Northern Inyo Healthcare District

Board Meeting

Governance Meeting - November 12, 2026

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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
November 12, 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
4. New Business
   a) Meeting Minutes October 13, 2026 – Action Item
   b) Quarterly Compliance Report – Action Item
5. Future Agenda Items
6. General Information from Board Members – Information Item
7. 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**
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.~~ **This was was amended to change to an entirely different topic. This is called a gut and amend.**	Introduced (2/12/26) Passed Assembly Health Committee (15-0 on 4/23/26) Passed Assembly Appropriations Committee (5/14/26) (Placed on Susp Passed the Assembly (78-0 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Passed Senate Health Committee (7/1/26) Re-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 4/14/26) 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 (6/18/26) Passed Senate Public Safety Committee (6-0 on 7/1/26) Passed Senate Floor (38-0) Signed by Governor
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 Subcommittee (voice vote o Passed House Energy & Commerce Committee (46-0 on 5/21/26) Awaiting consideration by the full House of Representatives
1	AB 1882 - Ellis	**Payments For Standby Labor and Delivery Services** The bill would create the Safe Delivery Fund Pilot Program, administered by the Department of Health Care Access and Information, to help hospitals cover uncompensated standby costs for obstetric and related inpatient specialty services in areas with limited access to maternity care. It would fund eligible hospitals that serve geographically isolated populations and would be harmed by losing obstetric services, with payments limited to $5 million per hospital each year. Participating hospitals would have to report staffing and service data quarterly, use funds only for specified clinical capacity costs, and remain subject to audits and program reviews.	Passed Assembly Health 16-0 Passed Assembly Appropriations 15-0 Passed Assembly 77-0 Passed Senate Health 10-0 Passed Senate Appropriations 7-0 Passed Senate 39-0 Vetoed by Governor

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 5/14/26) 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) In Senate Appropriations Committee - Placed on Suspense File Passed Senate Appropriations Committee Passed Senate Floor (37-2) Vetoed by Governor
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 5/14/26) 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) In Senate Appropriations Committee - Placed on Suspense File Passed Senate Appropriations Committee Passed Senate Floor (40-0) Signed by Governor
3	SB 1187 - Durazo	**Brown Act - Relates to what makes majority for a legislative body** This bill would repeal certain future Brown Act requirements for eligible local legislative bodies related to electronic access, agenda translation, and interpretation assistance, while declaring the measure an urgency statute. **This bill was significantly amended to the changes above.**	Passed Senate Local Government Committee (6-0 on 4/23/26) 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 (6/11/26) Passed Assembly Local Government Committee (8-0 on 7/1/26) Passed Assembly Floor (73-0) Signed by Governor
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 Passed Senate Appropriations Committee Passed Senate Floor (39-0) Signed by Governor

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
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 5/14/26) Passed the Assembly (56-1 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Senate Health Committee - Hearing cancelled
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 - Placed on the Suspens Held on Suspense File
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 5/6/26) Passed the Assembly (79-0 on 5/14/26) Referred to Senate Health Committee (Was not heard in committee)
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 (12-2 on 4/21/2 Passed Assembly Appropriations Committee (11-2 on 5/14/26) Passed the Assembly (54-9 on 5/26/26) Referred to Senate Business, Professions and Economic Development C Amended in the Senate (6/16/26) Passed Senate Business, Professions and Economic Development Comn Re-referred to Senate Appropriations Committee (6/22/26) Senate Appropriations Committee hearing scheduled - Placed on Suspe Held on Suspense File

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
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 (15-0 on 4/22/2 Passed Assembly Appropriations Committee (15-0 on 5/14/26) Failed on Assembly Floor (26-19 on 5/28/26)
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 5/14/26) 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 (4/22/26) Placed on the Assembly Appropriations Suspense File (5/6/26) Amended and re-referred to Assembly Appropriations Committee (5/1 Did not move any further. Dead for 2026.
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

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
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
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 Committee (9-3 on Passed Assembly Judiciary Committee (8-3 on 4/29/25) Passed Assembly Appropriations Committee (10-3 on 5/23/25) 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. Did not pass. Dead for 2026.

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
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 5/23/26) 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 from hearing)

CALL TO ORDER

Northern Inyo Healthcare District (NIHD) Governance Chair Lent called the meeting to order at 2:03 pm.

PRESENT

David Lent, Governance Committee Chair
Laura Smith, Governance Committee Vice-Chair

Christian Wallis, Chief Executive Officer
Allison Partridge, Chief Operations Officer / Chief Nursing Officer
Adam Hawkins, Chief Medical Officer
Alison Murray, Chief Business Development Officer / Chief Human Resources Officer
Andrea Mossman, Chief Financial Officer

Patty Dickson, Compliance 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

Madden provided the following legislative and advocacy update:

- **AB 1923 – Distressed Hospital Funding:** Funding for the Distressed Hospital Loan Program was included in the budget, and the application process had opened. Staff clarified that the program had changed from loans to grants and that the District submitted an intent to apply for $40 million toward the proposed $80 million medical office building. Staff noted that the program required a minimum 60% Medicare/Medi-Cal patient population and that the District's percentage had fluctuated slightly above and below that threshold. The grant writer was preparing the application for the November 9 deadline.
- **AB 1607 – Maddy Emergency Medical Services Fund:** The bill was signed, extending the fund for ten years.
- **H.R. 8209:** The bill remained pending in the House of Representatives, with no new action reported.
- **AB 1882 – Del Puerto Healthcare District:** The bill was vetoed. The proposal would have supported development of emergency services as part of the district's efforts to establish a hospital.
- **AB 2311 – Physician Employment:** The legislation expanded physician employment authority for eligible district hospitals. A late amendment established a public payer threshold that excluded several hospitals, which were expected to seek additional legislation.

Ballot Measures

- **Proposition 3 – Income Tax Extension:** The measure was described as making permanent an existing income tax increase on higher earners, primarily supporting education, with some revenue potentially available for healthcare.

- **Proposition 40 – Billionaire Tax:** The measure was described as imposing a tax on certain high-value assets to generate approximately $100 billion over five years.
- **Proposition 41 – Review of Special Tax Proposals:** The measure would require a state audit assessing potential spending reductions before certain special tax proposals could proceed. The presentation explained that it could override Proposition 40 if it received more votes.
- **Proposition 42 – Personal Property Taxes:** The measure would prohibit new taxes on ownership of certain assets. The presentation explained that it could also override Proposition 40 if it received more votes.
- **Proposition 43 – Special Tax Approval Requirements:** The measure was described as extending the two-thirds voter approval requirement to citizen-initiated special taxes.
- **Proposition 44 – Healthcare Clinic Spending:** The measure was described as requiring federally qualified health centers to spend 90% of revenue on healthcare services. Discussion addressed uncertainty regarding its application to rural health clinics and FQHC look-alikes, along with opposition from healthcare organizations.

Rural Health Funding
CEO Wallis reviewed Rural Health Transformation Program awards and their impact on proposed Eastern Sierra services. The regional women's health proposal received $296,000 of approximately $1.8 million requested, while a separate workforce proposal received $320,000 of $996,000 requested. The information technology and collaborative chronic disease proposals were not funded. Staff reported that the awards did not adequately support the recruitment and retention needed for the regional women's health program.

Public Comment: None

Board Discussion: Committee members asked who would determine whether rural health clinics and FQHC look-alikes were subject to Proposition 44 and whether the District had adopted a position. Staff explained that the measure's scope could require regulatory or judicial clarification and that an official District position would require Board action. Members discussed potential impacts on local clinics and providing clear information to the community through the next Board meeting and existing communication channels. Members also expressed concern that rural health funding decisions did not adequately reflect the Eastern Sierra's geographic barriers and workforce needs. Discussion supported reviewing statewide awards and engaging legislators while considering potential effects on future funding opportunities.

MEETING MINUTES - SEPTEMBER 8, 2026

Public Comment: None

Motion by Smith to approve the meeting minutes with changes.
2nd: Lent
Pass: 2-0

PERFORMANCE EVALUATION PROCESS	Staff presented a revised performance evaluation process scheduled to October 2026, aligning leadership goals with the CEO's goals and the Board's strategic priorities. Four shared goals, including patient satisfaction, finance, and partnerships, would cascade through each level of leadership, with possible expansion to employees. Departments could select three additional goals based on their own performance measures, along with one optional personal development goal. **Public Comment:** None **Board Discussion:** Committee members expressed support for the process, noting its potential to strengthen staff ownership, budget accountability, and coordination across departments.
FUTURE AGENDA ITEMS	None **Public Comments**: None
GENERAL INFORMATION	None **Public Comment**: None
ADJOURNED	Adjourned at 2:57 pm

_____
David Lent
Northern Inyo Healthcare District
Governance Chair

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

NORTHERN INYO HEALTHCARE DISTRICT

Quarterly Compliance Report

NOVEMBER 2026 | BOARD OF DIRECTORS

Presented to the Governance Committee for review and recommendation to the full Board of Directors.

BOARD EDUCATION | HOW EFFECTIVE OVERSIGHT WORKS

Identifying a Risk Is Only the Beginning

Compliance independently identifies and assesses risks. Operational leaders own improvements. The Board oversees whether risks are being reduced and corrective actions work.

RESPONSIBILITY AT EACH STEP Compliance Operations Shared

Color bands and right-hand labels show who is responsible for each action.

1 Identify and Monitor — COMPLIANCE

Audits, investigations, and regulatory developments reveal emerging risks.

2 Assess and Communicate — COMPLIANCE

Compliance evaluates findings and informs leaders of significant risks.

3 Implement Improvements — OPERATIONS

Operational leaders own the response, resources, and corrective action.

4 Independently Validate — COMPLIANCE

Compliance independently tests whether corrective actions are effective.

5 Resolve or Follow Up — OPERATIONS / COMPLIANCE

Operations sustain improvements; Compliance verifies results and escalates.

WHY IT MATTERS

A completed task does not establish effective risk reduction. Meaningful Board oversight focuses on results, unresolved exposure, and whether improvements remain effective over time.

Reference: U.S. Department of Health and Human Services, Office of Inspector General, General Compliance Program Guidance (2023).

NORTHERN INYO HEALTHCARE DISTRICT

2026 Compliance Workplan Progress

FIVE ORGANIZATIONAL IMPROVEMENT PRIORITIES

The Board approved five Compliance Workplan priorities in September 2026. This update highlights progress, remaining barriers, and validation of those priorities.

Completed | In Progress | Barrier | Not Started

1 Restore Formal Compliance Oversight

The Compliance and Business Ethics Committee reconvened October 15, 2026. Establishing a consistent cadence and follow-up remains the next step.

2 Strengthen Corrective Action Accountability

Centralized tracking is operational and reviewed at least monthly. Independent validation of completed actions remains an ongoing focus.

3 Reduce Vendor and Patient Information Risks

Reviews of vendor privacy agreements, high-risk contracts, release-of-information processes, and access permissions continue.

4 Prepare Policies Before Changing Systems

The formal system evaluation is proposed for 2027 because of operational capacity. Leaders are updating policy consistency and regulatory accuracy now.

5 Formalize Risk-Based Compliance Monitoring

Targeted audits continue, but the consolidated 2026 compliance risk assessment has not been completed. Security assessment information is outstanding.

NORTHERN INYO HEALTHCARE DISTRICT

Corrective Action Monitoring

IMPLEMENTATION, VALIDATION, AND ACCOUNTABILITY

Corrective Action Plans (CAPs) identify the response, responsible owner, and evidence needed to resolve identified concerns. Compliance reviews the centralized tracker at least monthly. Selected plans are shown by tracker number.

Closed Pending Validation In Progress

Pending Validation: Testing whether implemented corrections work and are sustainable.

Restore Formal Compliance Committee Oversight 01

The committee reconvened in October; ongoing governance processes await validation.

Centralized Corrective Action Tracking 02

Centralized monitoring is operational and reviewed at least monthly.

Information Security Risk Assessment Follow-Up 05

Cybersecurity documentation remains outstanding; Information Technology is following up.

Vendor Privacy and Security Safeguards 08

Review of vendor agreements, privacy safeguards, and access relationships continues.

Public Access to Hospital Pricing Information 09

Website corrections were implemented; external validation remains pending.

Patient Financial Assistance and Fair Billing 10

Policies and patient-facing materials are being updated for regulatory requirements.

Allergy Clinic Billing and Coding Accuracy 11

Claims review and corrective work continue following identified coding concerns.

Timely Initial Complaint Response Letters 13

Compliance is monitoring whether improved response timeliness is sustained.

Secure File Sharing and Account Access 23

Account authorization, former-user access, and safeguards remain under review.

Regulatory and Compliance Developments

SIGNIFICANT OBLIGATIONS AND EMERGING ISSUES

These updates describe material requirements and emerging exposure, rather than repeating corrective-action counts.

Progressing Pending Validation External Dependency

Patient Financial Assistance and Fair Billing

California patient financial assistance and fair billing obligations affect eligibility, required patient notices, and collection practices. Policies and patient-facing materials are being updated, including preparation for additional 2027 requirements.

Public Availability of Hospital Pricing

Federal price transparency requirements call for accessible and accurate pricing information. Corrections to the online estimator and machine-readable file are implemented; regulatory confirmation remains outstanding.

Annual Information Security Risk Analysis

The 2026 assessment is due in November. CyberMaxx documentation remains outstanding despite requests; Information Technology follow-up is underway. Recent vulnerability findings also inform risk evaluation.

Public Records and Language Access

Compliance continues coordinating California Public Records Act (CPRA) requests and monitoring interpreter services. These ongoing public-access and patient-rights obligations require sustained attention, not a separate workplan completion claim.

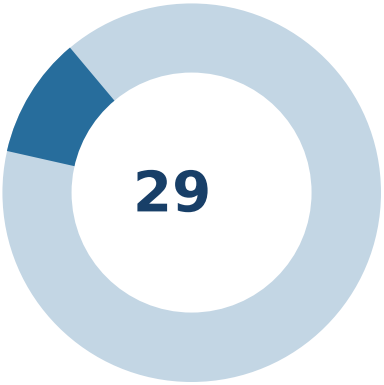
NORTHERN INYO HEALTHCARE DISTRICT

Privacy Investigations

2026 INTERNAL DETERMINATIONS | HISTORICAL REGULATORY OVERSIGHT

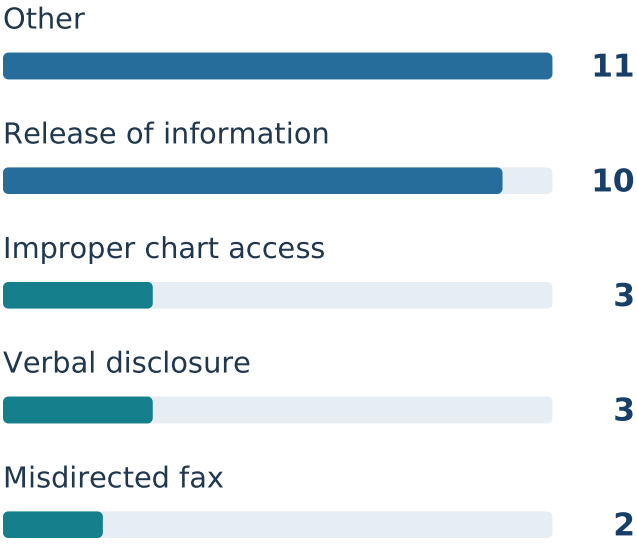
District investigations determine whether notification is required. California Department of Public Health (CDPH) review status is presented separately.

Regulatory Reporting Determinations | 2026



- Reportable: 3 (10.3%)
- Not reportable: 26 (89.7%)

Types of Privacy Concerns



HISTORICAL EXTERNAL REGULATORY OVERSIGHT | 2023–2026

17 privacy-related reports to the California Department of Public Health (CDPH) across 2023–2026; these are not 17 new reports in 2026.



12 closed **5 in progress**

Five previously reported cases remain under CDPH review, with potential regulatory exposure. These are CDPH review statuses, not unresolved internal investigations.

Source: CDPH CalHEART

Recent CDPH determination

CDPH closed the Release of Information investigation involving multiple privacy breaches. The breaches were substantiated, but CDPH cited no deficiencies.