incident command activations, media communications may be coordinated through the Hospital Incident Command System (HICS) or other designated emergency management structure.

8. **Filming and Recording by Patients, Visitors, or Staff**

a) Patients and visitors may record their own care to the extent permitted by law, provided such recording does not interfere with patient care, compromise privacy or confidentiality, capture other patients, staff or Protected Health Information (PHI), disrupt operations, threaten safety or security, or violate applicable law.

b) Recording, live-streaming, or broadcasting in shared clinical areas, treatment areas, or restricted areas is prohibited unless authorized by District leadership.

c) The District may restrict or prohibit recording in clinical, treatment, restricted, or shared-care areas to protect patient privacy, safety, confidentiality, and operational integrity.

9. **Social Media**

a) Protected Health Information (PHI), personnel information, proprietary information, and confidential operational information shall not be posted, shared, photographed, recorded, disclosed, or discussed publicly without authorization.

b) In addition, confidential or non-public information obtained through District or Board activities shall not be posted, shared, photographed, recorded, disclosed, or discussed publicly without authorization.

c) Board members shall comply with applicable California Brown Act requirements when engaging in electronic communications or social media activity related to District business.

i) Board members shall not use social media or electronic communications to

(1) discuss District business with one another,

(2) respond directly to one another's posts or comments, or

(3) Use reactions, emojis, or other digital icons in a manner that may constitute a serial meeting or deliberation outside of a properly noticed public meeting.

d) Individuals expressing personal opinions regarding District matters should make reasonable efforts to clarify when views are personal and not official District statements.

References:

1. Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, including the Privacy Rule, 45 CFR Parts 160 and 164.
2. Health Information Technology for Economic and Clinical Health (HITECH) Act.
3. California Confidentiality of Medical Information Act (CMIA), California Civil Code §§ 56-56.37.
4. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, including patient rights, privacy, confidentiality, and medical record requirements, as applicable.

5. Joint Commission Accreditation Standards, including standards related to patient rights, confidentiality, privacy, information management, communication, and leadership.
6. Ralph M. Brown Act, California Government Code §§ 54950 et seq., as applicable.
7. California Public Records Act, California Government Code §§ 7920.000 et seq., as applicable.
8. Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18116, and implementing regulations, 45 CFR Part 92.
9. Americans with Disabilities Act of 1990 (ADA), as amended, 42 U.S.C. §§ 12101 et seq.
10. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.
11. 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records, as applicable.
12. 42 U.S.C. § 290dd-2 – Confidentiality of Records Relating to Substance Use Disorder Treatment, as applicable.

Cross-Referenced Policies

13. Social Media Policy
14. Minimum Necessary Access, Use, and Disclosure of PHI
15. Using and Disclosing PHI for Treatment, Payment, and Operations
16. Emergency Incident Command

Supersedes: Not Set