

Board Meeting

Governance Meeting - October 13, 2026

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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 October 13, 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/j/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 September 8, 2026 – Action Item
 - b) Performance Evaluation Process – Information 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
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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 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 Suspense) 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 on 4/20/26) 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 Suspense File 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 4/21/26) 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 Committee (6/16/26) Amended in the Senate (6/16/26) Passed Senate Business, Professions and Economic Development Committee (6/22/26) Re-referred to Senate Appropriations Committee (6/22/26) Senate Appropriations Committee hearing scheduled - Placed on Suspense File 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 4/22/26) 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 (5/19/26) 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 apply 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 4/29/25) 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)

Ballot Initiatives of interest for November 2026

Proposition 3 - Make income taxes on higher earners permanent to fund education and healthcare

The tax, first enacted in 2012, is set to expire in 2031. Under the measure, income taxes for top earners range from 10.3% (for individual income over \$360,000) to 12.3% (for individual income over \$721,000), with graduated rates in between. Eighty-nine percent of the money goes to K-12 public schools and 11% goes to community colleges, with any excess going to public healthcare. The tax typically raises \$5 billion to \$15 billion a year.

Proposition 40 - Apply one-time tax to billionaires to fund healthcare and education

Proposition 40 would require the estimated 200 Californians whose net worth exceeded \$1 billion at the start of this year to pay a one-time 5% tax. Service Employees International Union-United Healthcare Workers West, the group sponsoring the measure, projects that it would raise roughly \$100 billion over five years. That money would be earmarked primarily for healthcare, with some reserved for food assistance and education. If [propositions 41](#) or [42](#) earn more votes than Proposition 40, this measure would be nullified.

Proposition 41 - Require audits of new tax programs

This proposition would make it harder to pass new special taxes by requiring the state auditor to review any special tax proposal before it goes to voters. The auditor would assess whether the program that would receive funding could cut spending by at least 10% annually. Any new special tax approved by voters would count toward California's spending limit, potentially triggering automatic refunds that reduce funding for other state programs. If this proposition receives more votes than [Proposition 40](#) (a wealth tax on billionaires), Proposition 40 is nullified, even if Proposition 40 also passes.

Proposition 42 - Ban new taxes on personal property

Proposition 42 is meant to make it much harder to create a wealth tax in California by prohibiting new taxes on the mere ownership of assets such as investment accounts, business interests and personal property — assets that are typically only taxed when they are sold or generate income. Like [Proposition 41](#), which also attempts to block [Proposition 40](#) (a wealth tax on billionaires), Proposition 42 would nullify Proposition 40 if it receives more votes, even if the billionaire tax also passes.

Proposition 43 - Raise vote threshold for special tax measures

This would make it harder to impose or increase local taxes by raising the threshold for local citizen-driven special tax ballot initiatives to pass from a simple majority to two-thirds. The two-thirds threshold already applies to taxes proposed by local governments but not by individuals. The measure reflects a deal between state lawmakers and the anti-tax Howard Jarvis Taxpayers Association to keep a more restrictive tax proposal off the ballot.

Proposition 44 - Require more clinic spending on patient care

Proposition 44 would require community clinics that serve low-income patients to spend 90% of their annual revenue on patient care. The measure directs the attorney general to publish guidance on what spending qualifies and allows the state to fine clinics that don't spend the full 90%. The labor union SEIU-UHW pushed a similar bill last year, but it failed. Clinics failed to keep the measure off the ballot with a lawsuit earlier this year.

- CALL TO ORDER** Northern Inyo Healthcare District (NIHD) Governance Chair Lent called the meeting to order at 2:00 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 p
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 an update on the conclusion of the legislative session and review the District's priority legislation and developments related to the Office of Health Care Affordability (OHCA).
- **AB 1923 – Distressed Hospital Loan Program:** Adams reported that the original provisions seeking to expand the Distressed Hospital Loan Program, including \$250 million in funding and provisions related to loan forgiveness, were removed from the bill through a gut-and-amend process. The related funding and provisions had already been addressed through the State budget signed in June.
 - **AB 1607 – Maddy Emergency Medical Services Fund:** The bill would extend the sunset date for the Maddy Emergency Medical Services Fund. Adams reported that the bill passed the Legislature and was awaiting action by the Governor.
 - **HR 8209 – School-Based Health Centers:** The federal bill would establish a grant program that could provide funding for school-based health centers. Adams reported that the bill had not advanced since the previous update and remained pending in Congress.
 - **AB 1882 – Labor and Delivery Services:** Adams reviewed a proposed pilot program intended to provide payments to qualifying critical access hospitals to maintain standby labor and delivery services despite low delivery volumes. The bill passed the Legislature and was awaiting action by the Governor; however, no funding was included in the State budget to implement the program. NIHD appears to meet the eligibility criteria discussed, and staff will continue monitoring the bill and any future budget appropriation that could fund the program.
 - **Office of Health Care Affordability (OHCA):** Adams reported that OHCA approved an enforcement framework associated with the 3.5% annual healthcare spending growth target. Under the framework, providers

exceeding the target may be required to complete a Performance Improvement Plan, with potential financial penalties ranging up to 125% of the amount by which spending exceeds the target. Based on the timeline presented, 2025–2026 spending data would be reported in 2027, Performance Improvement Plans could begin in 2028 and continue through 2030, and potential penalties would not be assessed until 2031.

Public Comment: None

Board Discussion:

The Committee discussed significant concerns regarding the OHCA framework, including how spending growth will be measured, treatment of labor costs, the effect of adding or expanding service lines, and whether the process adequately accounts for the circumstances of rural hospitals. Discussion also addressed the potential impact on access to care if hospitals are required to reduce or eliminate services to meet spending targets. Regarding AB 1882, the Committee discussed monitoring future funding opportunities and the potential operational impact on NIHD if labor and delivery services in Ridgecrest are reduced or discontinued.

JOINT BOARD MEETING
UPDATE

Chief Executive Officer Wallis provided an update on preparations for the upcoming joint Board meeting. The meeting will begin with a tour followed by lunch, an antitrust presentation from legal counsel, and facilitated discussions designed to encourage collaboration between the two Boards. The facilitated portion will include a combination of full-group discussion and smaller breakout sessions. It was noted that the breakout sessions will not be broadcast through Zoom because multiple simultaneous discussions would prevent meaningful audio and video; however, the public may attend in person and observe the discussions.

Public Comment: None

Board Discussion: None

MEETING MINUTES -
AUGUST 11, 2026

Public Comment: None

Board Discussion: Correct “Vic” to “Vice”, Correct “Chair Lent” to Vice-Chair Smith” on page 1.

Motion by Smith to approve the meeting minutes with changes.

2nd: Lent

Pass: 2-0

STRATEGIC PLAN

Chief Executive Officer Wallis presented the proposed 2025–2030 Strategic Plan, describing it as a reset intended to align the District’s strategic direction with its recently approved mission, vision, and CARES values. The plan uses a cascading structure that connects high-level priorities to goals, measurable

objectives, and specific tactics, with progress to be tracked through a red-yellow-green dashboard and reported periodically to the Board.

The Strategic Plan is organized around the District's CARES values:

- **Compassion:** Prioritize the patient experience, including improving patient satisfaction, promptly addressing concerns, and developing a consistent hospital-wide approach to patient experience.
- **Accountability:** Improve access to primary and specialty care, strengthen behavioral health services, develop sustainable service lines, promote community health and wellness, and support advocacy efforts that preserve access to care.
- **Respect:** Focus on the workforce by improving employee engagement and quality of work life and strengthening leadership development.
- **Excellence:** Improve quality and care coordination across the continuum, including patient navigation, compliance, and other initiatives designed to improve the quality of care.
- **Stewardship:** Strengthen the District's financial sustainability through cash flow and budgeting practices, long-range financial planning, grant opportunities, labor cost management, and public financing strategies.

Public Comment: None

Board Discussion:

The Committee expressed support for the plan and discussed the importance of expanding and coordinating behavioral health services, particularly for youth. Discussion included opportunities to build upon the Bronco and Panther Clinics, collaborate with schools, the County, and tribal programs, and better coordinate existing behavioral health resources within the District and throughout the community. The Committee also expressed support for the plan's emphasis on accountability, financial stewardship, and connecting District initiatives to measurable strategic goals.

Motion by Smith to move the Strategic Plan to the full board

2nd: Lent

Pass: 2-0

COMPLIANCE REPORT

Compliance Officer Dickson presented the Compliance Report, which was restructured around the seven elements of an effective compliance program and designed to provide the Board with greater visibility into program effectiveness, risks, corrective actions, and areas requiring improvement. Key areas included:

- **Compliance Program Oversight:** The report identified strengths including direct access to the CEO and Board, established policies and procedures, privacy and security education, and multiple mechanisms for reporting concerns.
- **Compliance Committee:** Reestablishing regular Compliance Committee meetings was identified as a critical priority. Dickson

reported that the committee has not met since 2020 and that work is underway to restructure and reconvene it.

- **Risk Management and Monitoring:** Additional work is needed to formally track enterprise-level risks identified through audits and investigations, monitor corrective actions through completion, and document Compliance Officer processes to support continuity and appropriate allocation of responsibilities.
- **Grievances:** The District received 111 complaints and grievances. Dickson reported that the newly established multidisciplinary grievance committee has significantly improved the process for reviewing concerns, determining corrective actions, and reaching resolutions, although timely written responses remain an area for improvement.
- **Privacy:** The District conducted 23 privacy investigations, three of which were reportable breaches. Twenty-two investigations have been closed and all required regulatory reports were submitted timely. One large vendor-related breach affecting approximately 51,000 individuals resulted in patient notifications being issued several days beyond the required timeframe, and the District is reviewing the process for improvement.

Public Comment: None

Board Discussion:

Discussion focused on the timeframe for reestablishing the Compliance Committee, which Dickson anticipated completing by the end of the year. Compliance Committee activities and findings will be reported through the Governance Committee, with quality-related matters continuing to be reported through the Quality Committee as appropriate.

Motion by Smith to move Compliance Report to the full board.

2nd: Lent

Pass: 2-0

FUTURE AGENDA ITEMS None

GENERAL INFORMATION None

Adjournment Adjourn at 3:12 pm.

David Lent
Northern Inyo Healthcare District
Governance Chair

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