BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH

Tuesday, September 23, 2025
9:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, TX 77401
The meeting may be viewed online: http://harrishealthtx.swagit.com/live.

***Notice: Some Board Members may participate by videoconference.**

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care and education.

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Andrea Caracostis**	**1 min**
II.	**Approval of the Minutes of Previous Meeting** • Special Call Budget Workshop – August 4, 2025 • Board Meeting – August 28, 2025	**Dr. Andrea Caracostis**	**2 min**
III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**10 min**
	A. CEO Report Including Special Announcements ***– Dr. Esmaeil Porsa*** • Mr. Salman Khan, Named as VP Chief Information Security Officer		*(5 min)*
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements		*(5 min)*
IV.	**Public Comment**	**Dr. Andrea Caracostis**	**3 min**
V.	**Executive Session**	**Dr. Andrea Caracostis**	**30 min**
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session ***– Dr. Yashwant Chathampally***		*(5 min)*
	B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session ***– Dr. Kunal Sharma and Dr. Asim Shah***		*(10 min)*

C. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session ***– Dr. O. Reggie Egins*** *(10 min)*

D. Consultation with Attorney Regarding Deliberation of the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.072, and Possible Action Upon Return to Open Session ***– Ms. Sara Thomas*** *(5 min)*

VI. Reconvene to Open Meeting — **Dr. Andrea Caracostis** — **1 min**

VII. General Action Item(s) — **Dr. Andrea Caracostis** — **5 min**

A. General Action Item(s) Related to Quality: Medical Staff *(2 min)*

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff ***– Dr. Kunal Sharma***

B. General Action Item(s) Related to Quality: Correctional Health Medical Staff *(3 min)*

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff ***– Dr. O. Reggie Egins***
2. Consideration of Approval of the Proposed Correctional Health Medical Staff Bylaws ***– Dr. O. Reggie Egins***

VIII. New Items for Board Consideration — **Dr. Andrea Caracostis** — **10 min**

A. Consideration of Approval of a Resolution Relating to a Public Project to Redevelop and Expand Ben Taub Hospital (the "Project"), Authorizing the Acquisition by Eminent Domain for Public Convenience and Necessity of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property for the Project and Making Certain Findings Pursuant to the Provisions of Chapter 26, Texas Parks and Wildlife Code ***– Dr. Esmaeil Porsa*** *(10 min)*

IX. Strategic Discussion — **Dr. Andrea Caracostis** — **5 min**

A. Committee Report(s): *(5 min)*

- August 28, 2025 – Governance Committee
- September 9, 2025 – Quality Committee
- September 11, 2025 – Compliance & Audit Committee
- September 11, 2025 – Joint Conference Committee

X. Consent Agenda Items — **Dr. Andrea Caracostis** — **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A11 of the Purchasing Matrix) ***– Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office***

   (See Attached Expenditure Summary: September 23, 2025)

B. Consent Grant Recommendations

1. Consideration of Approval of Grant Recommendations (Items B1 through B5 of the Grant Matrix) ***– Dr. Jennifer Small (B1-B4) and Ms. Amineh Kostov (B5)***

   (See Attached Grant Matrix: September 23, 2025)

C. Consent Contract Recommendations

1. Consideration of Approval of Contract Recommendations (Item C1 of the Contract Matrix) ***– Ms. Sara Thomas***

   (See Attached Grant Matrix: September 23, 2025)

D. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health August 2025 Financial Report Subject to Audit ***– Ms. Victoria Nikitin***

E. Consent Committee Recommendations

1. Consideration of Approval of Designation of Vice President, Deputy Compliance Officer as Harris Health's Record Management Officer, Pursuant to Local Gov't Code Ann. §203.026 ***– Mr. Anthony Williams*** **[Compliance & Audit Committee]**

F. Consent Reports and Updates to the Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health ***– Mr. R. King Hillier***

   {End of Consent Agenda}

XI. Item(s) Related to the Health Care for the Homeless Program — **Dr. Andrea Caracostis** — **10 min**

A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(8 min)*

- HCHP September 2025 Operational Update

B. Consideration of Approval of the HCHP Eligibility for Reduced Costs of Injectable Epinephrine & Insulin Policy ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

C. Consideration of Approval of the HCHP 2026 Non-competing Continuation Budget Period Request ***– Dr. Jennifer Small and Ms. Tracey Burdine*** *(1 min)*

XII. Executive Session — **Dr. Andrea Caracostis** — **20 min**

E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Seven Months Ending July 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085 ***– Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice*** *(5 min)*

F. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Regarding Litigation, Including Consideration of Approval of a Settlement in Civil Action No. 4:24-cv-05109, U.S. District Court, Southern District of Texas, Houston Division Upon Return to Open Session *(5 min)*
– Ms. Ebon Swofford and Mr. Michael Fritz

G. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Regarding Opioid Litigation, Including Consideration of Approval to Participate in the Settlement with Alvogen, Inc., Apotex Corp., Amneal Pharmaceuticals LLC, Hikma Pharmaceuticals USA Inc., Indivior Inc, Viatris Inc. ("Mylan"), Sun Pharmaceutical Industries, Inc., and Zydus Pharmaceuticals (USA) Inc. in the Texas Opioid Multi-District Litigation Upon Return to Open Session *(5 min)*
– Ms. Ebon Swofford

H. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session *(5 min)*
– Ms. Carolynn Jones

XIII.	**Reconvene**	**Dr. Andrea Caracostis**	**2 min**
XIV.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Fiscal Year 2026 Budget Workshop
Monday, August 4, 2025
9:00 a.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:07 a.m. by Dr. Andrea Caracostis, Chair. It was noted that a quorum was present, and the attendance was recorded. Dr. Caracostis stated while some of Board members were physically present in the room, others would participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak were provided dial-in information for the meeting. All others who wish to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live.	**A copy of the attendance is appended to the archived minutes.**
II. Public Comment	There were no public speakers registered to appear before the Board.	
III. Presentation and Discussion Regarding Harris Health's Fiscal Year 2026 Preliminary Budget Projections	Ms. Alison Perez, Vice President of Financial Planning and Analysis, delivered a detailed presentation regarding the preliminary projections for the Harris Health System Fiscal Year 2026 Operating and Capital Budget. She began by providing an overview of the FY 2026 budget framework, financial forecasting methodologies, and the alignment of these elements with the organization's 2021–2025 Strategic Plan. Ms. Perez also outlined the early development process for the forthcoming 2026–2030 Strategic Plan. Updates were provided on capital projects funded through the $2.5 billion bond initiative, including the replacement of the LBJ Campus, expansions to oncology services, the construction of a new parking garage and central utility plant, and enhancements to the Ben Taub Campus, such as telemetry system expansion, renovation of the Critical Care Unit, and planning for a future patient care tower. Ms. Perez also discussed additional projects, which included new and expanded ambulatory care clinics, urgent care centers, anticipated occupancy of the Holly Hall Operations Center by September 2026, and ongoing implementation of the Infrastructure Resiliency Plan. Ms. Perez highlighted a series of strategic initiatives included in the FY 2026 budget, such as the expansion of the Hospital at Home program; Epic electronic health record enhancements (including Rover and Back to Foundation modules); upgrades to ServiceNow and Unified Communications platforms; expansions of endoscopy and outpatient parenteral antibiotic therapy (OPAT) services; establishment of a Utilization Review Team; and enhancements to Emergency Center staffing. She also noted several pending initiatives currently contingent upon funding, including a proposed increase to the living wage, the creation of a Sterile Compounding Service Center, and the expansion of Healthy Connect Remote Monitoring. Additionally, several throughput and care coordination efforts were presented.	**As Presented.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	Volume forecasts for FY 2026 were also reviewed, with inpatient activity expected to remain stable, including consistent patient days and case volume, alongside a slight increase in surgical procedures. Outpatient services are projected to reach approximately 916,000 visits, with a minor reduction in outpatient surgeries. Emergency services are projected at approximately 167,000 visits. Eligibility requirements and policies concerning indigent care are expected to remain unchanged. Ms. Victoria Nikitin, Executive Vice President and Chief Financial Officer, presented the revenue outlook for FY 2026, noting that overall revenue is projected to remain stable. However, a significant reduction of $91.2 million is anticipated due to changes to the Correctional Health Interlocal Agreement. Additional funding sources under consideration include a $10 million Strategic Fund allocation, along with continued participation in Medicaid supplemental programs such as Disproportionate Share Hospital (DSH), Uncompensated Care (UC), Hospital Indigent Care (HICH), CHIRP, NAIP, HARP, and Graduate Medical Education (GME), along with anticipated revenues from new Medicaid initiatives, including APHRIQA and ATLIS. Ms. Perez further detailed projected expenditures, including $1.44 billion allocated for salaries and benefits—representing a 9% increase due to market adjustments—$352.1 million for supplies and pharmaceuticals (a 5.7% increase), $484.5 million for physician services (a 0.2% increase), and $346.2 million for purchased services (a 9% increase). Depreciation and interest costs are projected at $162.4 million, reflecting a 31.3% increase largely attributable to recent bond issuances. The preliminary budget reflects a projected operating margin of -3.4%, representing an anticipated deficit of $90.9 million, subject to revision pending the final validation of assumptions. The proposed FY 2026 Capital Budget is $112.6 million and reflects a transition to cash-basis budgeting; this figure does not include capital expenditures associated with bond-funded strategic projects. In conclusion, Ms. Perez outlined key upcoming milestones in the budget approval process: a briefing with the Harris County Commissioners Court staff scheduled for August 8, 2025; submission of the preliminary budget to the Harris County Commissioners Court on August 14, 2025; a formal Harris Health Board of Trustees budget review on August 28, 2025; and a public hearing and final approval by the Harris County Commissioners Court on September 18, 2025. A copy of the presentation is available in the permanent record.	
IV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 10:17 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 4, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Monday, August 4, 2025
Harris Health Board of Trustees Fiscal Year 2026 Budget Workshop Attendance

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Andrea Caracostis *(Chair)*	Afsheen Davis
Carol Paret *(Vice Chair)*	Paul Puente
Libby Viera-Bland *(Secretary)*	
Ingrid Robinson	
Dr. Marlen Trujillo	
Philip Sun	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Matthew Schlueter
Alison Perez	Micah Rodriguez
Carolynn Jones	Dr. O. Reggie Egins
Cherry Joseph	Olga Rodriguez
Derek Curtis	Omar Reid
DeWight Dopslauf	Patrick Casey
Dr. Esmaeil Porsa *(President & CEO, Harris Health)*	R. King Hillier
Dr. Glorimar Medina	Randy Manarang
Jack Adger *(Harris County Purchasing Office)*	Dr. Sandeep Markan
Dr. Jennifer Small	Sara Thomas *(Harris County Attorney's Office)*
Jennifer Zarate	Shawn DeCosta
Jerald Summers	Sonny Jiles *(Founding Board Member, Harris Health Strategic Fund)*
John Matcek	Dr. Tien Ko
Louis Smith	Victoria Nikitin
Maria Cowles	Dr. Yashwant Chathampally
Dr. Matasha Russell	

Virtual Attendee Notice: *If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.*

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Board Meeting
Thursday, August 28, 2025
9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:04 a.m. by Dr. Andrea Caracostis, Chair. It was noted that a quorum was present, and the attendance was recorded. Dr. Caracostis stated while some of Board members were physically present in the room, others would participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak were provided dial-in information for the meeting. All others who wish to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting	• Board Meeting – June 30, 2025 (Revised) Dr. Caracostis noted that there was a revision necessary to clarify the action taken on Agenda Item XIV, J, which related to the Settlement with the Texas Health and Human Services Commission for the Reimbursement of Medicaid Payments. • Board Meeting – July 24, 2025 Copies of the minutes are available in the permanent record.	**Motion No. 25.08-92** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the revised minutes of June 30, 2025, Board meeting. Motion carried.** **Motion No. 25.08-93** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the revised minutes of July 24, 2025, Board meeting. Motion carried.**
III. Announcements/ Special Presentations	**A. CEO Report Including Special Announcements** Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), shared a heartfelt patient testimony highlighting the exceptional care provided by the staff at Danny Jackson Health Center – with special recognition given to Ms. Glenda Eagen Negron, Nurse Patient Educator, for her dedication and commitment to the patients of Harris Health. Dr. Porsa, along with the Board, formally recognized Ms. Negron and noted that she will also be honored at an upcoming event.	**As Presented.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Mr. Paul Puente, Board Member, shared that he attended a town hall meeting for Precinct 2 at Flukinger Community Center. The meeting was well received and provided the public with updates on the work being done at Harris Health, including expansion and construction projects. The town hall was held on August 5th from 6:00 to 7:30 PM.	**As Presented.**
IV. Public Comment	Ms. Cynthia Cole, Executive Director of Local #1550 – AFSCME (American Federation of State, County, and Municipal Employees), addressed the Board regarding Harris Health's attendance policy (6.13). She encouraged the Board to review the policy, particularly the sections related to doctor's excuses and associated point system. Mr. Kenneth Dorsey Parker, a descendant of August Warneke, addressed the Board in opposition to the proposed expansion of Ben Taub Hospital and the condemnation of portions of Hermann Park. Mr. Scott Parker, attorney and descendent of August Warneke, also addressed the Board opposing the proposed expansion of Ben Taub Hospital and the condemnation of portions of Hermann Park.	**As Presented.**
V. Executive Session	At 9:23 a.m., Dr. Caracostis stated that the Board would enter Executive Session for Items V. 'A through D' as permitted by law under Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032, and Tex. Gov't Code Ann. §§551.071.	
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session	**No Action Taken.**
	B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session	**No Action Taken.**
	C. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session	**No Action Taken.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	D. Consultation with Attorney Regarding Harris Health's Medical School Affiliation and Support Agreements, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:57 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in Executive Session.	
VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff Dr. Kunal Sharma, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health Medical Staff. In August 2025, there were forty – one (41) initial appointments, 190 reappointments, seven (7) changes/additions of privileges, twenty – seven (27) resignations and four (4) files for discussion in executive session. A copy of the credentialing report is available in the permanent record.	**Motion No. 25.08-94** **Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health Correctional Health Medical Staff. In August 2025, there were two (2) initial appointments, one (1) reappointment, and two (2) resignations. A copy of the credentialing report is available in the permanent record.	**Motion No. 25.08-95** **Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**
	C. General Action Item(s) Related to Community Health Choice	
	1. Approval of the appointment of Katherine Collins to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), Collectively "Community", Board of Directors Dr. Caracostis noted Ms. Afsheen Davis recusal on this item related to Texas Children's Hospital.	**Motion No. 25.08-96** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Ingrid Robinson, and majority passed that the Board approve agenda item VII.C.1. Motion carried.**
	2. Community Health Choice Retirement Notification of Board Member, Anne Clutterbuck	**For Information Only**

VIII. New Items for Board Consideration		

	A. Approval of the Proposed Harris Health Fiscal Year 2026 Operating and Capital Budget
	
	Ms. Victoria Nikitin, Executive Vice President and CFO, presented the Proposed Harris Health Fiscal Year 2026 Operating and Capital Budget.
	Tax revenue projections for FY 2026, as provided by the Harris County Office of Management and Budget (OMB), are as follows:
	• No New Revenue Rate (NNR): $1.042 billion
	  ○ Results in a projected bottom-line loss of $120.6 million
	• Voter Approved Rate (VAR): $1.216 billion
	  ○ Results in a projected positive net margin of $53.1 million
	
	Ms. Nikitin stated that Harris Health is proposing tax revenues not to exceed the VAR rate of $1.216 billion for the FY 2026 budget cycle. This amount is necessary to:
	• Close the expense gap
	• Achieve a 1.9% operating margin
	• Support continued reinvestment in operations
	• Advance the Strategic Facilities Plan and other key system initiatives
	
	A copy of the presentation is available in the permanent record.
	
	Motion: Approval of *Harris Health Fiscal Year 2026 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2025 Tax Rate that will result in net valorem tax revenue not to exceed the amount shown in the proposed Budget as presented.*
		Motion No. 25.08-97
		Moved by Mr. Paul Puente, seconded by Ms. Ingrid Robinson, and majority passed that the Board approve agenda item VIII.A. Mr. Philip Sun abstained. Motion carried.

IX. Strategic Discussion		
	A. Harris Health Strategic Plan Initiatives	
	1. Presentation Regarding the Harris Health 2026-2030 Strategic Plan Update Mr. Sam Moskwitz, Managing Director at BRG, presented an update on the Harris Health 2026–2030 Strategic Plan. He provided an overview of the strategic planning process, which consists of four phases beginning in Phase 1 (November 2024) and culminating in Phase 4: Final Development and Approval of the plan. Mr. Moskwitz highlighted key elements of the process, including stakeholder engagement, identified challenges, and the six strategic pillars that will guide the 2026–2030 Strategic Plan. He concluded his presentation by outlining the next steps for the Board. Board discussion ensued. A copy of the presentation is maintained in the permanent record.	**As Presented.**

	2. Presentation Regarding an Overview of Harris Health's Construction Status, Facility Management Structure and Safety Oversight Mr. Patrick Casey, Senior Vice President of Facilities Construction & Systems Engineering, provided a comprehensive presentation on the current state of Harris Health's construction projects, facility management structure, and safety oversight. His presentation covered the following key areas: • Overview of the Harris Health Facilities Department, including organizational structure • Strategic Capital Facilities Plan Staffing • Project Design and Delivery Methodology • Cost Challenges and Optimization Efforts • Project Controls Implemented to Improve Oversight • Safety Program, with specific reference to the LBJ Expansion • Sustainability Initiatives, particularly in relation to new hospital construction Board discussion ensued. A copy of the presentation is available in the permanent record.	**As Presented.**

	3. Discussion Regarding Patient and Family Advisory Council (PFAC) Update
	
	Dr. Jennifer Small, CEO, Ambulatory Care Services (ACS) and Ms. Andrea Kennedy - Tull, Director, Volunteer Services & Patient Experience, provided an update on the activities and progress of the Patient and Family Advisory Council (PFAC), which serves in a formal advisory role to Harris Health. The primary objective of PFAC is to amplify the voice of the patients and families to enhance healthcare quality and promote patient – centered cared across the system.
	
	Key Highlights:
	
	• **ACS PFAC Meetings:**
	  ○ Kick-off meeting held on Wednesday, May 14th
	  ○ Initial full council meeting conducted on Wednesday, August 13th
	• **Membership and Representation:**
	  ○ A total of 26 inaugural members have joined the ACS PFAC
	  ○ Members represent 14 Health Centers and Specialty Clinics
	  ○ Recruitment efforts have been robust, with over 420 referrals received systemwide
	• **Systemwide PFAC Achievements:**
	  ○ 6-year anniversary celebrated for Ben Taub and LBJ PFACs on April 22
	  ○ Two PFAC members participated as panelists during the Patient Safety Town Hall event
	  ○ PFAC featured a guest speaker on Zero Preventable Harm Events
		As Presented.

	○ Members were interviewed by Magnet surveyors during the redesignation process at LBJ and Ben Taub Hospitals The update reflects a growing and impactful PFAC presence across the System, underscoring a commitment to continuous engagement with patients and families in improving the quality and safety of care.	
	4. Discussion Regarding Harris Health's 60th Anniversary Ms. Olga Llamas Rodriguez, Senior Vice President, Corporate Communications, Community Engagement & Board Services, and Mr. Bryan McLeod, Administrative Director, Corporate Communications, provided an update on plans for Harris Health's upcoming 60th Anniversary in 2026. Ms. Llamas Rodriguez shared that the milestone would highlight Harris Health's legacy of compassion, resilience, and public service, while promoting the value of a publicly funded healthcare system. The yearlong celebration will include a wide range of stakeholders, current and former employees, patients, board members, elected officials, academic and community partners. A kick-off event is planned for January 2026 with a "topping out" ceremony for the new LBJ Hospital. Mr. McLeod announced a collaboration with the University of Houston Center for Public History to produce a special issue of Houston History magazine. The edition will document Harris Health's origins, historical milestones, and oral histories from key figures across decades. The publication is expected in late 2026 and will highlight both the system's legacy and its future direction.	**As Presented.**
	B. Committee Report(s) • August 12, 2025: Quality Committee Dr. Caracostis reported that the Quality Committee met in August. . During the meeting, the committee viewed the High Reliability Organization (HRO) Safety Video titled "Good Catches."	**As Presented.**

IX. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A15 of the Purchasing Matrix) Ms. Kimberly Williams, Harris County Purchasing Agent, presented the purchasing recommendations for the Board's review and approval. A copy of the purchasing agenda is available in the permanent record.	**Motion No. 25.08-98** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item IX.A.1. of the purchasing recommendations (A1 through A15 of the purchasing matrix). Motion carried.**
	B. Consent Grant Recommendations	
	1. Approval of Grant Recommendations (Item B1 of the Grant Matrix)	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**
	C. Consent Contract Recommendations	
	1. Approval of Contract Recommendations (Items C1 through C2 of the Contract Matrix)	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**
	D. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health July 2025 Financial Report Subject to Audit	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**

	2. Acceptance of the Harris Health Fiscal Year 2025 Third Quarter Investment Report	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**
	3. Acceptance of the Harris Health Fiscal Year 2025 Second Quarter Pension Plan Report	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**
	4. Approval of the Removal of Sima Ladjevardian as a Member of the Dialysis Center at Quentin Mease Governing Body ***{End of Consent Agenda}***	**Motion No. 25.08-99** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robison, and unanimously passed that the Board approve consent agenda items IX.B – D. Motion carried.**
XI. Item(s) Related to the Health Care for the Homeless Program		
	A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act • HCHP August 2025 Operational Update Ms. Tracey Burdine, Director of ACS, presented the August 2025 Operational Update for the Health Care for the Homeless Program (HCHP), as required by the U.S. Department of Health and Human Services. Ms. Burdine reported that as of July 2025, the program had served a total of 4,964 patients, representing 68% of the annual goal, and completed 18,269 visits, or 61% of the annual visit goal. In the month of July alone, 1,395 unduplicated patients were served, with 2,853 visits completed—most of which were for family practice services (965 patients).	**Motion No. 25.08-100** **Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.A. Motion carried.**

	Ms. Burdine reviewed the current clinic operations, noting that HCHP maintains seven (7) shelter-based clinic sites. Of these, four (4) are open access, serving both individuals experiencing homelessness and the broader community, while three (3) are closed sites that serve only shelter residents. In addition to these sites, the program operates four (4) mobile medical units and one (1) mobile dental unit, which continues to provide care in the community. She also provided an overview of the program's budget performance through the end of the second quarter. Ms. Burdine stated that 35% of the total allocated budget had been utilized. She highlighted key pending expenditures and further noted that contractual services expenses were lower than expected due to pending invoices for May and June, as well as ongoing work on the psychiatric budget. Ms. Burdine explained that supply expenditures were intentionally reduced as part of a strategic plan to lower overhead by 10%, through stock rotation and avoiding duplicate orders across clinics. Finally, Ms. Burdine addressed an ongoing collaboration with Healthcare for the Homeless – Houston (HHH). She reported that due to financial challenges at HHH, Harris Health will temporarily provide dental services to HHH clients via its mobile dental unit beginning September 2, 2025. This support will continue until HHH is able to resume its own dental operations. A copy of the presentation is available in the permanent record.	
	B. Approval of the HCHP 2025 Shelter Based Clinics List	**Motion No. 25.08-101** **Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.**
	C. Approval of the HCHP Budget Summary Report	**Motion No. 25.08-102** **Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item XI.C. Motion carried.**

XII. Executive Session	At 11:23 a.m., Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XII. 'E through J' as permitted by law under Tex. Health & Safety Code Ann. §161.032, and Tex. Gov't Code Ann. §§551.071, 551.072, 551.085.	
	E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Six Months Ending June 30, 2025, and Overview of the Main Drivers that Impact the Financial Performance and Budget Planning, Pursuant to Tex. Gov't Code Ann. §551.085 Dr. Caracostis noted Ms. Davis recusal on this item related to Texas Children's Hospital.	**No Action Taken.**
	F. Consultation with Attorney Regarding Contemplated Litigation, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, and Possible Action Regarding this Matter Upon Return to Open Session, Including Authorizing Community Health Choice to Commence Litigation in an Appropriate State Court in Harris County, Texas to Resolve a Contractual Dispute Dr. Caracostis noted Ms. Davis recusal on this item related to Texas Children's Hospital. **Motion:** *Authorize Community Health Choice to Commence Litigation in an Appropriate State Court in Harris County, Texas to Resolve Contractual Dispute as presented in Executive Session.*	**Motion No. 25.08-103** **Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and majority passed that the Board approve agenda item XII.F. Ms. Afsheen Davis abstained. Motion carried.**
	G. Consultation with Attorney Regarding Litigation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session, Including Approval of a Settlement in Civil Action No. 4:23-cv-03198, U.S. District Court, Southern District of Texas, Houston Division **Motion:** *Approval of the Settlement in Civil Action No. 4:23-cv-03198 in the U.S. District Court, Southern District, Houston Division in the amount of $2,750,000. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement, as presented in Executive Session.*	**Motion No. 25.08-104** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XII.G. Motion carried.**
	H. Consultation with Attorney Regarding Opioid Litigation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval to Participate in the Settlement with Purdue Pharma L.P. and its Affiliated Debtors in the Texas Opioid Multi-District Litigation Upon Return to Open Session **Motion:** *Approval for Harris Health to Participate in the Settlement with Purdue Pharma L.P. and its Affiliated Debtors in the Texas Opioid Multi-District Litigation, MDL No. 2018-63587, in the 152nd District Court of Harris County, Texas. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement, as presented in Executive Session.*	**Motion No. 25.08-105** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XII.H. Motion carried.**

	I. Consultation with Attorney Regarding Deliberation of the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.072, and Possible Action Upon Return to Open Session	**No Action Taken.**
	J. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session	**No Action Taken.**
XIII. Reconvene	At 12:23 p.m. Dr. Andrea Caracostis, reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in Executive Session. The Board took action on items XII. "F – H" of the Executive Session Agenda.	
XIV. Adjournment	There being no further business to come before the Board, the meeting adjourned at 12:26 p.m.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on August 28, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Thursday, August 28, 2025
Harris Health Board of Trustees Board Meeting Attendance

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Andrea Caracostis *(Chair)*	Dr. Marlen Trujillo
Carol Paret *(Vice Chair)*	
Libby Viera-Bland *(Secretary)*	
Afsheen Davis	
Ingrid Robinson	
Paul Puente	
Philip Sun	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Dr. Esmaeil Porsa *(President & CEO, Harris Health)*
Alicia Monroe	Faisal Amin *(BRG)*
Andrea Kennedy-Tull	Glenda Negron
Dr. Amy Smith	Dr. Glorimar Medina
Anna Mateja *(CFO, Community Health Choice)*	Jack Adger *(Harris County Purchasing Office)*
Anthony Williams	Dr. Jackie Brock
Bryan McLeod	Dr. Jennifer Small
Carolynn Jones	Jennifer Zarate
Cherry Joseph	Jerry Summers
Chris Buley *(CLO, Community Health Choice)*	Jessey Thomas
CoraMae Rivera	John Matcek
Cynthia Cole *(Public Comment Speaker: AFSME Local 1550)*	John Strawn *(Strawn Pickens)*
Daniel Smith	Dr. Joseph Kunisch
Derek Curtis	Karma Bass *(Via Healthcare Consulting)*
DeWight Dopslauf	Kenneth Dorsey Parker *(Public Comment Speaker)*
Ebon Swofford *(Harris County Attorney's Office)*	Kiki Teal
Elizabeth Hanshaw Winn *(Consultant)*	Kimberly Williams *(Harris County Purchasing Office)*

Virtual Attendee Notice: *If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.*

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Krystal Gamarra	Patrick Casey
Dr. Kunal Sharma	R. King Hillier
Linh Nguyen *(Photojournalist, ABC 13)*	Randy Manarang
Lisa Wright *(CEO, Community Health Choice)*	Richard Whiteley *(Bracewell)*
Louis Smith	Sam Karim
Maria Cowles	Sam Moskowitz *(BRG)*
Mary Buzak *(Bracewell)*	Dr. Sandeep Markan
Dr. Matasha Russell	Sara Thomas *(Harris County Attorney's Office)*
Matthew Reeder	Scott Parker *(Public Comment Speaker: Parker Law Firm)*
Matthew Schlueter	Shawn DeCosta
Michael Fritz	Taylor McMillan
Michael Nnadi	Tekhesia Phillips
Miya Shay *(Journalist, ABC 13)*	Dr. Tien Ko
Nathan Bac	Tiffani Dusang
Dr. O. Reggie Egins	Tracey Burdine
Olga Rodriguez	Victoria Nikitin
Omar Reid	Dr. Yashwant Chathampally
Paige Abernathy *(Harris County Attorney's Office)*	

Virtual Attendee Notice: *If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.*

HARRISHEALTH

Public Comment Registration Process

Pursuant to Texas Government Code Ann. §551.007, members of the public are invited to attend the regular meetings of the Harris Health Board of Trustees and may address the Board during the public comment segment regarding an official agenda item or a subject related to healthcare/patient care rendered at Harris Health. Public comment will occur prior to the consideration of all agenda items.

If you have signed up to attend as a public speaker attending virtually, a meeting link will be provided within 24-48 hours of the scheduled meeting. Notice: Virtual public speakers will be removed from the meeting after speaking and have the option to join the meeting live via **http://harrishealthtx.swagit.com/live**. *You must click the "Watch Live" hyperlink in the blue bar, located on the top left of the screen.*

How to Request to Address the Board of Trustees
Members of the public must register in advance to speak at the Harris Health Board of Trustees Board meetings. Members of the public can contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 4:00 p.m. To register, members of the public must submit registration no later than 4:00 p.m. on the day before the scheduled meeting using one of the following manners:

1. Providing the requested information located in the "Speak to the Board" tile found at https://www.harrishealth.org/about-us-hh/board/Pages/registerForm.aspx
2. Printing and completing the downloadable registration form found at https://www.harrishealth.org/about-us-hh/board/Documents/Public%20Comment%20Registration%20Form.pdf
3. Emailing a hard-copy of the completed registration form to BoardofTrustees@harrishealth.org
4. Mailing a completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
5. Contacting a Board of Trustees staff member at (346) 426-1524 to register verbally or by leaving a voicemail with the required information denoted on the registration form

Prior to submitting a request to address the Harris Health Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

Rules During Public Comment Period
The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Three Minutes
A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

- Page 23 Was Intentionally Left Blank -

Tuesday, September 23, 2025

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session.

Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 25 – 26 Were Intentionally Left Blank -

Tuesday, September 23, 2025

Executive Session

Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session.

Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive

- Pages 28 – 45 Were Intentionally Left Blank -

Tuesday, September 23, 2025

Executive Session

Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.

O. Reggie Egins, MD, CCHP-CP
Chief Medical Officer - Correctional Health

- Pages 47 – 49 Were Intentionally Left Blank -

Tuesday, September 23, 2025

Consideration of Approval Regarding Credentialing Changes for Members of the Harris Health Medical Staff

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The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on September 9, 2025.

The Harris Health Medical Executive Board requests the approval of the Board of Trustees.

Thank you.

Dr. Yashwant Chathampally
Executive Vice President & Chief Medical Executive

Board of Trustees

HARRISHEALTH

September 2025 Medical Staff Credentials Report

Medical Staff Initial Appointments: 49
BCM Medical Staff Initial Appointments - 19
UT Medical Staff Initial Appointments - 30
HCHD Medical Staff Initial Appointments - 0

Medical Staff Reappointments: 122
BCM Medical Staff Reappointments - 64
UT Medical Staff Reappointments - 53
HCHD Medical Staff Reappointments - 5

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 8

BCM/UT/HCHD Medical Staff Resignations: 16

For Information
Temporary Privileges Awaiting Board Approval - 26
Urgent Patient Care Need Privileges Awaiting Board Approval - 2
Leave of Absence - 2

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 3
Medical Staff Initial Appointment Files for Discussion - 1
Medical Staff Reappointment Files for Discussion - 2

Tuesday, September 23, 2025

Consideration of Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff

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The Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Correctional Health Medical Staff on September 8, 2025.

The Correctional Health Medical Executive Committee requests the approval of the Board of Trustees.

O. Reggie Egins, MD, CCHP-P
Chief Medical Officer of Correctional Health

Board of Trustees

HARRISHEALTH

September 2025 Correctional Health Credentials Report

Medical Staff Initial Appointments: 6

Medical Staff Reappointments: 0

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 1

Tuesday, September 23, 2025

Consideration of Approval of the Correctional Health Medical Staff Bylaws

The Correctional Health Medical Executive Committee (MEC) and Medical Staff have approved the attached Correctional Health Medical Staff Bylaws. The Correctional Health MEC and Dr. Otis Egins, Correctional Health MEC Chair, requests the approval of the Board of Trustees.

A summary of changes is listed below:

- Article VII, Section 5 – Corrective Action, Automatic Termination (Page 24)
  - Conflicting language around medical record completion was removed
- Article IX, Section 1 – Chief Medical Officer (Page 36)
  - Updated language for appointment of Chief Medical Officer
- Removed references to "DPS" throughout the Correctional Health Medical Staff Bylaws
- Removed references to the University of Houston College of Medicine throughout the Correctional Health Medical Staff Bylaws, effective October 1, 2025
- Replaced "Harris Health System" with "Harris Health" throughout the Correctional Health Medical Staff Bylaws

O. Reggie Egins, MD, CCHP-P
Chief Medical Officer of Correctional Health

HARRISHEALTH

CORRECTIONAL HEALTH MEDICAL STAFF BYLAWS

~~October 1~~September, 2025

Table of Contents

BYLAWS OF THE

HARRIS HEALTH

CORRECTIONAL HEALTH MEDICAL STAFF

PREAMBLE

WHEREAS, Harris County ("County") owns detention facilities ("Detention Facilities") which are under the supervision and control of the Sheriff of Harris County ("Sheriff"); and

WHEREAS, the Sheriff is charged by law with the responsibility for obtaining and providing adequate medical care for detainees of the County's Detention Facilities (each such facility generally referred to as the "Jail"); and

WHEREAS, the Sheriff desires to outsource the provision and supervision of medical and mental health care (generically, "health care") to a qualified care provider; and

WHEREAS, the Harris County Hospital District d//b/a ~~Harris Health System~~Harris Health is a hospital district established pursuant to Article IX, Section 4 of the Texas Constitution and Tex. Health & Safety Code §§281.001 et seq., as amended with responsibility for furnishing medical and hospital care for indigent and needy persons residing in Harris County; and

WHEREAS, in compliance with the Interlocal Cooperation Act, the County and Harris Health have entered into an Interlocal Cooperation Agreement ("the Agreement") for Harris Health to provide certain medical care to Jail detainees; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees ("Governing Body"), the Harris Health Correctional Health Medical Executive Committee ("Medical Executive Committee") is responsible for determining, implementing, and monitoring policies governing the medical care to Jail detainees, including the quality and safety of the medical care in the Jail, and holding the medical staff accountable to fulfill Harris Health's obligations to the Jail detainees; and

WHEREAS, the Medical Executive Committee has approved these Harris Health Correctional Health Medical Staff Bylaws ("Bylaws").

THEREFORE, the Practitioners and Advanced Practice Professionals practicing in the Jail shall carry out the functions delegated to the Medical Staff by the Governing Body in compliance with these Bylaws.

DEFINITIONS

Whenever the context requires, words of masculine gender used herein shall include the feminine and the neuter, and words used in the singular shall include the plural.

1. The term **"ADVANCED PRACTICE PROFESSIONAL" (APP)** shall be defined as an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Optometrist (OD), or Nurse Practitioner (NP).

2. The term **"CHIEF MEDICAL OFFICER"** shall mean the Chief Medical Officer for Correctional Health.

3. The term **"CLEAN APPLICATION"** shall mean a completed application in which all aspects of the application are complete; all references have been returned with all questions fully answered as either superior or good; the applicant has not been a party to any malpractice cases, adverse actions involving medical staff membership, clinical privileges or licensure/certification requiring further investigation; and all training, licensure, National Practitioner Data Bank, and OIG database information has been verified, with the results of such verification found to be acceptable. The term "Clean Application" may also be applied to an application from a Medical Staff member requesting new clinical privileges.

4. The term **"CLINICAL PRIVILEGES"** or **"PRIVILEGES"** means the permission granted by the Governing Body to a Practitioner to provide those diagnostic, therapeutic, or medical services which the Practitioner has been approved to render.

5. The term **"COMPLETED APPLICATION"** shall mean a signed Texas State Standardized Application in which all questions have been answered, current copy of licensure (State, DEA~~, DPS~~), peer reference letters, delineation of clinical privileges or job description, current appropriate professional liability insurance if applicable, National Practitioner Data Bank, OIG, Board Status, hospital affiliations, and verification of any other relevant information from other professional organizations according to the Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by the Medical Executive Committee have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of Harris Health's Medical Staff Services, the Chief Medical Officer, or the Medical Executive Committee.

6. The term "**CREDENTIALING PROCEDURES MANUAL"** shall mean the policy containing additional details related to the credentialing process of Correctional Health, as further detailed in these Bylaws.

7. The term **"DAYS"** shall mean calendar days, including Saturdays, Sundays, and holidays unless otherwise specified herein. Days are counted beginning on the day following the transmittal or receipt of a notice or other required correspondence.

8. The term **"DENTIST"** means an individual with a D.D.S. or equivalent degree licensed or authorized to practice dentistry by the State of Texas.

9. The term **"EXECUTIVE SESSION"** means any meeting or portion of any meeting, of any section, department, or committee of the Medical Staff at which privileged and/or confidential information regarding quality assessment and improvement and/or peer review information is presented or discussed.

10. The term **"EX-OFFICIO"** shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, refers to a position without voting

rights.

11. The term **"FEDERAL HEALTH CARE PROGRAM"** shall mean any plan or program that provides health benefits whether through insurance or otherwise, which is funded directly in whole or in part by the United States government or a state health program (with the exception of the Federal Employees Health Benefits program). The most significant federal health care programs are Medicare, Medicaid, Blue Cross Federal Employees Program (FEP)/Tricare/CHAMPUS and the veterans' programs.

12. The term **"GOOD STANDING"** means that, at the time of his or her most recent appointment, this individual was deemed to have met the following requirements: satisfactory clinical competence, satisfactory technical skill/judgment, satisfactory results of Quality Assurance activity, satisfactory adherence to these Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.

13. The term **"GOVERNING BODY"** means the Harris Health Board of Trustees.

14. The term **"INELIGIBLE PERSON"** means any individual or entity that: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal and/or state health care programs or in federal and/or state procurement or non-procurement programs (this includes persons who are on the List of Excluded Individuals or Entities of the Inspector General, List of Parties Excluded from Federal Programs by the General Services Administration or the Medicaid Sanction List); or (ii) has been convicted of a criminal offense related to the provision of a health care program that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

15. The term **"MEDICAL EXECUTIVE COMMITTEE"** means the committee with authority to exercise Correctional Health-wide functions on behalf of the Medical Staff.

16. The term **"MEDICAL STAFF"** means all physicians and dentists who are appointed to the Medical Staff to provide healthcare services at Harris Health Correctional Health and who ~~either (i) hold a faculty appointment at the University of Houston College of Medicine; or (ii)~~ are employed by or have a contractual relationship with ~~University of Houston College of Medicine or~~ Harris Health.

17. The term "**PEER**" shall mean an individual who practices in the same profession as the Practitioner under review. The level of subject-matter expertise required to provide meaningful evaluation of a Practitioner's performance will determine what "practicing in the same profession" means on a case-by-case basis. The Medical Executive Committee shall determine the degree of subject matter expertise required on a case-by-case basis.

18. The term "**PEER REVIEW**" shall mean the evaluation of medical and healthcare services, including evaluation of the qualifications and professional conduct of professional healthcare practitioners and of patient care provided by those Practitioners. The Practitioner is evaluated based on generally recognized standards of care. The Medical Executive Committee conducts a peer review with input from one or more Practitioner colleagues (peers).

19. The term **"PHYSICIAN"** means an individual with an M.D., D.O. or equivalent degree currently licensed to practice medicine in the State of Texas.

20. The term **"PRACTITIONER"** means, unless otherwise expressly limited, any Physician or Dentist holding a current license to practice in the State of Texas.

21. The term **"SPECIAL NOTICE"** shall mean written notification sent by certified or registered mail, return receipt requested, or by personal or e-mail delivery with a receipt of delivery or attempted delivery obtained.

22. The term **"STATE"** shall mean the State of Texas.

23. The term **"STATE BOARD"** shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, or such other licensing board that may license individuals who have clinical privileges at Correctional Health.

ARTICLE I — NAME

The name of this organization governed by these Bylaws shall be the Medical Staff of Harris Health Correctional Health (hereinafter referred to as "Correctional Health").

ARTICLE II — PURPOSE

The purposes of this organization are:

1. To provide the best possible care for all Jail detainees;
2. To ensure a high level of professional performance of all Medical Staff members authorized to practice in Correctional Health through appropriate delineation of the clinical privileges that each Medical Staff member may exercise and through an ongoing review and evaluation of each Medical Staff member's performance;
3. To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill;
4. To initiate and maintain these Bylaws for self-governance of the Medical Staff;
5. To provide a means for communication and conflict resolution regarding issues that are of concern to the Medical Staff.

ARTICLE III — MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff of Correctional Health is a privilege which shall be extended, without discrimination as to race, color, sex, religion, disability, national origin, or age only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, and does not in any way imply or preclude employment status by Harris Health. Membership on the Medical Staff shall confer only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws.

Section 2. Qualifications for Membership

a. Only individuals who have no health problems that could affect his or her ability to perform the privileges requested and can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and Governing Body that patients treated by them will be given a high quality of medical care, shall be qualified for membership on the Medical Staff.

b. Only individuals who have and continue to maintain current unrestricted privileges, in Good Standing, at Harris Health Correctional Health.

c. Only individuals who have current licenses and certificates. Medical Staff members must have unrestricted licenses and certificates, with no past adverse licensure actions(s) (e.g., probation, suspension, revocation). Past adverse licensure action(s) do not include action(s) taken for administrative reasons, such as failure to timely pay licensure fees. Required licenses and certificates include:

- State of Texas license to practice medicine, osteopathy, or dentistry;

- United States Controlled Substances Registration Certificate (DEA) as applicable, with exceptions approved by the Medical Executive Committee;
- National Provider Identifier (NPI); and
- Professional liability insurance covering the exercise of all requested privileges, except for Practitioners or APPs employed by Harris Health.

d. Only Practitioners who have no record of denial, revocation, relinquishment or termination of appointment or clinical privileges at any other healthcare facility for reasons related to professional competence or conduct.

e. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in Correctional Health merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, or dentistry in this State or in any other state, or that he or she is a member of any professional organization, or that he or she had in the past, or presently has, such privileges at another healthcare facility.

f. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he or she will strictly abide with all provisions of these Bylaws.

g. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.

h. The Practitioner is required to be eligible to participate in federal and/or State healthcare programs. The Practitioner may not currently be an Ineligible Person and shall not become an Ineligible Person during any term of membership. The Practitioner must also have no record of conviction of Medicare, Medicaid or insurance fraud and abuse.

(1) A Practitioner is required to disclose immediately any debarment, exclusion, or other event that makes the person an Ineligible Person.

(2) An Ineligible Person is immediately disqualified for membership to the Medical Staff or the granting of clinical privileges or practice prerogatives.

i. A Practitioner or APP who does not meet one or more of the qualifications for membership described above may request special consideration by the Medical Executive Committee to waive one or more of the qualifications for membership if the Practitioner is determined unusually qualified as set forth in this subsection.

In order to be deemed "unusually qualified," Practitioners applying under this exception must (i) receive written recommendations by the Chief Medical Officer, (ii) document sufficient post-training experience in the applicant's primary field at the time of application, and (iii) be a recognized leader or innovator in his or her field, as evidenced by documented research, publications, and/or unique procedural ability not otherwise available or for which there is an unexpected and non-preventable shortage on the current Medical Staff. It is anticipated that approvals of applications under this exception will be rare and are subject to approval by the Medical Executive Committee, and the Governing Body.

At the application for reappointment, the Practitioner granted privileges under this section must submit a progress report. The Practitioner's progress report shall be confirmed by the Chief Medical Officer, demonstrating the exception continues to be warranted by the ongoing exercise of the privileges for which the exception was granted.

The Medical Executive Committee's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner or APP's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does

not entitle the Applicant to the fair hearing rights as described in these Bylaws.

Section 3. Basic Responsibilities of Medical Staff Membership

The following responsibilities shall govern the professional conduct of Medical Staff members and failure to meet these responsibilities shall be cause for suspension of privileges or dismissal from the Medical Staff:

a. The principal objective of the Medical Staff is to render service to humanity with full respect for the dignity of each person. Medical Staff members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service, devotion and continuity of care. Medical Staff members are responsible for the quality of the medical care provided to patients.

b. Medical Staff members should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional qualifications.

c. Medical Staff members should observe all laws, uphold the dignity and honor of their profession and accept self-imposed disciplines. They should report without hesitation, illegal or unethical conduct by other Medical Staff members and self-report their own illegal or unethical conduct. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.

d. Medical Staff members should self-report any physical, behavioral or mental impairment that could affect his or her ability to perform his or her clinical privileges, or treatment for the impairment that occurs at any point during his or her Medical Staff membership. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.

e. In an emergency, Medical Staff members should render services to the best of their abilities. Having undertaken the care of a patient, a Medical Staff member may not neglect him or her.

f. Medical Staff members should not solicit patients.

g. Medical Staff members should not dispense of their services under terms or conditions that tend to interfere with or impair the free and complete exercise of their professional judgment and skill or tend to cause a deterioration of the quality of their care.

h. Medical Staff members should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of service may be enhanced thereby.

i. Medical Staff members may not reveal the confidences entrusted to them in the course of professional attendance unless they are required to do so by law or unless it becomes necessary in order to protect the welfare of an individual or of the community.

j. Medical Staff members must abide by these Bylaws and applicable policies and procedures.

k. Medical Staff members must participate cooperatively in quality review and peer evaluation activities, both as a committee member and in conjunction with evaluation of his or her own performance or professional qualifications.

l. Medical Staff members must prepare and complete medical records in a timely fashion for all patients to whom the member provides care in Correctional Health.

m. Medical Staff members are accountable to the Governing Body.

Section 4. Conditions and Duration of Appointment

a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Committee.

b. Initial appointments shall be acted upon following submittal of a Completed Application.

c. All appointments to the Medical Staff shall be for a period of not more than three (3) years.

d. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.

e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by these Bylaws, to accept committee assignments and to accept staff assignments in Correctional Health. All Medical Staff members shall carry an appropriate level of professional liability insurance as determined by the Governing Body.

f. Appointments and reappointments to the Medical Staff shall always conform to applicable State and Federal laws.

Section 5. Leave of Absence

a. Requesting a Leave of Absence. A Practitioner may submit a written request to Medical Staff Services for a leave of absence 30 days prior to the requested leave, unless related to a Medical Leave of Absence. Upon favorable recommendation by the Chief Medical Officer, the Medical Executive Committee may consider a voluntary leave of absence for up to one (1) year. An additional one (1) year may be granted for good cause in accordance with policy. During the period of the leave, the Practitioner shall not exercise clinical privileges at Correctional Health, and the Practitioner's rights and responsibilities shall be inactive. All medical records must be completed prior to granting a leave of absence unless circumstances would not make this feasible.

b. Termination of Leave. At least 45 days prior to the termination of the leave of absence, or at any earlier time, the Practitioner may request reinstatement of privileges by submitting a written notice to Medical Staff Services along with a summary of relevant activities during the leave. The Practitioner's request, activity summary and verification, if applicable, shall be presented to the Chief Medical Officer. The Chief Medical Officer will review the documentation and provide a recommendation to the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be subject to quality review as determined by the Medical Executive Committee following recommendation by the Chief Medical Officer. If the Practitioner is scheduled for reappointment during the approved leave, the Practitioner's application for reappointment must be finalized in accordance with these Bylaws prior to the practitioner's return.

c. Failure to Request Reinstatement. Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall not give rise to the right to a fair hearing. A request for Medical Staff membership received from a Practitioner subsequent to termination shall be submitted and processed in the manner specified for applications for initial appointments.

d. Medical Leave of Absence. Following recommendation by the Chief Medical Officer, the Medical Executive Committee shall determine the circumstances under which a particular practitioner shall be granted a leave of absence for the purpose of obtaining treatment for a

medical condition or disability. Unless accompanied by a reportable restriction of privileges, the leave shall be deemed a voluntary medical leave of absence and will not be reported to the National Practitioner Data Bank.

e. Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted upon appropriate notice to Medical Staff Services and will be provided to the Medical Executive Committee for information only.

ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF

Section 1. Medical Staff

The Medical Staff shall be divided into the following categories: Active Staff and Moonlighters.

Section 2. Active Staff

a. Service. All Active Staff shall be appointed to a specific service.

b. Qualifications. The Active Staff shall consist of members who:

(1) Meet the general qualifications for membership set forth in Article III, Section 2;

(2) ~~Hold faculty appointment at the University of Houston College of Medicine or a~~Are employed by or have a contractual relationship with ~~the University of Houston College of Medicine or~~ Harris Health; and

(3) If the member is a physician, has successfully completed an ACGME- or AOA-accredited residency-training program in their specialty. If the member is a dentist, has successfully completed an American Dental Association-approved school of dentistry accredited by the Commission of Dental Accreditation.

c. Prerogatives. Except as otherwise provided, the prerogatives of an Active Staff member shall be:

(1) Exercise of Clinical Privileges granted to the member pursuant to Article VI;

(2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;

(3) Hold any staff or service office for which the member is qualified; and

(4) Serve as a voting member on any committee to which such person is duly appointed or elected.

Section 3. Moonlighters

a. Service. All Moonlighters shall be appointed to either the Emergency Medicine, Family Medicine, Internal Medicine, or Psychiatry service.

b. Qualifications. Moonlighters shall consist of members who:

(1) Meet the general qualifications for membership set forth in Article III, Section 2;

(2) Be employed by or have a contractual relationship with Harris Health; and

(3) Has successfully completed at least one (1) year of an ACGME- or AOA- accredited residency-training program with continued enrollment in the program.

c. Prerogatives. Except as otherwise provided, the prerogatives of a Moonlighter shall be:

(1) Exercise of Clinical Privileges granted to the member pursuant to Article VI;

(2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;

ARTICLE V — ADVANCED PRACTICE PROFESSIONALS

Section 1. Membership

Advanced Practice Professionals are not members of the Medical Staff, but are granted clinical privileges to provide clinical services to Jail detainees.

Section 2. Qualifications

APPs include those non-Medical Staff members whose license or certificate permits, and these Bylaws authorize, to permit the individual provision of patient care services without direction or supervision within the scope of the APP's individually delineated clinical privileges. APPs must:

(1) Meet all applicable standards related to licensure, training and education, clinical competence and health status as described in these Bylaws and applicable policies and procedures;

(2) Be assessed, credentialed, and monitored through existing Correctional Health credentialing, quality assessment, and performance improvement functions;

(3) Maintain an active and current credential file and hold delineated clinical privileges approved by the Medical Executive Committee and Governing Body;

(4) Complete all proctoring requirements as may be established by the Medical Executive Committee; and

(5) Not assume primary patient care responsibilities.

APPs include those categories of individuals identified in the Definitions Section of these Bylaws.

Section 3. Prerogatives

(1) By virtue of their training, experience and professional licensure, APPs are allowed to function within the scope of their licensure and delineated clinical privileges but may not assume primary patient care responsibilities. All APPs shall be under the supervision of a sponsoring physician, who is member of the Medical Staff, who is responsible for delineating the applicant's clinical privileges. If the sponsoring physician's Medical Staff membership is terminated, then the APP's ability to perform clinical services shall be suspended for a period of up to ninety (90) days or until an alternative supervising physician can be secured. If the suspension lasts longer than ninety (90) days or if there is any change in the APP's privileges, then the APP shall complete the initial application procedure. Each APP must notify Medical Staff Services immediately upon loss of required sponsorship or supervision.

(2) APPs holding clinical privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism described in these Bylaws unless otherwise determined by the Medical Executive Committee.

(3) The clinical privileges and/or practice prerogatives which may be granted to specific APPs shall be defined by the Medical Staff. Such prerogatives may include:

(a) The provision of specific patient care services pursuant to established protocols, either independently or under the supervision or direction of a physician or other member of the Medical Staff. The provision of such patient care services must be consistent with the APP's licensure or certification and delineated clinical privileges or job description;

(b) Participation by request on Medical Staff and/or administrative committees or teams; and

(c) Attendance by request at Medical Staff and/or administrative meetings.

(4) Participating in quality assessment and performance improvement activities as requested by the Medical Executive Committee, or any other committee of the Medical Staff or Governing Body. Failure of an APP to participate in quality assessment or performance improvement activities when requested by the Medical Staff or Governing Body shall result in responsive action, including the possible revocation or suspension of all privileges or practice prerogatives.

Section 4. Review

Nothing in these Bylaws shall be interpreted to entitle APPs to the fair hearing rights as described in these Bylaws. An APP shall, however, have the right to challenge any action that would adversely affect the APP's ability to provide patient care services in Correctional Health. Under such circumstances, the following procedures shall apply:

(1) Notice. Special Notice of the adverse recommendation or action and the right to a hearing shall be promptly given to the APP subject to the adverse recommendation or action. The notice shall state that the APP has thirty (30) days in which to request a hearing. If the APP does not request a hearing within thirty (30) days, the APP shall have waived the right to a hearing.

(2) Hearing Panel. The Chief Medical Officer shall appoint a hearing panel that will include at least three members. The panel members shall include the Chief Medical Officer, another member of the Medical Staff, and if possible, a peer of the APP, except that any peer review of a nurse shall meet the panel requirements of the Texas Nursing Practice Act. None of the panel members shall have had a role in the adverse recommendation or action.

(3) Rights. The APP subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation or call witnesses.

(4) Hearing Panel Determination. Following presentation of information and panel deliberation, the panel shall make a determination:

i. A determination favorable to the APP shall be reported in writing to the body making the adverse recommendation or action.

ii. A determination adverse to the APP shall result in notice to the APP of a right to appeal the decision to the Chairperson of the Governing Body.

(5) Final Decision. The decision of the Chairperson of the Governing Body shall be the final appeal and represent the final action in the matter.

ARTICLE VI – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement, or transfer, the

applicant shall have the burden of producing sufficient information of clinical and professional performance to permit an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, to resolve any reasonable doubts about these matters, and to satisfy any request for such information. Failure of a Practitioner to produce required information related to an authorized Medical Staff peer review, quality assessment, performance improvement, or credentialing activity in a timely manner shall result in automatic suspension of all clinical privileges until such time as the required information has been provided. Initial applicants who fail to produce all appropriate information and/or documents as requested may withdraw their application prior to review by the Medical Executive Committee.

Section 2. Application for Appointment

a. All applications for appointment to the Medical Staff shall be signed by the applicant, and shall be submitted on a form prescribed by the State of Texas. The application shall include the following detailed information:

- evidence of current licensure;
- evidence of current United States Controlled Substances Registration Certificate (DEA) as applicable;
- evidence of current National Provider Identifier (NPI);
- evidence of appropriate professional liability insurance, as determined by the Governing Body;
- privileges requested;
- Evidence of appropriate Basic Life Support (BLS) Certificate.
- relevant training and/or experience;
- current competence;
- physical and mental health status attestation;
- previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary relinquishment of any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary decrease of privileges at any other hospital or institution;
- suspension or revocation of membership in any local, state or national medical society;
- suspension or revocation of license to practice any profession in any jurisdiction
- any claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, including consent to the release of information from the present and past malpractice insurance carrier(s);
- loss of clinical privileges;
- a clear, legible copy of a government-issued photo identification, e.g., valid driver's license or passport;
- three professional peer references; and
- evidence of continuing medical education satisfactory to the Medical Executive Committee.

b. The applicant shall have the burden of producing adequate information for a proper evaluation of their competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

c. Upon the receipt of a Completed Application, Medical Staff Services shall verify the applicant's information on behalf of the Medical Executive Committee, including consulting with primary sources of information about the applicant's credentials. It is the applicant's responsibility to resolve any problems Harris Health may have in obtaining information from primary sources. Verifications of licensure, controlled substances registrations, and professional liability claims history, as well as queries of the National Practitioner Data Bank and queries to ensure the applicant is not an Ineligible Person shall be completed. Verification may be made by a letter or computer printout obtained from the primary source, verbally, if documented, or electronically if transmitted directly from the primary source to Harris Health. For new applicants, information about the applicant's membership status and/or work history shall be obtained from all organizations where the applicant currently has membership or privileges and/or is employed, and where the applicant has held membership or has been granted clinical privileges and/or has been employed during the previous five (5) years. Associated details on the credentialing process are set forth in Harris Health's Credentialing Procedures Manual.

d. The application and verifications shall be forwarded to Medical Staff Services for review. After review by Medical Staff Services for completeness, the application and all supporting materials shall be transmitted to the Medical Executive Committee for evaluation.

e. By applying for appointment to the Medical Staff, applicants thereby signify their willingness to appear for interviews in regard to the application; authorize Harris Health and/or the Medical Executive Committee, to consult with members of Medical Staffs of other health care organizations with which the applicant has been associated and with others, including past and present malpractice insurance carriers, who may have information bearing on the applicant's competence, character and ethical qualification; consent to the inspection of all records and documents that, in the opinion of the Medical Executive Committee, may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for staff membership; releases from any liability all representatives of Harris Health and the Medical Executive Committee for their acts performed in good faith and without malice in connection with evaluation of the applicant and his or her credentials; and releases from any liability all individuals and organizations who provide information to Harris Health and/or the Medical Executive Committee in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.

f. Each applicant shall sign and return a statement that he or she has received and read these Medical Staff Bylaws and that he or she agrees to be bound by the terms thereof relating to consideration of the application and, if the applicant is appointed, to all terms thereof.

Section 3. Appointment Process

a. Medical Staff Services shall transmit Completed Applications to the Medical Executive Committee at its next regularly scheduled meeting following completion of verifications tasks and receipt of all relevant materials.

b. Within one hundred and twenty days (120) days after receipt of the Completed Application, the Medical Executive Committee shall report its review and recommendation to the Governing Body. Prior to making this report, the Medical Executive Committee shall

examine the evidence of the character, professional competence, physical and mental health status, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant, and from any other sources available to the committee, whether the applicant has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested.

c. Within sixty (60) days of receipt of the recommendation from the Medical Executive Committee, the Governing Body shall determine whether to accept or reject the recommendation. The Governing Body may only make a decision contrary to the recommendation of the Medical Executive Committee if the applicant meets all of the requirements for Medical Staff membership and the Medical Executive Committee's recommendation is unreasonable or not based on sound judgment. If the Governing Body makes a decision contrary to the recommendation of the Medical Executive Committee, the Governing Body must document its rationale for doing so.

d. A decision by the Governing Body to accept a recommendation resulting in an applicant's appointment to the Medical Staff shall be considered a final action. Within twenty (20) days of the Governing Body's final action, the Medical Executive Committee shall provide notice of all appointments approved by the Governing Body by Special Notice to each new Medical Staff member. All such notices shall include a delineation of approved privileges and appointment dates.

e. The time periods specified in Section 3(b) and (c) above are for guidance only and do not create any right for the applicant to have his or her application processed within those time periods.

f. When the recommendation of the Governing Body is adverse to the applicant, either in respect to appointment or clinical privileges, the Chief Medical Officer shall notify the applicant by Special Notice within fifteen (15) days, as described in these Bylaws. No such adverse recommendation shall be forwarded to the Governing Body until after the applicant has exercised his or her right to a hearing as provided in these Bylaws. If the applicant fails to act within thirty (30) days of receipt of the Special Notice, the applicant will have waived his or her right to a hearing as provided in these Bylaws.

g. If, after the Medical Executive Committee has considered the report and recommendations of the hearing committee and the hearing record, the Medical Executive Committee's reconsidered recommendation is favorable to the applicant, it shall be processed in accordance with subparagraph "b" of this section. If such recommendation continues to be adverse, the Chief Medical Officer shall promptly so notify the applicant by Special Notice. The Chief Medical Officer shall so forward such recommendation and documentation to the Governing Body.

h. The Governing Body shall send notice of its final decision regarding any such review under these Bylaws through the Chief Medical Officer to the applicant.

Section 4. Reappointment Process

a. It is the responsibility of Active and Affiliate members and Advanced Practice Professionals to request reappointment to the Medical Staff in accordance with the "Reappointment and Renewal of Clinical Privileges Procedure" in the Credentialing Procedures Manual. Reappointment to the Medical Staff shall be based on the applicant's maintaining qualifications for Medical Staff membership, as described in Section 2 of this Article, current competence, and consideration of the results of quality assessment activities as determined by the Medical Executive Committee. Failure to submit a completed reappointment application form with required supporting documentation no less than sixty (60) days prior to the

expiration of the Practitioner's then current appointment shall constitute a resignation from the Medical Staff and all privileges will terminate upon expiration of said appointment. Such termination shall not give rise to the right to a hearing pursuant to these Bylaws. Reappointment shall occur every three (3) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner not less than 120 days prior to the expiration date of their then current appointment.

All claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, either final or pending, since the last appointment or reappointment must be reported.

b. Each recommendation concerning the reappointment of a staff member and the clinical privileges to be granted upon reappointment shall take into consideration the following characteristics:

- the practitioner's specific case record, including measures employed in quality assurance/performance improvement program
- professional competence and clinical judgment in the treatment of patients;
- ethics and conduct;
- relations with other Medical Staff members;
- general attitude toward patients, Correctional Health, and the public;
- documented physical and mental health status;
- evidence of continuing medical education that is related, at least in part, to the Practitioner or APP's clinical privileges;
- previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
- voluntary or involuntary relinquishment of such licensure or registration;
- voluntary or involuntary termination of Medical Staff membership; and
- voluntary or involuntary decrease of privileges at any other hospital.

c. Thereafter, the procedure provided in Sections 2 and 3 of this Article relating to recommendations on applications for initial appointment shall be followed.

d. Members of the Medical Staff shall maintain current licensure and certifications, as described in these Bylaws. Members of the Medical Staff must notify the Chief Medical Officer and Medical Staff Services whenever their license to practice in any jurisdiction has been voluntarily/involuntarily limited, suspended, revoked, denied, or subjected to probationary conditions, or when proceedings toward any of those ends have been instituted. Those without current licensure and certifications will be subject to loss of privileges as described in these Bylaws.

e. The appointment of any Practitioner who fails to submit an application for reappointment ~~, loses faculty appointment at University of Houston College of Medicine,~~ or ceases to be employed by have a contractual relationship with ~~University of Houston College of Medicine or~~ Harris Health shall automatically expire at the end of his or her ~~faculty appointment,~~ employment~~,~~ or contractual relationship. A Practitioner whose appointment has expired must submit a new application, which shall be processed without preference as an application for initial appointment.

f. When the final action has been taken, the Chief Medical Officer shall give written notice of the reappointment decision to the Practitioner.

Section 5. Performance Data

a. Practitioner or APP specific performance data will be evaluated, analyzed, and appropriate action taken as necessary when variation is present and/or standard of care has not been met as determined by the Medical Staff.

b. Performance data will be routinely collected within the reappointment period or as required as a part of the peer review process and will include specific data elements approved by the Medical Executive Committee.

c. If the Practitioner or APP does not have sufficient performance data from his or her practice at Harris Health Correctional Health, the Practitioner or APP must submit performance data from other clinical locations where he or she practices.

d. The Medical Executive Committee will review summarized performance data as part of the reappointment process for each Practitioner or APP and make appropriate recommendations for any remedial or corrective action or refer the Practitioner or APP to peer review.

Section 6. Application for Clinical Privileges

Every initial application for staff appointment to the Medical Staff and each reappointment application must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, clinical training, experience, current competence, references, judgment, and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency to be granted the clinical privileges requested.

Section 7. Clinical Privileges

a. Every Medical Staff member practicing within Correctional Health by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, exercise only those clinical privileges specifically approved, ratified, and affirmed to him or her by the Governing Body.

b. Clinical privileges will be limited to those activities deemed the responsibility of the specialty area to which the applicant is appointed.

Section 8. Privileges in More Than One Specialty

Practitioners or APPs may be awarded clinical privileges in one or more specialty in accordance with their education, training, experience, and demonstrated competence.

Section 9. Temporary Privileges

a. Upon the basis of information then available, including information from staffing agencies providing applicants to Harris Health, which may reasonably be relied upon as to the competence and ethical standing of the applicant, the Medical Executive Committee may grant temporary clinical privileges to the new applicant.

b. **New Applicants**: Following receipt of a Clean Application from a new applicant, the Medical Executive Committee may grant temporary Clinical Privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Chief Medical Officer. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body (not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.

c. Note: New Applicants include individuals applying for clinical privileges for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is in the reappointment process and is requesting one or more additional privileges.

d. Termination. Temporary clinical privileges may be terminated by the Chief Medical Officer.

e. Neither termination of temporary clinical privileges nor failure to grant them shall constitute a Final Hearing Review Action and neither is an Adverse Recommendation or Action.

Section 10 Emergency Clinical Privileges

In the case of an emergency, any current Medical Staff member, to the degree permitted by his or her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient using the appropriate resources available, including the calling for any consultation necessary or desirable. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in immediate danger of serious permanent harm or loss of life, and any delay in administering treatment could add to that danger.

Section 11 Confidentiality of the Credentials File

A Medical Staff member or other individual exercising clinical privileges shall be granted access to his or her own credentials file, subject to the following provisions:

a. A request for access must be submitted in writing to the Chairperson of the Medical Executive Committee.

b. The individual may review, and receive a copy of, only those documents provided by or addressed personally to the individual. All other information, including peer review committee findings, letters of reference, proctoring reports, complaints, and other documents shall not be disclosed.

c. The review by the individual shall take place in Medical Staff Services during normal work hours with an officer or designee of the Medical Staff present.

ARTICLE VII - CORRECTIVE ACTION

Section 1. Procedure

a. Whenever the activities, professional conduct or health status of any Medical Staff member are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of Correctional Health, corrective action against such Medical Staff member may be requested by the Chief Medical Officer or by the Governing Body. All such requests shall be in writing, shall be made to the Medical Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request. The Chief Medical Officer or designee must meet with the member to discuss the issues that are the basis for the request either prior to submission or no later than 72 hours after receipt of a copy of the request. In the event that the member who is the subject of the request for corrective action is the Chief Medical Officer, another voting member of the Medical Executive Committee must conduct the meeting. The party conducting the meeting shall send a letter to the staff member immediately following the meeting confirming that the meeting was held and the matters discussed. The letter must be sent to the staff member via Special Notice procedures with a copy to Medical Staff Services.

b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Chairperson of the Medical Executive Committee shall immediately appoint an ad hoc

committee to investigate the matter.

c. Within thirty (30) days after the ad hoc committee's receipt of the request for corrective action, it shall make a report of its investigation to the Medical Executive Committee. If in the reasonable view of the Medical Executive Committee more than thirty (30) days is needed to complete the investigation, the Medical Executive Committee shall grant an extension to the ad hoc committee. Prior to the making of a report, the Medical Staff member against whom corrective action has been requested shall have an opportunity for an interview with the ad hoc investigating committee. At such interview, the Medical Staff member shall be informed that the meeting shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. A record of such interview shall be made by the ad hoc committee and included with its report to the Chairperson of the Medical Executive Committee.

d. Within thirty (30) days following the receipt of the report of the ad hoc investigating committee, the Medical Executive Committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Medical Executive Committee prior to its taking action on such request, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Medical Executive Committee.

e. The Medical Executive Committee shall take such action as deemed justified as a result of these investigations.

f. Any recommendations by the Medical Executive Committee to the Governing Body for reduction or revocation of clinical privileges, or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in these Bylaws.

g. Any final adverse action taken after the procedural rights provided in Article VIII have been exhausted (1) that adversely affects the Clinical Privileges of a Physician for a period longer than 14 days must be reported in writing to the Texas Medical Board; and (2) that adversely affects the Clinical Privileges of a Practitioner for a period lasting longer than 30 days must be reported to the National Practitioner Data Bank.

h. All decisions resulting from investigations of a Medical Staff member in a medical administrative position shall be reviewed by the Governing Body following the process as outlined in these Bylaws.

i. When the Medical Executive Committee or Governing Body has reason to question the physical and/or mental status of a Medical Staff member, the latter shall be required to submit an evaluation of their physical and/or mental health status by a physician or physicians acceptable to the Medical Executive Committee and the affected physician as a prerequisite to further consideration of: (1) their application for appointment or reappointment, (2) their exercise of previously granted privileges, or (3) their maintenance of a Medical Staff appointment.

Section 2. Summary Suspension

Whenever there is a reasonable belief that a Member's conduct or condition requires that immediate action be taken to protect life or to reduce the likelihood of injury or damage to the health or safety of patients, workforce members, or others, summary action must be taken as to all or any portion of the Member's clinical privileges, and such action shall become effective immediately upon imposition.

The Chairperson of the Medical Executive Committee, the Medical Executive Committee itself, the Chief Medical Officer, Harris Health's Chief Medical Executive, or the Governing Body shall have the authority, whenever action must be taken immediately in the best interest of patient care, to suspend summarily all or any portion of the clinical privileges of a Medical Staff member, and such summary suspension shall become effective immediately upon imposition.

The Medical Staff member must be immediately notified by Special Notice from the Chief Medical Officer. A suspended member's patients must be assigned to another member by the applicable specialty, considering the wishes of the patient, where feasible, in choosing a substitute practitioner.

As soon as possible, but within ten (10) working days after a summary suspension is imposed, the Medical Executive Committee shall convene to review and consider the action taken. In its sole discretion, the Medical Executive Committee may provide the member the opportunity to meet with the Medical Executive Committee, which may recommend modification, continuation or termination of the terms of the suspension. A Medical Executive Committee recommendation to continue the extension or to take any other adverse action as defined in Article VII entitles the Medical Staff member, upon timely and proper request, to the procedural rights contained in Article VIII.

Section 3. Automatic Suspension

Occurrence of any of the following shall result in an automatic suspension as detailed. An automatic suspension is not considered a final action or an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article VIII of these Bylaws.

(1) Suspension, limitation or placement of a condition on a member's professional license by the state licensing board shall result in automatic suspension of the member's privileges until the Medical Executive Committee can assess whether the suspension, limitation, or condition will be adopted by the medical staff. As soon as possible, but no later than the tenth (10^{th}) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.

(2) Indictment of a member for a felony or indictment of any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services shall result in automatic suspension of the member's privileges. As soon as possible, but no later than the tenth (10^{th}) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.

(3) Failure of the member to maintain current required licensure and certifications, as described in Article III, Section 2, shall result in automatic suspension of the member's privileges for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such actions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the actions as appropriate. Failure to satisfy this requirement in thirty (30) days will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Medical Executive Committee may approve an exception to this requirement.

Section 4. Administrative Suspension

(1) Occurrence of any of the following shall result in an administrative suspension as detailed below. An administrative suspension is not considered a final action or an adverse recommendation or action and therefore, is not reportable or required to be disclosed in subsequent credentialing applications, but an administrative suspension may be considered in any investigation or proceeding pursuant to these Bylaws. Failure to satisfy requirements listed below in thirty (30) days after the administrative suspension will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Chief Medical Officer, or designee, based on a recommendation from the Medical Executive Committee, may approve an exception to this requirement.

(2) A member's delinquency in completion of medical records shall result in administrative suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the resolution as appropriate.

Section 5. Automatic Termination

Occurrence of any of the following shall result in an automatic termination as detailed. An Automatic termination is not considered an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to these Bylaws.

(1) Revocation of a physician's professional license by the Texas Medical Board shall cause all the member's clinical privileges and the medical staff membership to automatically terminate.

(2) Conviction of or a guilty or nolo contendere plea to (including deferred adjudication) for a felony or conviction of or a guilty or nolo contendere plea to any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services by a member shall result in automatic termination of the member's privileges and medical staff membership.

(3) A member's privileges and staff membership shall automatically terminate if the member becomes an Ineligible Person as that term is defined in these Bylaws.

(4) Loss of employment or contractual relationship with ~~University of Houston College of Medicine or~~ Harris Health, to provide clinical care in Correctional Health shall result in automatic termination of the Practitioner or APP's privileges and staff membership. However, if the loss of employment is related to the member's professional competence or conduct, such action is considered an adverse action pursuant to these Bylaws.

~~(5) The privileges and medical staff membership of a member who is suspended four times in a twelve (12) month period for delinquency in completion of medical records shall automatically terminate upon the first day of the fourth suspension within twelve months.~~

~~(6) The privileges and medical staff membership of a member who remains suspended for six (6) continuous weeks for delinquency in completion of medical records shall automatically terminate upon the last day of the sixth week of continuous suspension.~~

~~(7)~~(5) Failure to notify Medical Staff Services of the occurrence of any of the events listed in Article VII, Section 3 shall result in automatic termination of a member's privileges and medical staff membership.

a. Notice

The member must be immediately notified by Special Notice from the Chief Medical Officer.

Section 6. Medical Administrative Positions

A Medical Staff member shall not lose staff privileges if his or her medical administrative position is terminated without following the hearing and appellate procedures as outlined in Article VIII.

ARTICLE VIII — PROCEDURAL RIGHTS OF REVIEW

Section 1. Events Giving Rise to Hearing Rights

a. Actions or Recommended Actions

Subject to the exceptions set forth in Section 1.c of this Article, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of this Article, the term "member" shall include an applicant to the Medical Staff whose application for Medical Staff appointment and clinical privileges has been denied) to a hearing upon timely and proper request as provided in Section 4:

(1) Denial of initial Medical Staff appointment;

(2) Denial of reappointment;

(3) Suspension of appointment, provided that summary suspension entitles the member to request a hearing only as specified in this section;

(4) Revocation of appointment;

(5) Denial or restriction of requested clinical privileges;

(6) Reduction in clinical privileges;

(7) Suspension of clinical privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,

(8) Revocation of clinical privileges;

(9) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or

(10) Summary suspension of appointment or clinical privileges, if the recommendation of the Medical Executive Committee or action by the Governing Body is to continue the suspension or to take other action which would entitle the member to request a hearing under Section 4, provided that if the Medical Executive Committee initiates an investigation of the member in accordance with these Bylaws, no hearing rights shall accrue until the Medical Executive Committee had acted upon the report of the ad hoc committee.

b. When Deemed Adverse

Except as provided below, any action or recommended action listed in Section 1.a above is deemed adverse to the member only when it has been:

(1) recommended by the Medical Executive Committee; or

(2) taken by the Governing Body under circumstances where no prior right to request a hearing exists.

c. Exceptions to Hearing Rights

(1) Certain Actions or Recommended Actions: Notwithstanding any provision in these Bylaws, or in the Credentialing Procedures Manual to the contrary, the following actions or recommended actions do not entitle the member to a hearing:

(a) the issuance of a verbal warning or formal letter of reprimand; the imposition of a monitoring or consultation requirement as a condition attached to the exercise of clinical privileges during a provisional period;

(b) the imposition of a probationary period involving review of cases;

(c) the imposition of a requirement for a proctor to be present at procedures performed by the member, provided that there is no requirement for the proctor to grant approval prior to provision of care;

(d) the removal of a Practitioner from a medical administrative office within the hospital unless a contract or employment arrangement provides otherwise; and

(e) any other action or recommended action not listed in Section 1.a above.

(2) Other Situations: An action or recommended action listed in Section 1.a above does not entitle the applicant or member to a hearing when it is:

(a) voluntarily imposed or accepted by the Practitioner;

(b) automatic pursuant to any provision of these Bylaws and related manuals;

(c) taken or recommended with respect to temporary privileges, unless the action must be reported to the National Practitioner Data Bank.

Section 2. Notice of Adverse Action

a. Correctional Health shall, within fifteen (15) days of receiving written notice of an adverse action or recommended action under Section 1.a, give the Practitioner Special Notice thereof. The notice shall:

(1) advise the Practitioner of the nature of and reasons for the proposed action and of his or her right to mediation or a hearing upon timely and proper request pursuant to Section 3 and/or Section 4 of this Article VIII;

(2) specify that the Practitioner has thirty (30) days after receiving the notice within which to submit a request for mediation or a hearing and that the request must satisfy the conditions of Section 3 and/or Section 4;

(3) state that failure to request mediation or a hearing within that time period and in the proper manner constitutes a waiver of rights to mediation or a hearing and to an appellate review on the matter that is the subject of the notice;

(4) state that any higher authority required or permitted under this Article to act on the matter following a waiver is not bound by the adverse action or recommended action that the Practitioner has accepted by virtue of the waiver but may take whatever action, whether more or less severe, it deems warranted by the circumstances;

(5) state that upon receipt of his mediation or hearing request, the Practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based; and

(6) provide a brief summary of the rights the Practitioner would have at a hearing, as set forth in Sections 12-14 of this Article.

Section 3. Request for Mediation

a. Within ten (10) days of receipt of the notice of adverse recommendations giving rise to hearing rights, an affected member may file a written request for mediation. The request must be delivered by Special Notice to the Chief Medical Officer and state the reason the member believes mediation is desirable. If a hearing has already been scheduled, mediation must be completed prior to the date of the hearing. If no hearing has been scheduled, the mediation must take place within 45 days of receipt of the request. Under no circumstances will a hearing be delayed beyond the originally scheduled date unless both parties agree to a continuance to a date certain.

b. The mediator shall be selected by the Chairperson of the Medical Executive Committee and must have the qualifications required by state law and experience in medical staff privileging and disputes.

c. The fee of the mediator shall be shared equally among the parties.

d. An individual shall be appointed by the Chairperson of the Medical Executive Committee to participate in the mediation and represent the Medical Executive Committee. The affected member and the representative of the Medical Executive Committee may each be accompanied in the mediation by counsel of their choice.

e. Under no circumstances may the mediation delay the filing of any report required by law, or result in an agreement to take any action not permitted by law. No agreement arising out of the mediation may permit or require the Medical Executive Committee, the Governing Body, or Harris Health to violate any legal requirement, accreditation requirement or any requirement of these Bylaws.

f. If no resolution is reached through the mediation, a hearing must be scheduled no later than forty-five (45) days following the mediation, unless otherwise agreed by the parties.

Section 4. Request for Hearing

The Practitioner shall have thirty (30) days after receiving the above notice to file a written request for a hearing. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 5. Waiver by Failure to Request a Hearing

A member who fails to request a hearing within the time and in the manner specified in Section 4 above waives his or her right to any hearing and appellate review to which he or she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the adverse action or recommended action triggering the Section 2 notice. The Chief Medical Officer shall as soon as reasonably and practicably send the member Special Notice of each action taken under any of the following Sections and shall notify the Chairperson of the Medical Executive Committee of each such action. The effect of a waiver is as follows:

a. Adverse Action by the Governing Body

A waiver constitutes acceptance of the adverse action, which immediately becomes the final decision of the Governing Body.

b. Adverse Recommendation by the Medical Executive Committee

A waiver constitutes acceptance of the adverse recommendation, which becomes effective immediately and remains so pending the decision of the Governing Body. The Governing Body shall consider the adverse recommendation as soon as practicable following the waiver but at least at its next regularly scheduled meeting. Its action has the following effect:

(1) If the Governing Body's action accords in all respects with the Medical Executive Committee recommendation, the Governing Body decision becomes effective immediately.

(2) If, on the basis of the same information and material considered by the Medical Executive Committee in formulating its recommendation, the Governing Body proposes a more severe adverse action, the member shall be entitled to a hearing.

Section 6. Additional Information Obtained Following Waiver

When, in considering an adverse Medical Executive Committee recommendation transmitted to it under Section 5.b of this Article VIII, the Governing Body acquires or is informed of additional relevant information not available to or considered by the Medical Executive Committee, the Governing Body shall refer the matter back to the Medical Executive Committee for reconsideration within a set time limit. If the source of the additional information referred to in this Section is the member or an individual or group functioning, directly or indirectly, on his or her behalf, the provisions of this Section shall not apply unless the member demonstrates to the satisfaction of the Medical Executive Committee that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action.

a. If the Medical Executive Committee's recommendation following reconsideration is unchanged, the Governing Body shall act on the matter as provided in Section 5.b. of this Article.

b. If the Medical Executive Committee's recommendation following reconsideration is still adverse but is more severe than the action originally recommended, it is deemed a new adverse recommendation pursuant to these Bylaws and the matter proceeds as such.

c. A favorable Medical Executive Committee recommendation following reconsideration shall be forwarded as soon as reasonably practicable to the Governing Body by the Chief Medical Officer. The effect of the Governing Body action is as follows:

(1) Favorable: Favorable Governing Body action on a favorable Medical Executive Committee recommendation becomes effective immediately.

(2) Adverse: If the Governing Body's action is adverse, the member shall be entitled to a hearing.

Section 7. Notice of Time and Place for Hearing

The Chief Medical Officer shall deliver a timely and proper request for a hearing to the Chair of the Medical Executive Committee or Chairperson of the Governing Body, depending on whose recommendation or action prompted the hearing request. The Chairperson of the Medical Executive Committee or the Chairperson of the Governing Body, as appropriate, shall then schedule a hearing. Hearings held by the Governing Body or any committee of the Governing Body under this Article of these Bylaws will be closed meetings pursuant to Chapter 151 of the Texas Occupations Code and Section 161.032 of the Texas Health & Safety Code. The hearing date shall be set for as soon as practicable after the Chief Medical Officer received the request but, in any event, no more than forty-five (45) days thereafter. The Chief Medical Officer shall send the member Special Notice of the time, place, and date of the hearing, and the identity of the hearing committee members or hearing officer not less than thirty (30) days from the date of the hearing. The notice provided to the member shall contain a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Committee or Governing Body, whichever is appropriate. The member must provide a list of the witnesses expected to testify on his behalf within ten (10) days of this notice. If the member is under suspension, he or she may

request that the hearing be held not later than twenty (20) days after the Chief Medical Officer has received the hearing request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Chairperson of the Governing Body. If the member does not in good faith cooperate in scheduling a hearing date, and as a result, a hearing has not been scheduled within ninety (90) days from the date of the first proposal for a hearing date by the Medical Executive Committee or Chairperson of the Governing Body, the member shall be deemed to have waived the member's right to a hearing in accordance with this Article, Section 5, unless both parties agree to a delayed hearing date.

The notice of hearing shall contain a concise statement of the member's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing.

Section 8. Appointment of Hearing Committee or Hearing Officer

a. By Medical Staff

A hearing occasioned by an adverse Medical Executive Committee recommendation shall be conducted by a hearing committee appointed by the Chairperson of the Medical Executive Committee and composed of at least three (3) members of the Medical Staff. The Chairperson of the Medical Executive Committee shall designate one of the appointees as Chairperson of the committee.

b. By the Governing Body

A hearing occasioned by an adverse action of the Governing Body shall be conducted by a hearing committee appointed by the Chairperson of the Governing Body and composed of at least three (3) persons, including at least two (2) medical staff members when feasible. The Chairperson of the Governing Body shall designate one appointee as Chairperson of the committee.

c. Service on Hearing Committee

An individual shall not be disqualified from serving on a hearing committee merely because he or she has heard the case or has knowledge of the facts involved or what he or she supposes the facts to be. Any member of the Hearing Committee shall not be in direct economic competition with the member involved. Direct economic competition may not be shown based solely on the member's medical school affiliation. Within ten (10) days of receipt of the Notice of Hearing, the member under review may submit a written challenge to a member of the hearing panel, specifying the manner in which the hearing committee member is deemed to be disqualified along with supporting facts and circumstances. The Medical Executive Committee or Governing Body, as appropriate, shall consider and rule on the challenge.

d. Hearing Officer in Lieu of Hearing Committee

Subject to the approval of the Governing Body, the Medical Executive Committee may determine that the hearing will be conducted in front of a hearing officer to be appointed by the Medical Executive Committee. This officer shall not be in direct economic competition with the member involved. The term "hearing officer" as used in this Section VIII.d shall be used to refer to a hearing officer who is appointed in lieu of a Hearing Committee and shall not refer to an appointed presiding officer of a Hearing Committee, provided, however, that a presiding officer still may be appointed. The decision of a Hearing Officer

appointed in lieu of a Hearing Committee shall have the same force and effect as a decision by the Hearing Committee.

Section 9. Final List of Witnesses

The witness lists required in Section 7 of this Article shall be amended as soon as possible by the appropriate party when additional witnesses are identified. The final list of witnesses must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the testimony of witnesses not disclosed within the required timeframe.

Section 10 Documents

All documents the parties plan to introduce into evidence at the hearing must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the introduction into evidence of documents not produced within the required timeframe.

Section 11 Personal Presence

The personal presence of the member is required throughout the hearing, unless the member's presence is excused for any specified time by the hearing committee. The presence of the member's representative does not substitute for the personal presence of the member. A member who fails, without good cause, to be present throughout the hearing unless excused or who fails to proceed at the hearing in accordance with this Article of these Bylaws shall be deemed to have waived his or her rights in the same manner and with the same consequence as provided in Sections 4 and 5 of this Article, if applicable.

Section 12 Presiding Officer

The hearing officer, if appointed pursuant to this Article of these Bylaws, or if not appointed, the hearing committee Chairperson, shall be the Presiding Officer. The Presiding Officer shall maintain decorum and assure that all participants have a reasonable opportunity to present relevant evidence. He or she shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer or as an advocate to any party to the hearing. If a hearing officer is appointed, he or she shall not be entitled to vote. If the Chairperson of the hearing committee serves as the presiding officer, he or she shall be entitled to vote.

Section 13 Representation

The member may be represented at the hearing by a member of the Medical Staff in good standing, a member of his or her local professional society, or an attorney of his or her choice. The Medical Executive Committee or Governing Body, depending on whose recommendation or action prompted the hearing, shall designate a medical staff member to support its recommendation or action and, in addition, may appoint an attorney to represent it.

Section 14 Rights of Parties

During the hearing, each party shall have the following rights, which shall be exercised in a manner so as to permit the hearing to proceed efficiently and expeditiously:

(1) provide an opening statement no longer than 5 minutes each;
(2) call and examine witnesses;
(3) introduce exhibits;
(4) cross-examine any witness on any matter relevant to the issues;
(5) impeach any witness; and
(6) rebut any evidence.

If the member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

Section 15 Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. In the discretion of the presiding officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, prior to, during, or at the close of the hearing, to submit memoranda concerning any issue of law or fact, and those memoranda shall become part of the hearing record. Written memoranda, if any, must be presented to the presiding officer, and a copy must be provided to the other party. The hearing committee may ask questions of the witnesses, call additional witnesses, or request documentary evidence if it deems it is appropriate.

Section 16 Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the State of Texas. Participants in the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Either party shall have the opportunity to request that a matter be officially noticed and to refute the officially noticed matters by written or oral presentation of authority, in a manner to be determined by the hearing committee. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

Section 17 Burden of Proof

The body whose adverse action or recommended action occasioned the hearing shall have the burden of coming forward with evidence in support thereof. Thereafter, the member shall have the burden of coming forward with evidence and proving by clear and convincing evidence that the adverse action or recommended action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

Section 18 Hearing Record

A court reporter shall be used to record the hearing, although those giving testimony need not be sworn by said reporter. The court reporter shall transcribe the hearing and submit a written copy to the presiding officer within 10 business days after adjournment of the hearing for his/her review. The presiding officer shall return any noted corrections to the court reporter within 7 days. The member may within ten days after the hearing's adjournment also request a copy of the hearing report upon payment of any reasonable costs associated with the preparation of said report and in such event may review the hearing report and return any noted corrections to the court reporter within 7 days. If the member fails to request a copy of the hearing report or if the hearing report is not returned in 7 days, the right to make any changes is waived.

Section 19 Postponement

Requests for postponement or continuance of a hearing may be granted by the presiding officer or hearing committee only upon a timely showing of good cause.

Section 20 Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the hearing or deliberations, the presiding officer, in his or her discretion, may rule that such member may not participate further in the hearing or deliberations or in the decision of the hearing committee.

Section 21 Recesses and Adjournment

The hearing committee may recess and reconvene the hearing without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be adjourned. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 22 Hearing Committee Report

Within twenty (20) days after adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendations with such reference to the hearing record and other considered documentation as it deems appropriate. The hearing committee shall forward the report to the body whose adverse action or recommended action occasioned the hearing. The member shall also be given a copy of the report by Special Notice. The hearing record and other documentation shall be transmitted to the Medical Staff Office for safekeeping as official records and minutes of the Medical Staff and shall be made available for review by any party between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, excluding holidays.

Section 23 Action on Hearing Committee Report

Within thirty (30) days after receiving the hearing committee report, the body whose adverse action or recommended action occasioned the hearing shall consider said report and affirm, modify, or reverse its action or recommended action. It shall transmit the result to the Chief Medical Officer.

Section 24 Notice and Effect of Result

a. Notice

As soon as is reasonably practicable, the Chief Medical Officer shall send a copy of the result to the member by Special Notice and to the Chairperson of the Medical Executive Committee.

b. Effect of Favorable Result

(1) Adopted by the Governing Body: If the Governing Body's determination is favorable to the member, it shall become effective immediately.

(2) Adopted by the Medical Executive Committee: If the Medical Executive Committee result is favorable to the member, the Chief Medical Officer shall, as soon as is reasonably practicable, forward it to the Governing Body which may adopt or reject the result in whole or in part, or refer the matter back to the Medical

Executive Committee for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Governing Body shall take action. Favorable action to the member by the Governing Body shall become effective immediately.

c. Effect of Adverse Result

If the hearing results in an adverse recommendation, the member shall receive Special Notice of his or her right to request appellate review.

Section 25 Request for Appellate Review

A member shall have thirty (30) days after receiving Special Notice of an adverse result to file a written request for an appellate review. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 26 Waiver by Failure to Request Appellate Review

A member who fails to request an appellate review within the time and in the manner specified in Section 25 of this Article shall have waived any right to a review. The waiver has the same force and effect as provided in Sections 5 and 6 of this Article, if applicable.

Section 27 Notice of Time and Place for Appellate Review

The Chief Medical Officer shall deliver a timely and proper request for appellate review to the Chairperson of the Governing Body. As soon as practicable, said Chairperson shall schedule an appellate review to commence not less than thirty (30) days nor more than sixty (60) days after the Chief Medical Officer received the request. If the member is under suspension, he or she may request that the appellate review be held not later than twenty (20) days after the Chief Medical Officer has received the appellate review request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Governing Body. At least thirty (30) days prior to the appellate review, the Chief Medical Officer shall send the member Special Notice of the time, place, and date of the review. The time for appellate review may be extended by the Chairperson of the Governing Body for good cause.

Section 28 Appellate Review Body

The appellate review may be conducted by the Governing Body. The Chairperson of the Governing Body will appoint a committee consisting of three (3) to nine (9) members of the Governing Body to hear the appeal, including at least one (1) physician. The Chairperson shall designate one of the members as Chairperson.

Section 29 Nature of Proceedings

The proceedings by the review body are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted. The presiding officer shall direct the Medical Staff Office to make the hearing record and hearing committee report available at the appellate review for use by any party. The review body shall determine whether the foregoing evidence demonstrates that the member has met the applicable burden of proof as required under Section 17 of this Article.

Section 30 Written Statements

The member may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees and his or her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the appellate review body and to the group whose adverse action or recommended action occasioned the review through the Chief Medical Officer at least five (5) days prior to the scheduled date of the review, except if the time limit is waived by the review body or its presiding officer. A similar statement may be submitted by the body whose adverse action or recommended action occasioned the review, and if submitted, the Chief Medical Officer shall provide a copy to the member and to the appellate review body at least ten (10) days prior to the scheduled date of the appellate review.

Section 31 Presiding Officer

The Chairperson of the appellate review body is the presiding officer. He or she shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

Section 32 Oral Statement

The appellate review body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing shall be required to answer questions put by any member of the review body.

Section 33 Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the review body and only if the party requesting consideration of the matter or evidence demonstrates to the satisfaction of the review body that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Chief Medical Officer, a written, substantive description of the matter or evidence to the appellate review body and the other party prior to its being introduced at the review. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment, and rebuttal provided at the hearing pursuant to Section 14 of this Article.

Section 34 Powers

The appellate review body has all the powers granted to the hearing committee, and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities.

Section 35 Presence of Members and Vote

A majority of the members of the review body must be present throughout the appellate review and deliberations. If a member is absent from any part of the proceedings, the presiding officer of the appellate review may, in his discretion, rule that said member shall not be permitted to participate further in the review or deliberations or in the decision of the review body.

Section 36 Recesses and Adjournments

The review body may recess and reconvene the proceedings without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be adjourned. The review body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 37 Action Taken

Within thirty (30) days after adjournment pursuant to this Article, the review body shall prepare its report and conclusion with the result as provided below. The Chief Medical Officer shall send notice of each action taken under Section 22 of this Article below to the Chairperson of the Medical Executive Committee for transmittal to the appropriate Staff authorities and to the member by Special Notice.

a. Governing Body Decision

(1) Within fifteen (15) days after adjournment, appellate review body shall make its decision, including a statement of the basis of the decision. The appellate review body may decide:

(a) that the adverse recommendation be affirmed;

(b) that the adverse recommendation be denied;

(c) that the matter be the subject of further hearing or other appropriate procedures within a specified time period; or

(d) that modification of the adverse recommendation be made so that it is no longer unreasonable, arbitrary, capricious, or discriminatory.

If the appellate review body finds that the procedures were substantially complied with and that the adverse recommendation which is the subject of the appeal was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the adverse recommendation in its decision.

(2) A majority vote of the members of the appellate review body authorized to vote is required for an adverse decision.

(3) The decision of the appellate review body on behalf of the Governing Body shall be effective upon the date of such decision, unless reversed or modified by the Governing Body within thirty (30) days.

(4) A copy of the appellate review body's decision shall be sent to the member by Special Notice within five (5) days following its decision.

Section 38 Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by, and the actual officer if any to be used is to be selected by the Chairperson of the Medical Executive Committee in conjunction with the Chief Medical Officer. A hearing officer may or may not be an attorney at law, but must be experienced in and recognized for conducting Medical Staff hearings in an orderly, efficient, and non-partisan manner.

Section 39 Number of Hearings and Reviews

Notwithstanding any other provision of these Bylaws, no member shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse action or recommended action giving use to the right.

Section 40 Release

By requesting a hearing or appellate review under this Article, a member agrees to be bound by the provisions of Article VII of these Bylaws.

ARTICLE IX – CHIEF MEDICAL OFFICER

Section 1. Appointment

The Chief Medical Officer shall be an employee of Harris Health. ~~and be a direct report of Harris Health's Chief Medical Executive.~~

Section 2. Responsibilities

The Chief Medical Officer is invested with the following duties and prerogatives, which he may perform personally or delegate to appropriate members of his or her leadership team:

1. Call and preside over Quality Improvement (QI) meetings.
2. Facilitate adherence of the Medical Staff of these Bylaws.
3. Be chief spokesperson and enunciator of policy for the Medical Staff.
4. Monitor adherence to policies with respect to patient rights.
5. Assist in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
6. Assist in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
7. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures.
8. Take the initiative in developing, on behalf of the Medical Staff, and overseeing Quality Improvement, Risk Management, and Peer Review programs in accordance with applicable standards.
9. Assist in arranging for ancillary services including laboratory, radiology, and pathology services.
10. Carry out all other duties specifically entrusted to him/her by the Medical Executive Committee, Governing Body, or any other provision of these Bylaws.

ARTICLE X — COMMITTEES

The Governing Body or Chief Medical Officer, may establish such committees as are necessary to fulfill the functions of Correctional Health.

Unless otherwise specified in these Bylaws or at the time of selection or appointment of a Committee, non-medical staff members of a committee shall serve in an ex-officio capacity without a vote.

Committees of the Medical Staff described in these Bylaws all function as "medical committees" and/or "medical peer review committees" pursuant to state law. Each committee's records and proceedings are, therefore, confidential, legally privileged, and protected from discovery under certain circumstances.

The function that the committee performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to

records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

In order to protect the confidential nature of the quality and peer review activities conducted by the committee, the committee's records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, committee meetings must be limited to only the committee members and invited guests who need to attend the meetings. The committee must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the committee members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in committee meetings, without prior approval from the Chair of the committee. Documents prepared by or considered by committee in the committee meetings must clearly indicate that they are not to be copied, are solely for use by the committee, and are privileged and confidential.

The records and proceedings of the Correctional Health and/or Harris Health departments ***that support*** the quality and peer review functions of a committee, such as the Patient Safety/Risk Management and Quality Program departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the committee, and are not kept in the ordinary course of business. Routine administrative records prepared by Correctional Health in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the committee, or which have been created without committee impetus and purpose, are also not protected.

Section 1. The Medical Executive Committee

a. Membership

All Medical Staff members are eligible for membership on the Medical Executive Committee. The Chief Medical Officer shall serve as the Chair of the Medical Executive Committee.

b. Voting Members

The Medical Executive Committee shall consist of five (5) members of the Medical Staff, including the Chief Medical Officer.

c. Election of Voting Members

Voting members of the Medical Executive Committee will be elected every two (2) years. Nominations and voting will occur at the beginning of the first Medical Executive Committee meeting of the new term. In the event a voting member is unable to complete his or her term, a special election will occur at the next Medical Executive Committee to fill the position.

d. Ex-officio Non-Voting Members:

(1) Harris Health ~~System~~ President & Chief Executive Officer;

(2) Harris Health ~~System~~ Chief Strategy Officer; and

(3) Harris Health ~~System~~ Chief Medical Executive.

e. Invited Guests

At the request of a committee member, non-voting guests may attend meetings of the Medical Executive Committee.

f. Duties

(1) Report to the Governing Body on all evaluation, monitoring and recommendations regarding the appropriateness and quality of health care services rendered to the patients;

(2) Review, investigate, and make recommendations on matters relating to the professional competence and conduct of Practitioners and APPs, including the merits of complaints and appropriate corrective action;

(3) Represent and act on behalf of the Medical Staff and APPs between meetings, subject to such limitations imposed by these Bylaws;

(4) Coordinate the activities of and initiate and implement general policies applicable to the Medical Staff;

(5) Receive and act upon committee reports;

(6) Act as the liaison between the Medical Staff and the Governing Body;

(7) Periodically review all information available concerning the performance and clinical competence of Practitioners and APPs with clinical privileges and make recommendations for reappointment or changes in clinical privileges;

(8) Take all reasonable steps to ensure professional, ethical conduct and competent clinical performance on the part of the Practitioners and APPs with clinical privileges;

(9) Review credentials of all applicants to the Medical Staff, as well as APPs, make recommendations on initial appointment and reappointment to the medical staff, and delineate clinical privileges;

(10) Perform appropriate functions related to quality assessment and improvement, medical records, infection control, medical staff utilization, pharmacy and therapeutics, and other such functions; and

(11) Perform other duties as requested by the Governing Body.

(12) Monitor and determine that system issues that are identified as part of professional practice evaluation activities are successfully resolved;

(13) Work with Service Chiefs to disseminate educational lessons learned from the review of cases pursuant to the Professional Practice Evaluation (PPE) Policy, either through peer learning sessions in the Service or through some other mechanism

(14) Educating the Correctional Health Medical Staff and other Correctional Health staff regarding illness and impairment recognition issues specific to Practitioners and APPs;

(15) Encourage self-reporting by Practitioners and APPs and referral by other members of the Correctional Health Medical Staff

(16) Determining the best avenue of referral to care for a Practitioner or APP;

(17) Monitoring the progress of an affected Practitioner of APP until the rehabilitation process is complete

(18) Reporting to the Correctional Health Medical Director or their designee, instances when there is evidence that a Practitioner or APP represents a clear and imminent danger to self, others, or patients.

ARTICLE XI— IMMUNITY FROM LIABILITY

The following shall be express conditions to any Medical Staff member's application for clinical privileges within Correctional Health:

Condition 1.

Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed, or made in good faith and without malice, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged and immune from liability to the fullest extent permitted by law.

Condition 2.

All such privileges and immunities shall extend to members of Correctional Health Medical Staff and of its Governing Body, its other Practitioners, its Chief Medical Officer and his or her representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term "third parties" means both individuals and organizations who provide information to an authorized representative of the Governing Body or of the Medical Staff.

Condition 3.

There shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Condition 4.

All such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities, including, but not limited to:

a. Applications for appointment or clinical privileges;
b. Periodic reappraisals for reappointment or clinical privileges;
c. Corrective action, including summary suspension;
d. Hearings and appellate reviews;
e. Medical care evaluations;
f. Utilization reviews; and
g. Other activities related to quality patient care and inter-professional conduct.

Condition 5.

The acts, communications, reports, recommendations and disclosures referred to in this Article may relate to a Medical Staff member's professional qualifications, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Condition 6.

Each Medical Staff member shall, upon request, execute a release in favor of the entities identified in the Second paragraph of this Section and consistent with the provisions of this Article.

ARTICLE XII — CONFLICTS OF INTEREST

Section 1. Definitions

Conflicts of Interest – A conflict of interest potentially exists when a Medical Staff member, or a relative, has direct or indirect interests, including financial and personal interests, or business transactions or professional activities, that may compromise or appear to compromise: (1) the Medical Staff member's clinical judgment; (2) the delivery of patient care; or (3) the Medical Staff member's ability to fulfill his or her Medical Staff obligations.

Section 2. Compliance

Medical Staff members must comply with the Conflict of Interest policies of their affiliated organization (e.g., ~~The University of Houston College of Medicine or~~ Harris Health).

Section 3. Disclosure of Potential Conflict of Interest

a. Medical Staff member shall have a duty to disclose any conflict of interest when such interest is relevant to a matter of action (including a recommendation to Harris Health Administration or the Governing Body) being considered by a committee, department or other body of the Medical Staff. In a Medical Staff member's dealings with and on behalf of Correctional Health, the Medical Staff member shall be held to a strict rule of honest and fair dealing with Correctional Health. The Medical Staff member shall not use his or her position, or knowledge gained there from, so that a conflict might arise between the interests of Correctional Health and those of the Medical Staff member.

b. As a matter of procedure, the Chairperson of the Medical Staff committee or other body designated to consider a matter that may lead to the provision of items, services or facilities to Correctional Health by a third party or the establishment of a business relationship between a third party and Correctional Health shall inquire, prior to any discussion of the matter, whether any Medical Staff member has a conflict of interest. The existence of a potential conflict of interest on the part of any committee member may be called to the attention of the committee Chairperson by any Medical Staff member with knowledge of the matte

c. Any Medical Staff member with a conflict of interest on any matter should not vote or use his or her personal influence regarding the matter, and he or she should not be counted in determining the quorum for the body taking action or making a recommendation to the Governing Body. The minutes of that meeting should reflect that a disclosure was made, the abstention from voting, and the quorum situation.

d. The foregoing requirements should not be construed as preventing the Medical Staff member from briefly stating his or her position in the matter, nor from answering pertinent questions by the Governing Body or other Medical Staff members since his or her knowledge may be of great assistance.

ARTICLE XIII — CREDENTIALING POLICIES AND PROCEDURES

The Medical Staff shall adopt a Medical Staff Credentialing Procedures Manual as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner and APP in Correctional Health. Such Medical Staff Credentialing Procedures Manual

shall be a part of these Bylaws, except that the Manual may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A majority vote of those present shall be required for amendment or repeal.

ARTICLE XIV — AMENDMENTS

Section 1. Amendment Process

a. Amendment(s) to the Bylaws may be proposed at any meeting of the Medical Executive Committee.

b. All proposed amendments to the Bylaws approved by the Medical Executive Committee shall be submitted to the members of the Active Medical Staff for approval. The proposed amendment(s) to be adopted shall require a majority vote of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws may be voted on at any regular or special meeting of the Medical Staff or submitted to the members of the Active Medical Staff for vote by written or electronic ballot, as approved by the Medical Executive Committee. Notice of such regular or special meeting shall be made at least fifteen (15) days in advance and shall include the Bylaws amendment(s) to be voted upon.

c. Bylaws Amendment(s) approved by the Medical Executive Committee and the Medical Staff shall be forwarded to the Governing Body, which shall approve, disapprove or approve with modifications. If the Governing Body modifies any Bylaw amendments approved by the Medical Executive Committee and the Medical Staff, such amendments, as modified, shall be returned to the Medical Executive Committee, which may accept or reject the modifications. If the Medical Executive Committee accepts the modifications, the amendment shall be submitted to the members of the Active Medical Staff for approval or disapproval as described in Section (b) above. If the Medical Executive Committee rejects the modification, the amendment shall be submitted again to the Governing Body, which may either approve or disapprove the amendment. Any disputes regarding proposed bylaws amendments shall be referred to the Joint Conference Committee for discussion and further recommendation to the Medical Executive Committee and the Governing Body.

d. Bylaws Amendments may also be proposed to the Governing Body by the Medical Staff by majority vote of the members of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws shall be brought before the Active Medical Staff by petition signed by 20% of the members of the Active Staff. Any such proposed Bylaw amendment shall be submitted to the Medical Executive Committee for review and comment before it is submitted to the voting members of the Active Medical Staff. Any Bylaw amendment approved by a majority of the Active Medical Staff shall be presented to the Governing Body for final action along with any comments from the Medical Executive Committee.

e. These Bylaws, and all amendments thereto, shall be effective when approved by the Governing Body, unless otherwise stated in the Bylaw provision or amendment approved by the Governing Body, and shall apply to all pending matters to the extent practical, unless the Governing Body directs otherwise.

f. These Bylaws shall not be unilaterally amended by the Governing Body or the Medical Staff.

Section 2. Editorial Amendments

Notwithstanding Section 1 of this Article, Medical Staff Services shall have the authority to make non-substantive editorial changes to the Bylaws and to correct any typographical, formatting, and

inadvertent errors.

Section 3. Review Process

These Bylaws shall be reviewed at least annually and amendments made according to the described amendment procedure.

ARTICLE XV — PARLIAMENTARY PROCEDURES

Where these Bylaws do not conflict, *Robert's Rules of Order* shall be used in the conduct of Medical Staff meetings.

ARTICLE XVI — CONFLICT MANAGEMENT

A conflict management process shall be developed and implemented when a conflict arises between the Medical Executive Committee and Medical Staff on issues including, but not limited to, proposals to adopt provisions of, or amendments to, the Rules and Regulations or these Bylaws. The conflict management process shall include a meeting between the involved parties as early as possible to identify the conflict, gathering information about the conflict, working with all parties to manage and, to the extent possible, resolve the conflict, and ultimately protect patient safety and quality of care. As necessary, the Chief Medical Officer shall appoint an individual to act as mediator between the groups in an effort to resolve the conflict. The Governing Body shall have the ultimate discretion to determine an effective resolution to any conflict between the Medical Staff and the Medical Executive Committee, should the parties not be able to come to a resolution. The Governing Body shall regularly review whether the process is effective at managing conflict and shall revise the process as necessary.

ARTICLE XVII - ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Executive Committee, shall replace any previous Bylaws, and shall become effective when approved by the Governing Body, unless a specific effective date is listed below.

APPROVED BY THE MEDICAL EXECUTIVE COMMITTEE OF CORRECTIONAL HEALTH:

~~DATE: October 28, 2024~~

Otis Egins, MD
Chief Medical Officer
Chair, Medical Executive Committee

APPROVED BY THE GOVERNING BODY OF HARRIS COUNTY HOSPITAL DISTRICT D/B/A HARRIS HEALTH:

~~DATE: December 12, 2024~~

Andrea Caracostis, MD
Chair, Governing Body

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Tuesday, September 23, 2025

Consideration of Approval of a Resolution Relating to a Public Project to Redevelop and Expand Ben Taub Hospital (the "Project"), Authorizing the Acquisition by Eminent Domain for Public Convenience and Necessity of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property for the Project and Making Certain Findings Pursuant to the Provisions of Chapter 26, Texas Parks and Wildlife Code

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Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health

STATE OF TEXAS
COUNTY OF HARRIS MOTION NO. _____

On September 23, 2025 , the Harris County Hospital District d/b/a Harris Health Board of Trustees convened in regular session at its regular meeting place. The following members of the Board were present:

		Present	Absent
Andrea Caracostis, MD, MPH	Chair	☐	☐
Carol Paret, BS	Vice Chair	☐	☐
Libby Viera-Bland, AICP	Secretary	☐	☐
Afsheen Davis, JD, MPH	Board Member	☐	☐
Ingrid Robinson, MBA	Board Member	☐	☐
Marlen Trujillo, PhD, MBA, CHW	Board Member	☐	☐
Paul Puente	Board Member	☐	☐
Philip Sun, AIA, ACHA, NCARB	Board Member	☐	☐
Sima Ladjevardian, JD	Board Member	☐	☐

The Board determined that a quorum was present. Among other business, a resolution on the following matter was considered:

> Consideration of Approval of a Resolution Relating to a Public Project to Redevelop and Expand Ben Taub Hospital (the "Project"), Authorizing the Acquisition by Eminent Domain for Public Convenience and Necessity of Three Parcels within Hermann Park Consisting of Approximately 8.9 Acres of Real Property for the Project and Making Certain Findings Pursuant to the Provisions of Chapter 26, Texas Parks and Wildlife Code.

_____ introduced the resolution and made a motion that it be adopted. _____ seconded the motion for adoption. The motion, carrying with it the adoption of the resolution, prevailed by the following vote:

	Yes	No	Abstain	Absent
Andrea Caracostis, MD, MPH	☐	☐	☐	☐
Carol Paret, BS	☐	☐	☐	☐
Libby Viera-Bland, AICP	☐	☐	☐	☐
Afsheen Davis, JD, MPH	☐	☐	☐	☐
Ingrid Robinson, MBA	☐	☐	☐	☐
Marlen Trujillo, PhD, MBA, CHW	☐	☐	☐	☐
Paul Puente	☐	☐	☐	☐
Philip Sun, AIA, ACHA, NCARB	☐	☐	☐	☐
Sima Ladjevardian, JD	☐	☐	☐	☐

The adopted resolution reads as follows:

A RESOLUTION RELATING TO A PUBLIC PROJECT TO REDEVELOP AND EXPAND BEN TAUB HOSPITAL (THE "PROJECT"), AUTHORIZING THE ACQUISITION BY EMINENT DOMAIN FOR PUBLIC CONVENIENCE AND NECESSITY OF THREE PARCELS WITHIN HERMANN PARK CONSISTING OF APPROXIMATELY 8.9 ACRES OF REAL PROPERTY FOR THE PROJECT AND MAKING CERTAIN FINDINGS PURSUANT TO THE PROVISIONS OF CHAPTER 26, TEXAS PARKS AND WILDLIFE CODE

* * * * * *

WHEREAS, the Harris County Hospital District d/b/a Harris Health ("Harris Health") is undertaking a public project to redevelop and expand Ben Taub Hospital (the "Hospital")'s Level I trauma facilities and provide the increased capacity necessary to serve the essential emergency services and health care needs of the residents of the City of Houston (the "City"), Harris County, and the greater southeast Texas region; and

WHEREAS, Harris Health has fully analyzed and considered an expansion of the Hospital within the existing Hospital site to support an increase in inpatient capacity in its current location, but this option is impossible due to the current maximum capacity of the Hospital, its aging infrastructure and need for modernization, and the fact that it is not possible to close portions of the Hospital during ongoing construction activities and still serve the essential emergency services and health care needs of the public; and

WHEREAS, expanding the Level I trauma capacity of the Hospital in a location adjacent to the existing Hospital site is a necessity for public health; and

WHEREAS, the acquisition of additional adjacent land for the Project is necessary for the development of a modern, high-performing health care facility that meets current standards, supports future growth, and ensures continuous delivery of high-quality, resilient care to all patients at the Hospital; and

WHEREAS, the Hospital is located in close proximity to Hermann Park (the "Park"), which is owned by the City and composed of approximately 445 acres of land generally bounded by Fannin Street on the west, Hermann Drive on the north, Almeda Road on the east, and Brays Bayou on the south; and

WHEREAS, the Park includes three parcels consisting of approximately 8.9 acres located directly across from the Hospital, bordered by Lamar Fleming Drive, Cambridge Street and Braeswood Boulevard and separated by Cambridge Street from the bulk of the Park and more particularly described in the surveys attached hereto as Exhibit A (the "Property"); and

WHEREAS, the Property is the only available property adjacent to the Hospital that Harris Health can utilize to expand the Hospital; and

WHEREAS, pursuant to Section 281.054 of the Texas Health and Safety Code, Harris Health has the power of eminent domain to acquire any interest in real property located in the district if the property interest is necessary or convenient for the exercise of the rights or authority conferred on Harris Health by Chapter 281 of the Texas Health and Safety Code; and

WHEREAS, Chapter 26 of the Texas Parks & Wildlife Code requires the Board of Trustees of Harris Health (the "Board") to hold a public hearing and to make certain findings prior to acquiring the Property by eminent domain; and

WHEREAS, notice of the public hearing on the Project held by the Board on July 24, 2025 in the Board Room at 4800 Fournace Place, Bellaire, Texas (the "Hearing") was delivered to the Mayor of the City on June 23, 2025, and notice of the Hearing was published in the Houston Chronicle, a newspaper of general circulation in Harris County, which publishes seven days a week, on July 1, July 8 and July 15, 2025; and

WHEREAS, the Board held the Hearing on the Project on July 24, 2025, at which the Board was presented with a summary of the purpose of the Hearing and the Project, and members of the public provided comment; and

WHEREAS, the Hearing was noticed and held, with a quorum of the Board present, in compliance with all requirements of Chapter 26 of the Texas Parks and Wildlife Code; and

WHEREAS, the Board finds that there is no feasible and prudent alternative to the taking of the Property for the Project; and

WHEREAS, the Board finds that the Project includes all reasonable planning to minimize harm to the Park resulting from the taking of the Property for the Project, including Harris Health's exercise of best efforts, in coordination with the City, the Hermann Park Conservancy, the Houston Zoo and other stakeholders, to preserve and maintain the public's ability to safely and conveniently access the remainder of the Park; and

WHEREAS, the Board, in making its findings, has considered clearly enunciated local preferences; and

WHEREAS, the Board finds that public necessity and convenience exists for the Project and for the mandatory acquisition of the Property for the Project through the exercise of eminent domain; and

WHEREAS, the Board desires to authorize Harris Health to pursue the acquisition by eminent domain of the Property, subject to and in accordance with Section 281.050 of the Texas Health and Safety Code and all other applicable legal requirements;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF HARRIS COUNTY HOSPITAL DISTRICT THAT:

Section 1. Definitions. The definitions of terms contained in the Recitals to this Resolution are hereby incorporated and made part of this Resolution.

Section 2. Findings. The findings and determinations set forth in the recitals of this Resolution are hereby determined to be true and correct. The Board, after consideration of all evidence and testimony presented at the Hearing, further finds and determines:

a) There is no feasible and prudent alternative to the taking of the Property for the Project;

b) The Project includes all reasonable planning to minimize harm to the Park, including Harris Health's exercise of best efforts, in coordination with the City, the Hermann Park Conservancy, the Houston Zoo and other stakeholders, to preserve and maintain the public's ability to safely and conveniently access the remainder of the Park;

c) In making these findings, the Board has considered clearly enunciated local preferences; and

d) These findings justify approval of the Project.

Section 3. Authorization. The Board hereby declares that public necessity and convenience exists for the Project and for the mandatory acquisition of the Property for the Project and authorizes the staff and legal counsel of Harris Health to take all necessary actions to pursue the acquisition by eminent domain of the Property, subject to and in accordance with Section 281.050 of the Texas Health and Safety Code and all other applicable legal requirements.

Section 4. Park Access and Connectivity. In accordance with and pursuant to the findings and determinations set forth in Section 2 of this Resolution, the Board hereby directs Harris Health to use its best efforts to incorporate into the Project the implementation of accessibility-related and connectivity-related elements that will enhance the public's ability to safely and conveniently access the Park's trails and other recreational amenities and orient the Project in a manner that will provide a visual and experiential connection between the Project and the Park.

Section 5. Severability. If any section, paragraph, clause or provision of this Resolution shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Resolution.

Section 6. Open Meeting. It is hereby found, determined and declared that a sufficient written notice of the date, hour, place and subject of the meeting of the Board at which this Resolution was adopted was posted at a place convenient and readily accessible at all times to the general public for the time required by law preceding this meeting, as required by the Open Meetings Law, Chapter 551, Texas Government Code, and that this meeting has been open to the public as required by law at all times during which this Resolution and the subject matter thereof has been discussed, considered and formally acted upon. The Board further ratifies, approves and confirms such written notice and the contents and posting thereof.

Section 7. Effective Date. This Resolution shall be in force and effect upon approval by the Board.

PASSED AND APPROVED this 23rd of September, 2025.

Andrea Caracostis, MD, MPH, Chair

Attest:

Libby Viera – Bland, AICP, Secretary

Exhibit A

Property

[attached]

Tuesday, September 23, 2025

Committee Report(s)

Committee Meeting(s):

- Governance Committee – August 28, 2025
  - Discussion Regarding Board Member Attendance and Participation in Board Meetings
  - Technology Presentation and Discussion
- Quality Committee – September 9, 2025
  - HRO Safety Message: The Video, "Communication for Safer Care" was displayed.
  - The Minute for Medicine video was presented to highlight the critical role of communication in patient safety, citing the Joint Commission's findings that poor communication is the leading root cause of medical harm events. Improvement in shift handoffs, interdisciplinary communication, and empowering all healthcare professionals to speak up regardless of role or title was emphasized.
- Compliance & Audit Committee – September 11, 2025
  - Presentation Regarding the Harris Health Quarterly Internal Audit Update as of September 11, 2025
  - Recommendation for Consideration of Approval of Designation of Vice President, Deputy Compliance Officer as Harris Health's Record Management Officer, Pursuant to Local Gov't Code Ann. §203.026
- Joint Conference Committee – September 11, 2025
  - Physician Leadership Reports

Kimberly J. Williams, JD
Harris County Purchasing Agent

September 08, 2025

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – September 25, 2025
Budget and Finance Agenda Items

The Office of the Harris County Purchasing Agent recommends review of the attached procurement actions:

A. Approvals
B. Transmittals

All recommendations are within the guidelines established by Harris County and Harris Health.

Sincerely,

Kimberly J Williams

Kimberly J. Williams, JD
Purchasing Agent

JA/ea
Attachments

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: September 25, 2025 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**J. T. Vaughn Construction, LLC** MWBE Goal: 15%	**Installation of Emergency Generator at the Smith Clinic for Harris Health System** - To provide all labor, materials, equipment and incidental for the installation of emergency generators at the Smith Clinic. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 250155***	Best proposal meeting requirements	Babak Zare		**$ 6,531,690**
A2	**WSP USA Buildings Inc.** MWBE Goal: 18%	**Professional Engineering Services for Lyndon B. Johnson Hospital Expansion Project for Harris Health System** - The expanded scope for the LBJ Expansion Project now reflects commissioning services based on finalized construction drawings, rather than the initial scope. This updated scope includes commissioning of additional equipment and systems identified during the detailed design phase. ***Job No. 230018, Board Motion 23.07-113***	Additional Funds	Babak Zare	$ 2,000,000	**$ 2,561,064**
A3	**HDR Architecture, Inc.** MWBE Goal: 24%	**Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System** - The additional funds will accommodate various budgeted projects currently on-going as well as new anticipated projects and unforeseen facilities infrastructure issues and repairs. ***Job No. 220099, Board Motion 22.06-83***	Additional Funds	Babak Zare	$ 3,500,000	**$ 2,500,000**
A4	**Maxim Healthcare Solutions Services Inc. (HCHD-862)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Temporary Nursing Personnel for Harris Health** - To continue providing temporary nurses for the Harris County Correctional Health facilities. ***Professional Services Exemption***	Additional Funds Extension Professional Services Exemption November 18, 2025 through November 17, 2026	Trinette Larks	$ 2,255,266	**$ 2,460,291**
A5	**HKS, Inc.** MWBE Goal: 24%	**Professional Architectural and Engineering Services for Various Projects for Harris Health System** - The additional funds will accommodate various budgeted projects currently on-going as well as new anticipated projects and unforeseen facilities infrastructure issues and repairs. ***Job No. 220099, Board Motion 22.06-83***	Additional Funds	Babak Zare	$ 1,500,000	**$ 1,500,000**
A6	**Philips Healthcare (HCHD-739)** MWBE Goal: Exempt Sole Source	**Software Maintenance and Support for Physiological Monitoring Equipment for Harris Health** - To continue providing maintenance and support for the physiological monitoring equipment for Harris Health. ***Sole Source Exemption***	Renewal Sole Source Exemption November 01, 2025 through October 31, 2026	James Young	$ 720,529	**$ 954,426**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A7	**The Trevino Group, Inc.** MWBE Goal: 21%	**Renovation of Existing Positron Emission Tomography (PET) and Computed Tomography (CT) Suite for Harris Health** - To provide all labor, materials, equipment and incidental for the renovation of the PET and CT suite at Smith Clinic. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 250200***	Best proposal meeting requirements	Babak Zare		**$ 825,800**
A8	**ABIOMED (HCHD 1672)** MWBE Goal: Exempt Sole Source	**Impella 5.5 with SmartAssist S2 Set** - To provide Harris Health with an Impella device is a pump integrated within a catheter, powered by an electric motor. ***Sole Source Exemption***	Ratify Award Sole Source Exemption July 21, 2025 through October 31, 2025	Charles Motley		**$ 800,000**
A9	**J.T. Vaughn, Construction LLC** MWBE Goal: Not Applicable to Request	**Job Order Contracting for Small and Large Construction and/or Construction Related Projects for Harris Health** - To provide construction, repair, renovation, and/or alteration services at various hospitals and clinics for Harris Health ***Job No. 220046***	Additional Funds	Babak Zare	$ 7,095,000	**$ 785,000**
A10	**Vizient Data Services, LLC (GA-07108)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Benchmarking Program Services for Harris Health** - To continue to provide Vizient's benchmarking program which includes data analytics, advisory services, and learning improvement collaboratives for Harris Health to become more clinically and operationally effective to achieve its patient care objectives. ***Sole Source Exemption, Board Motion 24.03-38***	Renewal Sole Source Exemption January 01, 2026 through December 31, 2026	Victoria Nikitin	$ 603,281	**$ 621,380**
A11	**Stryker Instruments (HCHD-1139)** MWBE Goal: Exempt Public Health or Safety	**Preventative Maintenance and Repair Services for Harris Health** - To provide preventative maintenance and repair services for surgical power tool drills for Ben Taub and Lyndon B. Johnson Hospitals. ***Public Health or Safety Exemption, Board Motion 24.01-10***	Ratify Additional Funds Extension Public Health or Safety Exemption February 01, 2026 through January 31, 2028	James Young	$ 475,422	**$ 577,842**
					Total Expenditures	$ 20,090,669
					Total Revenue	$ (0)

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: September 25, 2025 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	**US Foods (PP-DI-001D)** MWBE Goal: Exempt GPO	**National Foodservice Distribution** - To continue proving all food products required for patients, staff and visitors throughout Harris Health. ***Premier Healthcare Alliance, L.P. Contract***	Funding Yr. 1 July 01, 2025 through June 30, 2026	Carolynn Givens	$ 10,233,723	**$ 11,000,000**
B2	**Philips Healthcare (PP-SV-369)** MWBE Goal: Exempt GPO	**Clinical Equipment Repair and Maintenance Services** - To provide service and maintenance for Philips brand Cath Lab equipment located throughout Harris Health. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements Ten-year initial term	James Young		**$ 4,284,584**
B3	**Olympus America Inc. (PP-OR-2314; PP-OR-2281; PP-OR-2299; PP-OR-2312; PP-OR-2324)** MWBE Goal: Exempt GPO	**Specialty Urological Products; Specialty Women's Health Surgical Products; Surgical Endoscopy – Flexible; Surgical Endoscopy – Rigid; Surgical Video Visualization** - This procurement is replacing one hundred fifty-five (155) rigid scopes and forty-three (43) flexible scopes past their expected useful life at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 2,958,555**
B4	**Stryker Sales, LLC (PP-CA-526)** MWBE Goal: Exempt GPO	**External Defibrillators and Related Products** - To replace fifty-six (56) defibrillators that are past their life expectancy at Ben Taub & Lyndon B. Johnson Hospitals and throughout Emergency Management Services (EMS). ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 2,800,000**
B5	**NetSync Network Solutions, Inc. (DIR-CPO-5391)** MWBE Goal: 5%	**Products and Services** - Network Infrastructure Hardware Upgrade for Fournace and Forty ACS sites. The awarded vendor will install hardware throughout Harris Health and ACS sites and help configure software on the Cisco equipment so it operates as intended on our network. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty; M. Manekia		**$ 2,672,746**
B6	**Clean Harbors, Inc.** MWBE Goal: Exempt GPO	**Integrated Waste Management Services for Harris Health** - In March 2025, the Board of Trustees received a transmittal of the award to Clean Harbors for Integrated Waste Management Services. Since that time, it was determined that the award amount was underestimated. The amount is corrected to reflect the updated projected expenditure. ***HCHD-1545***	Correct awarded amount with updated projected expenditure new projection June 01, 2025 through May 31, 2026	Kia Scales	$ 2,200,000	**$ 2,400,000**
B7	**Solventum Health Information Systems, Inc (HCHD-479)** MWBE Goal: Exempt Sole Source	**360 Encompass System Maintenance, Clinical Documentation Improvement (CDI) - Engage One, and Fluency Direct Software for Harris Health** - To provide maintenance and support for coding and reimbursement applications that are used to determine how payers reimburse Harris Health for services rendered. Software products include CDI Engage One, Fluency Direct Software, 3 60 Encompass™ System, 360 Encompass™ Audit Expert System, and 360 Encompass™ Professional Systems. ***Sole Source Exemption, Board Motion 23.08-130***	Renewal Sole Source Exemption October 28, 2025 through October 27, 2026	Raj Nair	$ 1,850,449	**$ 1,988,913**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	**NetSync Network Solutions, Inc. (DIR-CPO-5347)** MWBE Goal: 100%	**Products and Services** - IT Data Center Core network hardware and software updates for Harris Health's Bryan and Houston data centers include the following advancements: The Cisco SDA, SD-WAN, ACI, and Splash Access bundle. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Lowest quote meeting specifications	A. Kilty; M. Manekia		**$ 1,700,000**
B9	**Highlights Electrical** MWBE Goal: 19%	**Upgrade to Emergency Power System for Harris Health** - To provide all labor, materials, equipment and incidental for upgrading the emergency power system at Quentin Mease Health Center. ***Texas Association of School Boards (TASB) BuyBoard Cooperative Program***	Award Lowest quote meeting specifications	Babak Zare		**$ 1,642,039**
B10	**Mark III Systems - Government Solutions, LLC (DIR-CPO-5792)** MWBE Goal: 100%	**Products and Services** - VMware Cloud Foundation (VCF) is a platform for building and managing private cloud infrastructure. It provides a unified, integrated platform that combines compute, storage, networking, and cloud management into a single solution. VCF aims to simplify cloud operations, accelerate application delivery, and reduce operational costs. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty		**$ 1,335,160**
B11	**HP, Inc. (DIR-TS0-4159)** MWBE Goal: 0% Drop Shipped	**HP Products and Services** - HP laptops for Harris Health Field Services FY2025 budget inventory. FS technicians will install equipment where needed, PCs to fulfill Tech ReFresh and Break-Fix projects. Additional funds are required due to the increase in the number of laptops being ordered for the FY2025 budget inventory. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Additional Funds	A. Kilty	$ 1,086,411	**$ 1,261,638**
B12	**Neurologica Corporation (PP-IM-313)** MWBE Goal: Exempt GPO	**Computed Tomography (CT)** - This procurement is to purchase two (2) mobile point-of-care CT scanners for Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 1,204,590**
B13	**General Datatech, L.P. (DIR-CPO-5687)** MWBE Goal: 15%	**Products and Services** - IT Data Center core network hardware and software updates: NetScout PFOS supports packet broker solutions with filtering, load balancing, aggregation, and replication, enabling network visibility for service assurance and security. The GigaVUE HC series enhances traffic visibility of data in motion, mitigates traffic overloads, and facilitates the deployment of security and monitoring tools. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty; M. Manekia		**$ 1,170,770**
B14	**Professional Ambulance Sales & Service, dba SERV** MWBE Goal: 0% Non-Divisible	**Ambulances, EMS, and Other Special Service Vehicles** - To purchase three (03) Type I ambulances for Harris Health. ***Houston-Galveston Area Council (H-GAC) Cooperative Purchasing Program***	Award Best quote meeting specifications	Peka Owens		**$ 1,107,000**
B15	**GE Healthcare (PP-IM-268)** MWBE Goal: Exempt GPO	**Mobile C-arms** - To replace four (4) Mobile C-Arms that are currently past their expected useful life throughout Harris Health. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 941,064**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B16	**Carefusion Solutions, LLC (HCHD-294)** MWBE Goal: Exempt GPO	**Pharmacy Automated Medication Dispensing System for Harris Health** - To continue to provide software maintenance and support services for Harris Health owned and leased automated supply cabinets, as well as continue providing medication security, patient safety, and prevention of medication delays. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds Extension August 01, 2025 through July 31, 2026	Sunny Ogbonnaya	$ 829,056	**$ 902,405**
B17	**Netsync Network Solutions Inc (DIR-CPO-5687)** MWBE Goal: 16%	**Products and Services** - Rubrik Hardware/Maintenance for IT Enterprises backup solution. Rubrik is a software company that provides data security and data management solutions, focusing on cloud data management, backup and recovery, and cyber resilience ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty		**$ 820,000**
B18	**Olathe Ford Sales Inc (TIPS-240901)** MWBE Goal: 0% Non-Divisible	**Transportation Vehicles** - To replace nineteen (19) fleet vehicles throughout Harris Health as part of FY25 Fleet Refresh project. ***The Interlocal Purchasing System (TIPS)***	Award Low quote	Peka Owens		**$ 820,000**
B19	**Olathe Ford Sales Inc (TIPS-240901)** MWBE Goal: 0% Non-Divisible	**Transportation Vehicles** - To purchase four (4) chassis in order to repurpose existing ambulance boxes for Harris Health. ***The Interlocal Purchasing System (TIPS)***	Award Only quote	Peka Owens		**$ 680,000**
B20	**GE Healthcare (PP-IM-271)** MWBE Goal: Exempt GPO	**Ultrasound** - To replace four (4) maternal fetal medicine ultrasound machines that are past their expected useful life at Ben Taub & LBJ Hospitals and the Outpatient Clinic. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 629,500**
B21	**Mark III Systems - Government Solutions, LLC** MWBE Goal: 100%	**Product and Services** - Refresh enterprise clinical and business application compute nodes. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Only quote	A. Kilty		**$ 483,516**
B22	**Great South Texas Corporation dba Computer Solutions (CARAHSOFT 220105)** MWBE Goal: 100%	**Technology Solutions Products and Services** - Software licenses for cameras and gateways installed in fleet vehicles for Harris Health. ***The Interlocal Purchasing System (TIPS)***	Award Only quote Three-year initial term	Peka Owens		**$ 481,000**
B23	**NetSync Network Solutions, Inc. (DIR-CPO-5347)** MWBE Goal: 100%	**Products and Services** - The Cisco Webex Contact Center is a unified, omnichannel contact center solution that uses predictive analytics to improve operational efficiency, performance, and business outcomes. These subscriptions provide Harris Health with access to Cisco Contact Center products and services, offering the flexibility to migrate between different deployment models. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote July 25, 2025 through July 24, 2026	A. Kilty		**$ 462,099**
B24	**Shared Imaging, Inc. (PP-SV-356)** MWBE Goal: Exempt GPO	**Leased Mobile Computed Tomography (CT) Machine** - To continue to provide a leased Mobile CT machine to support Correctional Health. ***Premier Healthcare Alliance, L.P. Contract, Board Motion 23.06-95***	Additional Funds Extension September 04, 2025 through September 03, 2026	Khalilah Moore-Breaux	$ 879,600	**$ 439,800**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B25	**Philips Healthcare (PP-NS-1948)** MWBE Goal: Exempt GPO	**Physiological Monitoring Systems** - This procurement is to replace vital signs machines that are no longer being supported by the manufacturer and to add to Correctional Health's inventory in order to eliminate rental expenses. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 424,170**
B26	**CyberOne, LLC (DIR-CPO-5687)** MWBE Goal: 0% Non-Divisible	**Products and Services** - Rapid7 Security software platform, including InsighConnect and Nexpose, will provide security by scanning the Harris Health network for vulnerabilities. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote May 26, 2025 through May 25, 2026	A. Kilty		**$ 407,388**
B27	**GE Healthcare (PP-IM-477)** MWBE Goal: Exempt GPO	**Contrast Media Injectors and Disposables** - To replace nine (9) CT injectors throughout Harris Health as part of the system wide imaging auto-injector replacement project. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 386,100**
B28	**General Datatech, L.P.** MWBE Goal: 0% Non-Divisible	**Products and Services** - Provide Software, Hardware, and Support for Gigamon Intrusion Detection and Prevention System. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty		**$ 369,558**
B29	**GE Healthcare (PP-IM-269)** MWBE Goal: Exempt GPO	**Molecular Imaging** - To replace one (1) gamma camera unit that is past its expected useful life for the Ben Taub Hospital Nuclear Medicine Department. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 365,425**
B30	**Insight Direct USA, Inc. (GPO PP-IT-241)** MWBE Goal: Exempt GPO	**Products and Services** - Forcepoint DLP ensures data protection in motion, at rest, and in use across endpoints, networks, and cloud. It integrates with Microsoft Azure Information Protection to analyze encrypted data and enforce DLP policies. Forcepoint Discovery scans servers, SharePoint, Exchange, and databases. Forcepoint secures data by preventing theft via email, web, FTP, and reduces insider threats. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer July 29, 2025 through July 28, 2026	T. Hardin, D. Jones		**$ 333,505**
B31	**Steris Corporation (PP-OR-1958)** MWBE Goal: Exempt GPO	**OR Tables** - To replace five (05) existing OR tables that are past their life expectancy at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 312,000**
B32	**Solid Border, Inc. (DIR-CPO-4850)** MWBE Goal: 100%	**Products and Services** - Renewal for Radware Cloud WAF Enterprise solution that protects Harris Health System web applications from cyber-attacks. Web DDoS (Distributed Denial-of-Service) protection is included to protect the traffic of a server, service, or network. This specific technology provides in-depth monitoring of application systems. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote July 14, 2025 through July 13, 2026 with two (2) one-year renewal options	A. Kilty		**$ 272,832**
B33	**Insight Direct USA, Inc. (PP-IT-241)** MWBE Goal: Exempt GPO	**Hardware/Software Resellers, Services and Refurbished Equipment** - Harris Health is replacing old desktop label printers to provide stability that enhances patient safety. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer	A. Kilty/ A. Pham		**$ 272,741**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B34	**SonoSite (PP-IM-317)** MWBE Goal: Exempt GPO	**Ultrasound** - To replace three (3) point of care ultrasound machines that are past their expected useful life and add one (1) point of care ultrasound machine to the Medical ICU at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 268,880**
B35	**Premier Healthcare Solutions, Inc.** MWBE Goal: Exempt Sole Source	**Performance Suite Solutions Subscription for Harris Health** - To provide a subscription to Premier's supply chain data and benchmarking analytics services for the purchase of equipment and products. ***Sole Source Exemption***	Award Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	Joemon Jones		**$ 250,000**
B36	**Bard Peripheral Vascular Inc (PP-CA-563)** MWBE Goal: Exempt GPO	**Peripheral and Biliary Bare Metal Stents** - To provide Harris Health with a consignment of endovascular stents and covered stents. These products include Covera Stent, Fluency Plus Catheter, LifeStent and Lutonix Balloon. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Contract(s) One-year initial term with four (4) one-year renewal options	Charles Motley		**$ 250,000**
B37	**GCX Corporation** MWBE Goal: 0% Non-Divisible	**Fetal Heart Monitor Carts for Harris Health** - This procurement is to purchase thirty-two (32) fetal heart monitor carts for Lyndon B. Johnson Hospital. ***Offer No. BEJ072125***	Purchase Lowest priced offer meeting requirements	Arun Mathew		**$ 249,955**
B38	**Alacrinet, LLC** MWBE Goal: 0% Non-Divisible	**Products and Services** - IBM QRadar SIEM enables Harris Health network control by centralizing security visibility, enabling real-time threat detection, streamlining compliance, and reducing operational costs. This solution empowers the Harris Health security team to respond promptly and efficiently, preventing incidents from escalating. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote July 01, 2025 through June 30, 2026	T. Hardin, D. Jones		**$ 245,741**
B39	**Macro Companies, Inc.** MWBE Goal: 0% Drop Shipped	**Emergency Mobile Fueling Services and Related Items for Harris County** - To provide emergency mobile fueling services and related items for Harris Health. ***Job No. 230111***	January 01, 2025 through December 31, 2025	Terry Elliott		**$ 245,000**
B40	**A1 Mobil Fleet Wash & Detail Service Inc.** MWBE Goal: 100% **Kept Companies Inc.** MWBE Goal: 0% Non-Divisible	**Mobile Detailing Services for Harris Health** - To provide mobile detailing services for Harris Health's fleet vehicles. ***Offer No. ML060925***	Award Lowest priced offer meeting requirements One (1) year initial term with five (5) one-year renewal options	Peka Owens		**$ 239,000**
B41	**Stryker Sales, LLC dba Stryker Instruments (AD-OR-1736)** MWBE Goal: Exempt GPO	**Surgical Liquid Medical Waste Management System** - To replace thirteen (13) surgical liquid medical waste management system units and three (03) docking stations at LBJ Hospital and Ambulatory Surgery Center (ASC). ***Premier Healthcare Alliance, L.P. Contract***	Single Source ASCEND Contract	Arun Mathew		**$ 230,000**
B42	**Leica Microsystems Inc. (PP-OR-2527)** MWBE Goal: Exempt GPO	**Surgical Microscopes** - This procurement is to purchase one (1) M530 OHX with ULT530 surgical/operating microscope for Lyndon B. Johnson Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Contract(s)	Arun Mathew		**$ 228,731**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B43	**Fujifilm Healthcare Americas Corp. (PP-IM-301 & PP-IM-304)** MWBE Goal: Exempt GPO	**General Radiography & Magnetic Resonance Imaging (MRI)** - To replace one (1) invasive intra-operative ultrasound machine at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 224,642**
B44	**Panther Construction LLC** MWBE Goal: 12%	**Renovation of the Open Door Mission Clinic for Harris Health** - To provide all labor, materials, equipment and incidentals for the renovation of the Open Door Mission Clinic. An owner contingency of $35,000 is included in the awarded amount to provide coverage on unanticipated costs throughout the construction project. ***Job No. 250158***	Award Low	Babak Zare		**$ 210,127**
B45	**College of American Pathologists, (HCHD-1698)** MWBE Goal: 0% Drop Shipped	**External Proficiency Testing Services** - To provide External Proficiency Testing Services to Harris Health. ***Job No. 250098***	Award Only proposal received One (1) year initial term with four (4) one-year renewal options	Michael Nnadi		**$ 210,000**
B46	**Becton, Dickinson and Company, through its BD Diagnostics – Integrated Diagnostics Solutions Business Unit (HCHD-457)** MWBE Goal: Exempt Sole Source	**Laboratory Equipment Maintenance Services for Harris Health** - To continue providing service for the Kiestra laboratory automation equipment. Additional funds are required to cover the extension period. ***Sole Source Exemption, Board Motion 24.02-28***	Additional Funds Extension Sole Source Exemption March 01, 2026 through February 28, 2027	Norin pung	$ 200,000	**$ 206,000**
B47	**FUJIFILM SONOSITE INC (PP-IM-317)** MWBE Goal: Exempt GPO	**Ultrasound** - To replace four (4) point of care ultrasound machines that are past their expected useful life and no longer supported by the manufacturer for LBJ Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 199,040**
B48	**Evoqua Water Technologies LLC.** MWBE Goal: 0% Non-Divisible	**Preventative Maintenance of Water Purification Equipment for Harris Health** - To provide preventative maintenance of existing water purification equipment at Harris Health facilities. ***Offer No. WKB022825***	Award Lowest priced offer meeting requirements One (1) year initial term with six (6) one-year renewal options	James Young		**$ 194,689**
B49	**Insight Direct USA, Inc. (GPO PP-IT-241)** MWBE Goal: 0% Non-Divisible	**Products and Services** - Ordr's security solution maps Harris Health network devices and context, establishes baselines, identifies vulnerabilities, and generates risk scores for prioritized actions. It monitors device communications, offers real-time analytics, and controls traffic based on device to detect anomalies. It reacts instantly, enabling automatic policy generation for each device. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer June 01, 2025 through July 01, 2026	T. Hardin, D. Jones		**$ 191,698**
B50	**Johnson Controls Fire Protection LP** MWBE Goal: Exempt Sole Source	**Upgrade and Maintenance Services for Simplex Fire Alarm System at Harris Health** - To provide upgrade to and maintenance services for Simplex Fire Alarm System at Ben Taub Hospital. ***Sole Source Exemption***	Purchase Sole Source Exemption	Lacey Spells		**$ 187,849**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B51	**HEIDELBERG ENGINEERING INC** MWBE Goal: 0% Non-Divisible	**Optical Coherence Tomography Machine for Harris Health** - To replace one (1) Optical Coherence Tomography (OCT) machine for the LBJ Hospital eye clinic that is past its expected useful life. ***Offer No. NMB072025***	Purchase Only offer received	Arun Mathew		**$ 185,150**
B52	**Ziehm-Orthoscan Inc. (PP-IM-310)** MWBE Goal: Exempt GPO	**Mobile C-arms** - To replace two (02) mobile mini C-arms units that are past their life expectancy and are no longer supported by the manufacturer for service at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 185,000**
B53	**Karl Storz Endoscopy-America Inc.** MWBE Goal: Exempt Sole Source	**Surgical Image and Video Integration Platform for Harris Health** - This procurement is to purchase five (5) surgical image and video integration platforms for Lyndon B. Johnson Hospital. ***Sole Source Exemption***	Purchase Sole Source Exemption	Arun Mathew		**$ 184,936**
B54	**Agiliti Health, Inc. (PP-NS-1659)** MWBE Goal: Exempt GPO	**Peak Use Rental Equipment** - Additional funds are required to cover higher than estimated rental of equipment to supplement Ben Taub during periods of high patient census. ***Premier Healthcare Alliance, L.P. Contract, Board Motion 24.01-10***	Additional Funds December 01, 2024 through November 30, 2025	Benjamin Etuk	$ 325,029	**$ 180,000**
B55	**Shipcom Wireless, Inc., (HCHD-1615)** MWBE Goal: Exempt Sole Source	**Catamaran NextGen Cold Chain Logistics Platform for Harris Health** - Software is needed to assist in tracking and trending the temperature of patient medical samples and ensuring optimal conditions during transportation. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	Timothy Brown		**$ 169,620**
B56	**LGA Garage Door Services, LLC.** MWBE Goal: 0% Non-Divisible	**Garage Doors, Fence and Sliding Gates for Harris Health** - To provide the equipment and installation of rollup garage doors, fence, and sliding gates as part of the security improvement project at Smith Clinic. ***Offer No. PT20250618***	Award Lowest priced offer meeting requirements	Jake Goldstein		**$ 165,763**
B57	**Sterile Mate LLC** MWBE Goal: 100%	**Reverse Osmosis Water System for Harris Health** - To install new Reverse Osmosis (RO) system with water softener at LBJ Hospital. ***Offer No. ML073025***	Award Lowest priced offer meeting requirements	Arun Mathew		**$ 164,000**
B58	**Karl Storz Endoscopy-America, Inc.** MWBE Goal: Exempt Sole Source	**Preventive Maintenance and Repair Services for Harris Health** - To provide post warranty preventive maintenance and repair services for seven (7) OR video and imaging integration units at Lyndon B. Johnson Hospital. ***Sole Source Exemption***	Purchase Sole Source Exemption	James Young		**$ 160,684**
B59	**CorneaGen (HCHD-1573)** MWBE Goal: Exempt Sole Source	**EndoSerter (DSAEK) for Harris Health** - To provide Harris Health with a pre-loaded EndoSerter for partial thickness corneal transplant. ***Sole Source Exemption***	Award Sole Source Exemption One-year initial term with one (1) one-year renewal options	Charles Motley		**$ 160,000**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B60	**HBI Office Solutions, Inc.** MWBE Goal: 0% Non-Divisible	**Office Furniture** - This procurement is to purchase task chairs, desks, storage, and guest seating for Ben Taub Hospital. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Low quote	Cindy Perez		**$ 155,665**
B61	**Century Link Communications, LLC d/b/a Lumen Technologies Group (HCHD-757)** MWBE Goal: 0% Non-Divisible	**Internet Circuit Services for Harris Health** - To continue to provide internet circuit services required at the FiberTown - Bryan Data Center. ***Government Services Administration (GSA) Cooperative Purchasing Program***	Additional Funds Extension August 01, 2025 through July 31, 2028	Eric Hidalgo	$ 117,412	**$ 155,000**
B62	**Identity Plus, LLC** MWBE Goal: 100%	**60 Years of Service - Customized T-Shirts** - To provide Harris Health with customized t-shirts with the Harris Health logo. ***Offer No. TZC08112025***	Purchase Lowest priced offer meeting requirements One (1) year initial term	Amanda Callaway		**$ 148,995**
B63	**ePlus Technology, Inc. (TIPS-230105)** MWBE Goal: 0% Non-Divisible	**Products and Services** - Annual hardware and software maintenance renewal for Netscout solutions, which enables the reliable operation and optimal performance of network services within hybrid cloud environments. They provide insights into Network and Application Performance Management and Cybersecurity, delivering vital data to monitor, optimize, and protect Harris Health's IT infrastructure. ***The Interlocal Purchasing System (TIPS)***	Award Low quote June 07, 2025 through June 06, 2026	A. Kilty; M. Manekia		**$ 142,631**
B64	**Olympus America Inc.** MWBE Goal: Exempt Sole Source	**Colonoscopes for Harris Health** - This procurement is to purchase three (3) Slim Colonoscopes with Dual Focus NBI for Quentin Mease Health Center. ***Sole Source Exemption***	Purchase Sole Source Exemption	Arun Mathew		**$ 140,307**
B65	**Bansar Technologies Inc. (DIR-CPO-5452)** MWBE Goal: 100%	**Consulting Services for Patient Flow Command Center for Harris Health** - To provide consulting services to design a centralized patient flow command center to streamline patient flow from dispatch to discharge. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Lowest quote meeting specifications One (1) year initial term	Antony Kilty		**$ 129,000**
B66	**Philips Healthcare (PP-IM-280)** MWBE Goal: Exempt GPO	**Cardiovascular Imaging** - This procurement is to purchase one (1) integrated, intra-vascular ultrasound machine for Lyndon B. Johnson Hospital Interventional Radiology Department. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 125,500**
B67	**Tennant Sales and Service Company (AD-FA-1048)** MWBE Goal: Exempt GPO	**Floor Care Equipment** - To continue providing floor care equipment for Harris Health facilities. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds March 01, 2025 through February 28, 2026	Jake Goldstein	$ 30,000	**$ 123,842**
B68	**Oracle America, Inc. (HCHD-180)** MWBE Goal: Exempt Sole Source	**Oracle Software Licenses and Support for Harris Health** - To provide licensing for the PeopleSoft Financials, eSettlements, and Supplier Contract software applications which are based on organizational budget size. ***Sole Source Exemption***	Additional Funds Extension Sole Source Exemption October 01, 2025 through February 28, 2026	Raj Nair	$ 268,886	**$ 120,609**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B69	**Metro Golf Cars, Inc. (091024-CCR)** MWBE Goal: 100%	**Utility, Transport, Golf, and Recreation Vehicles with Related Accessories, Equipment and Services** - To purchase eight (08) golf cars for Harris Health as part of HH Golf Cart Refresh FY25 project. ***Sourcewell***	Award Low quote	Peka Owens		**$ 120,000**
B70	**Erbe USA Inc (PP-OR-2511)** MWBE Goal: Exempt GPO	**Gastrointestinal Endoscopy Products** - To replace four (4) electrosurgical units that are no longer supported by the manufacturer for the LBJ Hospital GI Lab. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 112,718**
B71	**Hearst Newspaper, LLC d/b/a Houston Chronicle (HCHD-1358)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Advertising Services and Related Items for Harris Health** - Additional funds are needed to add publication for the 2025 Nurses Gala. ***Job No. 220234, Board Motion 24.08-122***	Additional Funds September 06, 2024 through September 05, 2025	Olga Rodriguez	$ 500,000	**$ 110,000**
B72	**Becton, Dickinson and Company (PP-IV-158)** MWBE Goal: Exempt GPO	**IV Therapy Products – Infusion Devices and Device-dedicated Sets** - To add thirteen (13) infusion pumps and related software for the observation unit and EMS team at LBJ Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 107,075**
B73	**Mark III Systems - Government Solutions (DIR-CPO-5792)** MWBE Goal: 100%	**Products and Services** - PowerEdge R660 Server – Harris Health IT to replace aging distribution servers ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote	A. Kilty		**$ 107,000**
B74	**Olympus America, Inc. (PP-OR-2508)** MWBE Goal: Exempt GPO	**Gastrointestinal Endoscopy Products** - Unifia Software Service/Maintenance Agreement for gastrointestinal video endoscopy equipment at Ben Taub & Lyndon B. Johnson Hospitals as well as Quentin Mease Clinic. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received Three-year initial term	Arun Mathew		**$ 104,946**
B75	**Philips Healthcare (PP-NS-1948)** MWBE Goal: Exempt GPO	**Physiological Monitoring Systems** - This procurement is to purchase twenty (20) MX40 telemetry boxes for the Intermediate Care Unit (IMU) at Lyndon B. Johnson Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 103,443**
B76	**Carefusion Solutions, LLC (PPPH28CFS01)** MWBE Goal: Exempt GPO	**Medication and Supply Automation** - To provide Pyxis Automated Dispensing Cabinets (ADC) required to support the storage and dispensing of critical patient care medications for Lyndon B. Johnson Hospital's Interventional Radiology Expansion Project. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Contract(s)	Oliver Egwim		**$ 102,745**
B77	**Templafy LLC (HCHD-484)** MWBE Goal: Exempt Sole Source	**Templafy Platform for Harris Health** - To continue to provide enterprise-grade solution for e-mail signature management, document content governance via Templafy Library, and centralized administration of document assets and templates. ***Sole Source Exemption***	Renewal Sole Source Exemption July 01, 2025 through June 30, 2026	Bryan McLeod	$ 48,300	**$ 102,745**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B78	**E3 DIAGNOSTICS, INC.** MWBE Goal: 0% Non-Divisible	**Audiology Equipment for Harris Health** - To replace one (1) auditory function screening device for the LBJ Hospital Audiology Department that is past its expected useful life. ***Offer No. NMB062025***	Purchase Lowest priced offer meeting requirements	Arun Mathew		**$ 101,146**
B79	**Forvis LLP (HCHD-1470)** MWBE Goal: 0% Non-Divisible	**Price Discrepancy Services for Harris Health** - Additional funds are needed to include Price Transparency Services for Shoppable Service Files at Ben Taub and LBJ Hospitals. ***Sole Source Exemption***	Additional Funds Sole Source Exemption November 21, 2024 through November 20, 2025	Carolynn Renee Jones	$ 100,000	**$ 25,000**
					Total Expenditures	$ 55,044,970
					Total Revenue	$ (0)

Tuesday, September 23, 2025

Consideration of Approval of Grant Recommendations
(Items B1 through B5 of the Grant Matrix)

Grant Recommendations:

B1. Renewal of a Grant Award

- Grantor: Texas Health and Human Services Commission (HHSC)
  Funded by the Healthy Texas Women Program
- Term: September 1, 2025 – August 31, 2026
- Award Amount: $272,441.00
- Project Owner: Jennifer Small

B2. Incremental Grant Award

- Grantor: Texas Health and Human Services Commission (HHSC)
  Funded by the Family Planning Program
- Term: September 1, 2024 – August 31, 2025
- Award Amount: $2,410,988.00
- Project Owner: Jennifer Small

B3. Grant Award

- Grantor: Texas Health and Human Services Commission (HHSC)
  Funded by the Family Planning Program
- Term: September 1, 2025 – August 31, 2026
- Award Amount: $7,017,436.00
- Project Owner: Jennifer Small

B4. Renewal of a Grant Award

- Grantor: Texas Health and Human Services Commission (HHSC)
  Funded by the Breast and Cervical Cancer Services (BCCS) Program
- Term: September 1, 2025 – August 31, 2026
- Award Amount: $1,156,381.00
- Project Owner: Jennifer Small

B5. Ratification of a Grant Agreement

- Grantor: Texas Health and Human Services Commission (HHSC)
  Funded by the Centers for Medicare and Medicaid Services (CMS)
- Term: January 1, 2025 – December 31, 2025
- Award Amount: $548,187.76
- Project Owner: Amineh Kostov

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Grant Matrix: September 23, 2025

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Texas Health and Human Services Commission (HHSC) *Funded by the Healthy Texas Women Program*	Consideration of approval of a grant award renewal between Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission (HHSC), to provide **patient care to low-income women and families of Harris Health**.	**Grant Award Renewal**	September 1, 2025 through August 31, 2026	Dr. Jennifer Small	$ 272,441.00
B2	Texas Health and Human Services Commission (HHSC) *Funded by the Family Planning Program*	Consideration of approval of an incremental grant award between Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission (HHSC), to provide **patient, preventative and reproductive care to patients of Harris Health, age 64 and younger**. **Incremental Award Amount:** $2,410,988.00 **Total Award Amount:** $9,661,332.00	**Incremental Grant Award**	September 1, 2024 through August 31, 2025	Dr. Jennifer Small	$ 2,410,988.00
B3	Texas Health and Human Services Commission (HHSC) *Funded by the Family Planning Program*	Consideration of approval of a direct grant award between Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission (HHSC), to provide **patient, preventative and reproductive care to patients of Harris Health, age 64 and younger**. *This is a 5-year Direct Grant Award agreement, with the first term beginning September 1, 2025 through August 31, 2026.*	**Grant Award**	September 1, 2025 through August 31, 2026	Dr. Jennifer Small	$ 7,017,436.00
B4	Texas Health and Human Services Commission (HHSC) *Funded by the Breast and Cervical Cancer Services (BCCS) Program*	Consideration of approval of a grant award renewal between Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission (HHSC), to provide **breast and cervical cancer services to patients of Harris Health**.	**Grant Award Renewal**	September 1, 2025 through August 31, 2026	Dr. Jennifer Small	$ 1,156,381.00
B5	Texas Health and Human Services Commission (HHSC) *Funded by the Centers for Medicare and Medicaid Services (CMS)*	Consideration of approval to ratify a grant agreement between Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission (HHSC), to provide e**vidence-based coordinated care to pregnant and postpartum women with opioid use disorder (OUD) and their infants**, to improve the quality and availability of care for this population of medicaid. *This ratification extends the Maternal Opioid Misuse (MOM) grant for an additional year.*	**Grant Agreement Ratification**	January 1, 2025 through December 31, 2025	Amineh Kostov	$ 548,187.76
					TOTAL AMOUNT:	**$ 11,405,433.76**

Tuesday, September 23, 2025

Consideration of Approval of Contract Recommendations
(Item C1 of the Contract Matrix)

Contract Recommendations:

C1. Additional Funds Request

- Contractor: Bracewell LLP
- Project Owner: Sara Thomas
- Term: January 23, 2025 – January 24, 2026
- Amount: $800,000.00

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: September 23, 2025

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
C1	Bracewell LLP	Consideration of approval for an additional $800,000 in funding for Bracewell, LLP. Special Counsel was retained to provide legal services related to real property and public law matters.	Additional Funds	January 1, 2025 through January 24, 2026	L. Sara Thomas	$ 800,000.00
					TOTAL AMOUNT:	**$ 800,000.00**

Tuesday, September 23, 2025

Consideration of Acceptance of the Harris Health August 2025 Financial Report Subject to Audit

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Attached for your review and consideration is the August 2025 Financial Report.

Administration recommends that the Board accept the financial report for the period ended August 31, 2025, subject to final audit.

Victoria Nikitin
EVP – Chief Financial Officer

HARRISHEALTH

Financial Statements

As of August 31, 2025
Subject to Audit

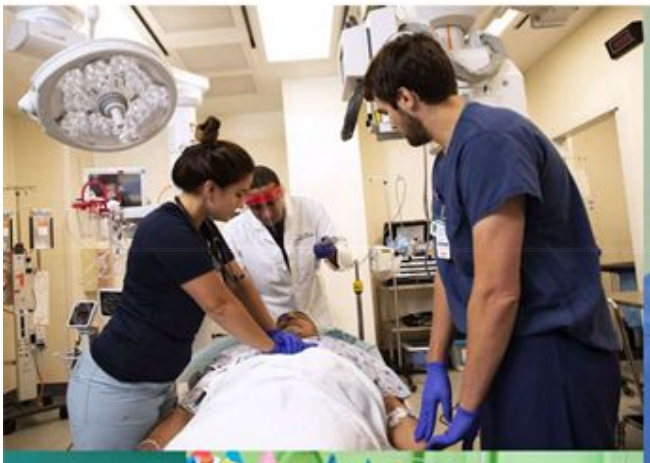


Table of Contents

HARRISHEALTH

Operating income for the month ended August 31, 2025 was $26.2 million compared to budgeted loss of $0.5 million.

Total net revenue for the month ended August 31, 2025 of $240.8 million was $19.3 million or 8.7% more than budget. Net patient revenue was $6.0 million less than budget while Medicaid Supplemental Programs was $22.9 million greater than budget, primarily driven by timing and refunds from the State for prior fiscal periods.

As of August 31, 2025, total expenses of $214.6 million were $7.5 million or 3.4% less than budget. Total labor costs were $6.7 million less than budget driven primarily by the timing of strategic initiatives' implementation compared to plan. Additionally, benefits expense was less than anticipated driven by the pension expense adjustment based on the recently issued actuarial report.

For the month ended August 31, 2025, total patient days and average daily census decreased 5.0% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.7% higher than budget while length of stay was 8.4% lower than budget. Emergency room visits were 3.6% more than budget. Total clinic visits, including telehealth, were 3.9% lower compared to budget. Births were up 2.1%.

Total cash receipts for the month were $162.5 million. The System has $1,663.3 million in unrestricted cash, cash equivalents and investments, representing 249.6 days cash on hand. Increase in days cash of hand is due to reimbursement from the Series 2025 bond totaling $352.2 million as of August 31, 2025, for capital expenditures tied to the Strategic Capital Plan. The remainder of the $840 million issuance is recorded an asset limited as to use within the balance sheet. The corresponding debt is shown within the long-term debt portion of the balance sheet.

Harris Health has $136.2 million in net accounts receivable, representing 65.6 days of outstanding patient accounts receivable at August 31, 2025. The August balance sheet reflects a combined net receivable position of $123.4 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is $4.7 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include $88.0 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of August 31, 2025, $1,030.3 million in ad valorem tax collections were received and $86.3 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of August 31, 2025 and 2024 (in $ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE			
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	$ 57.2	$ 63.2	-9.5%	$ 696.0	$ 689.7	0.9%	$ 687.6	1.2%
Medicaid Supplemental Programs	76.9	53.9	42.5%	653.3	593.3	10.1%	640.6	2.0%
Other Operating Revenue	11.7	12.0	-3.0%	136.1	132.8	2.5%	116.8	16.5%
Total Operating Revenue	**$ 145.7**	**$ 129.1**	**12.9%**	**$ 1,485.4**	**$ 1,415.7**	**4.9%**	**$ 1,445.0**	**2.8%**
Net Ad Valorem Taxes	86.3	85.1	1.5%	942.6	935.8	0.7%	827.9	13.9%
Net Tobacco Settlement Revenue	-	-	0.0%	19.0	15.2	24.7%	15.2	24.8%
Capital Gifts & Grants	-	0.8	0.0%	4.0	9.2	-56.4%	-	0.0%
Interest Income & Other	8.8	6.5	35.6%	67.2	71.1	-5.6%	72.3	-7.1%
Total Nonoperating Revenue	**$ 95.1**	**$ 92.4**	**2.9%**	**$ 1,032.7**	**$ 1,031.3**	**0.1%**	**$ 915.4**	**12.8%**
Total Net Revenue	**$ 240.8**	**$ 221.5**	**8.7%**	**$ 2,518.1**	**$ 2,447.0**	**2.9%**	**$ 2,360.5**	**6.7%**
EXPENSE								
Salaries and Wages	$ 83.1	$ 87.0	4.5%	$ 894.5	$ 937.0	4.5%	$ 870.5	-2.8%
Employee Benefits	24.9	27.7	10.0%	286.3	304.3	5.9%	265.5	-7.8%
Total Labor Cost	**$ 108.0**	**$ 114.7**	**5.9%**	**$ 1,180.8**	**$ 1,241.3**	**4.9%**	**$ 1,136.0**	**-3.9%**
Supply Expenses	25.7	29.8	13.9%	297.0	322.6	7.9%	277.2	-7.1%
Physician Services	41.3	38.7	-6.7%	442.1	437.5	-1.1%	409.5	-8.0%
Purchased Services	27.3	26.8	-1.9%	282.6	302.7	6.6%	255.2	-10.7%
Depreciation & Interest	12.3	12.0	-2.4%	111.3	93.9	-18.5%	92.3	-20.6%
Total Operating Expense	**$ 214.6**	**$ 222.1**	**3.4%**	**$ 2,313.8**	**$ 2,398.0**	**3.5%**	**$ 2,170.3**	**-6.6%**
Operating Income (Loss)	**$ 26.2**	**$ (0.6)**		**$ 204.3**	**$ 49.0**		**$ 190.2**	
Total Margin %	**10.9%**	**-0.3%**		**8.1%**	**2.0%**		**8.1%**	

Balance Sheet

HARRISHEALTH

August 2025 and 2024 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 1,663.3	$ 1,125.1
Net Patient Accounts Receivable	136.2	157.4
Net Ad Valorem Taxes, Current Portion	4.7	16.1
Other Current Assets	231.1	562.3
Total Current Assets	**$ 2,035.2**	**$ 1,860.9**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 581.6	$ 550.9
Construction in Progress	558.2	204.1
Right of Use Assets	36.8	37.5
Total Capital Assets	**$ 1,176.7**	**$ 792.5**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 526.6	$ 37.5
LPPF Restricted Cash	239.1	69.9
Capital Gift Proceeds	59.4	54.8
Other - Restricted	1.1	1.0
Total Assets Limited As to Use & Restricted Assets	**$ 826.2**	**$ 163.2**
Other Assets	39.5	47.8
Deferred Outflows of Resources	159.0	175.5
Total Assets & Deferred Outflows of Resources	**$ 4,236.5**	**$ 3,040.0**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 512.7	$ 273.0
Employee Compensation & Related Liabilities	144.1	135.2
Deferred Revenue - Ad Valorem	88.0	75.8
Estimated Third-Party Payor Settlements	33.6	28.4
Current Portion Long-Term Debt and Capital Leases	36.6	37.5
Total Current Liabilities	**$ 815.1**	**$ 549.9**
Long-Term Debt	1,109.3	279.6
Net Pension & Post Employment Benefits Liability	637.1	685.9
Other Long-Term Liabilities	7.5	6.6
Deferred Inflows of Resources	110.4	114.3
Total Liabilities	**$ 2,679.2**	**$ 1,636.3**
Total Net Assets	**$ 1,557.2**	**$ 1,403.7**
Total Liabilities & Net Assets	**$ 4,236.5**	**$ 3,040.0**

Cash Flow Summary

HARRISHEALTH

As of August 31, 2025 and 2024 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	$ 72.7	$ 71.9	$ 768.8	$ 754.6
Medicaid Supplemental Programs	12.3	(152.3)	526.8	586.2
Net Ad Valorem Taxes	0.6	1.4	1,030.3	878.8
Tobacco Settlement	-	-	19.0	15.2
Other Revenue	76.8	27.1	560.3	228.5
Total Cash Receipts	**$ 162.5**	**$ (51.9)**	**$ 2,905.2**	**$ 2,463.4**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 146.9	$ 143.8	$ 1,258.1	$ 1,243.9
Supplies	31.8	30.0	330.7	297.4
Physician Services	51.1	33.8	426.3	384.7
Purchased Services	30.6	25.8	277.7	253.5
Capital Expenditures	44.0	13.1	405.8	169.2
Debt and Interest Payments	12.7	4.4	33.1	11.3
Other Uses	(5.6)	(8.2)	(26.4)	(9.2)
Total Cash Disbursements	**$ 311.4**	**$ 242.6**	**$ 2,705.3**	**$ 2,350.9**
Net Change	**$ (148.9)**	**$ (294.4)**	**$ 199.9**	**$ 112.5**

Unrestricted cash, cash equivalents and investments - Beginning of year	$ 1,463.4
Net Change	$ 199.9
Untrestricted cash, cash equivalents and investments - End of period	**$ 1,663.3**

Performance Ratios

HARRISHEALTH

As of August 31, 2025 and 2024 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	10.9%	-0.3%	8.1%	2.0%	8.1%
Run Rate per Day (In$ Millions)	$ 6.7	$ 7.0	$ 6.6	$ 7.0	$ 6.2
Salary, Wages & Benefit per APD	$ 2,389	$ 2,505	$ 2,402	$ 2,542	$ 2,338
Supply Cost per APD	$ 568	$ 651	$ 604	$ 661	$ 571
Physician Services per APD	$ 914	$ 846	$ 899	$ 896	$ 843
Total Expense per APD	**$ 4,748**	**$ 4,850**	**$ 4,706**	**$ 4,911**	**$ 4,467**
Overtime as a % of Total Salaries	3.0%	3.0%	3.3%	3.0%	3.5%
Contract as a % of Total Salaries	3.2%	2.8%	3.2%	2.8%	4.2%
Full-time Equivalent Employees	10,326	10,555	10,416	10,653	10,398
FINANCIAL HEALTH INDICATORS					
Quick Ratio			2.4		3.3
Unrestricted Cash (In $ Millions)			$ 1,663.3	$ 1,227.9	$ 1,125.1
Days Cash on Hand			249.6	176.9	180.2
Days Revenue in Accounts Receivable			65.6	75.2	76.9
Days in Accounts Payable			48.3		47.4
Capital Expenditures/Depreciation & Amortization			462.5%		212.3%
Average Age of Plant(years)			10.1		10.5

Harris Health Key Indicators

Statistical Highlights

HARRISHEALTH

As of August 31, 2025 and 2024

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	45,203	45,669	-1.0%	491,666	488,365	0.7%	485,894	1.2%
Outpatient % of Adjusted Volume	63.5%	62.3%	1.9%	63.2%	62.3%	1.5%	62.3%	1.4%
Primary Care Clinic Visits	47,126	49,676	-5.1%	500,192	491,678	1.7%	477,369	4.8%
Specialty Clinic Visits	21,455	21,750	-1.4%	231,033	223,932	3.2%	223,953	3.2%
Telehealth Clinic Visits	10,613	10,943	-3.0%	113,613	108,734	4.5%	103,923	9.3%
Total Clinic Visits	**79,194**	**82,369**	**-3.9%**	**844,838**	**824,344**	**2.5%**	**805,245**	**4.9%**
Emergency Room Visits - Outpatient	11,780	11,276	4.5%	129,375	127,446	1.5%	131,696	-1.8%
Emergency Room Visits - Admitted	1,845	1,874	-1.5%	19,416	20,280	-4.3%	19,632	-1.1%
Total Emergency Room Visits	**13,625**	**13,150**	**3.6%**	**148,791**	**147,726**	**0.7%**	**151,328**	**-1.7%**
Surgery Cases - Outpatient	993	1,006	-1.3%	11,406	10,626	7.3%	10,534	8.3%
Surgery Cases - Inpatient	899	872	3.1%	9,808	9,264	5.9%	9,496	3.3%
Total Surgery Cases	**1,892**	**1,878**	**0.7%**	**21,214**	**19,890**	**6.7%**	**20,030**	**5.9%**
Total Outpatient Visits	**127,130**	**133,868**	**-5.0%**	**1,440,502**	**1,358,778**	**6.0%**	**1,367,681**	**5.3%**
Inpatient Cases (Discharges)	2,679	2,562	4.6%	27,669	29,281	-5.5%	28,210	-1.9%
Outpatient Observation Cases	932	937	-0.5%	11,371	10,308	10.3%	10,555	7.7%
Total Cases Occupying Patient Beds	**3,611**	**3,499**	**3.2%**	**39,040**	**39,589**	**-1.4%**	**38,765**	**0.7%**
Births	447	438	2.1%	4,749	4,936	-3.8%	4,854	-2.2%
Inpatient Days	16,499	17,217	-4.2%	180,946	184,278	-1.8%	183,158	-1.2%
Outpatient Observation Days	2,928	3,233	-9.4%	39,735	33,566	18.4%	36,548	8.7%
Total Patient Days	**19,427**	**20,450**	**-5.0%**	**220,681**	**217,844**	**1.3%**	**219,706**	**0.4%**
Average Daily Census	626.7	659.7	-5.0%	658.7	650.3	1.3%	653.9	0.7%
Average Operating Beds	701	700	0.1%	701	700	0.1%	704	-0.4%
Bed Occupancy %	89.4%	94.2%	-5.1%	94.0%	92.9%	1.2%	92.9%	1.2%
Inpatient Average Length of Stay	6.16	6.72	-8.4%	6.54	6.29	3.9%	6.49	0.7%
Inpatient Case Mix Index (CMI)	1.725	1.712	0.7%	1.729	1.712	1.0%	1.715	0.8%
Payor Mix (% of Charges)								
Charity & Self Pay	45.8%	43.4%	5.5%	45.4%	43.4%	4.7%	43.5%	4.5%
Medicaid & Medicaid Managed	20.7%	19.4%	6.5%	18.9%	19.4%	-2.9%	19.5%	-3.1%
Medicare & Medicare Managed	10.6%	11.4%	-7.7%	10.7%	11.4%	-6.7%	11.5%	-6.9%
Commercial & Other	23.0%	25.8%	-10.7%	25.1%	25.8%	-2.7%	25.6%	-2.2%
Total Unduplicated Patients - Rolling 12				**242,952**			**246,917**	**-1.6%**
Total New Patient - Rolling 12				**86,200**			**89,446**	**-3.6%**

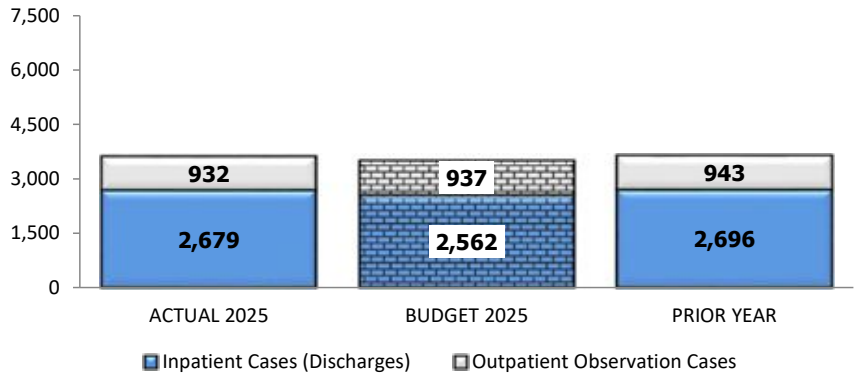
Harris Health

Statistical Highlights

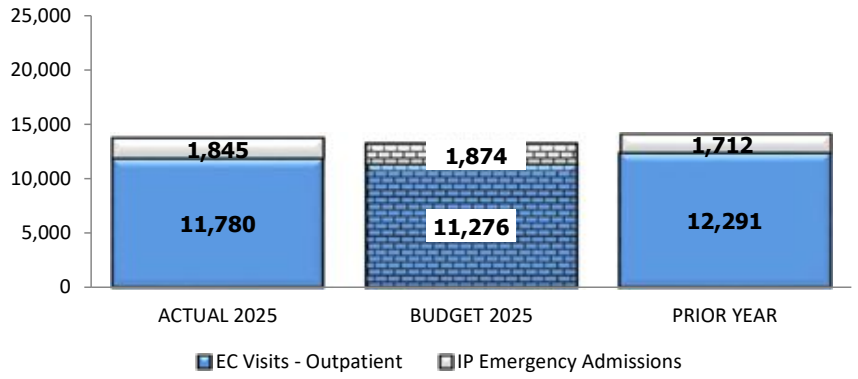
August FY 2025

Cases Occupying Beds - CM			Cases Occupying Beds - YTD			Emergency Visits - CM			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
3,611	3,499	3,639	39,040	39,589	38,765	13,625	13,150	14,003	148,791	147,726	151,328

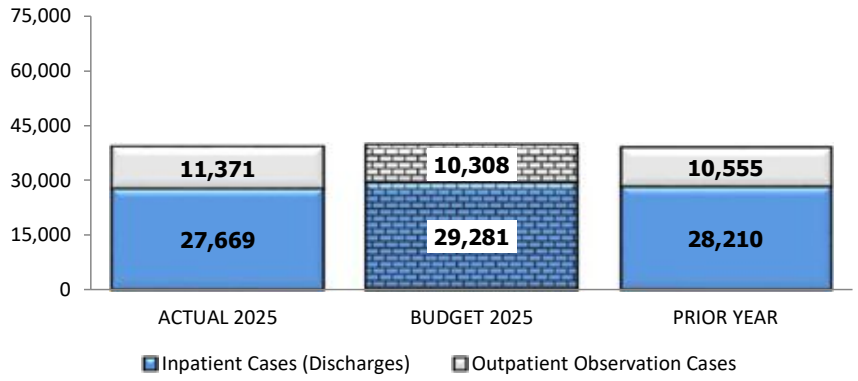
Cases Occupying Beds - Current Month



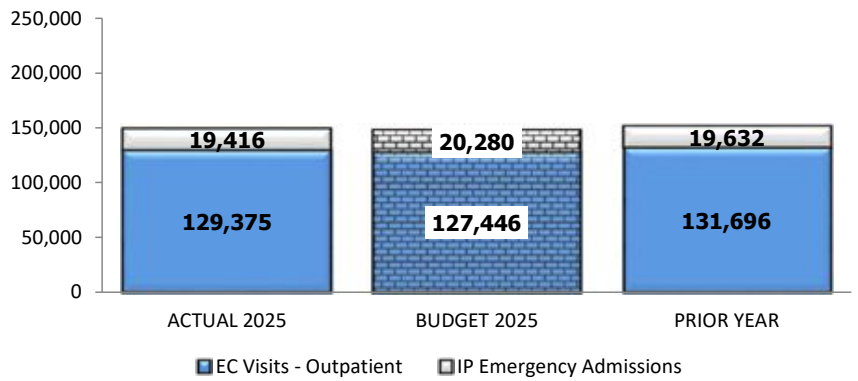
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



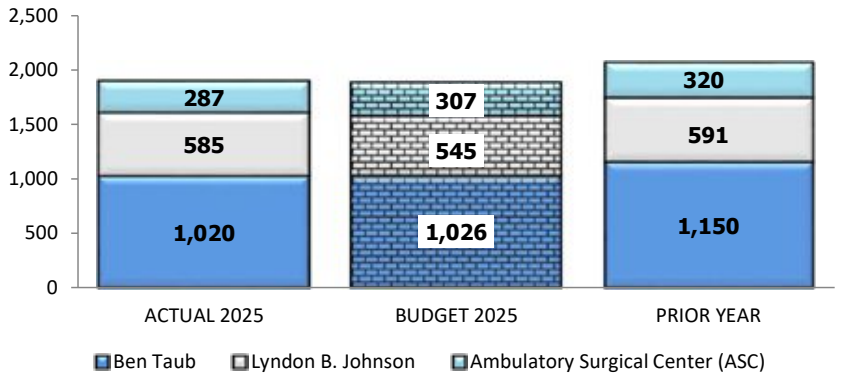
Harris Health

Statistical Highlights

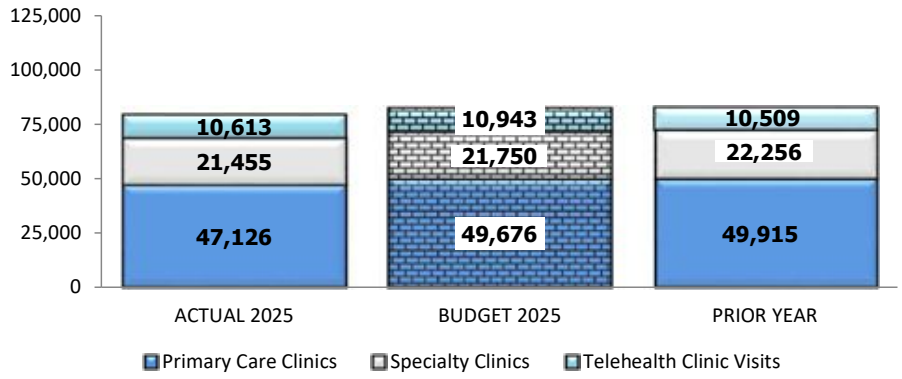
August FY 2025

Surgery Cases - CM			Surgery Cases - YTD			Clinic Visits - CM			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,892	1,878	2,061	21,214	19,890	20,030	79,194	82,369	82,680	844,838	824,344	805,245

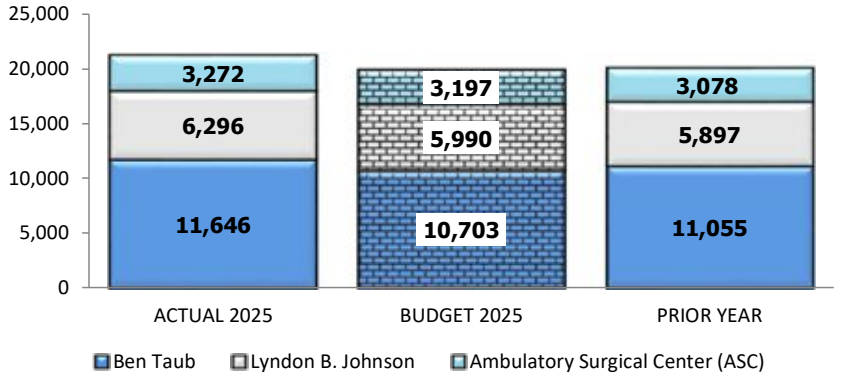
Surgery Cases - Current Month



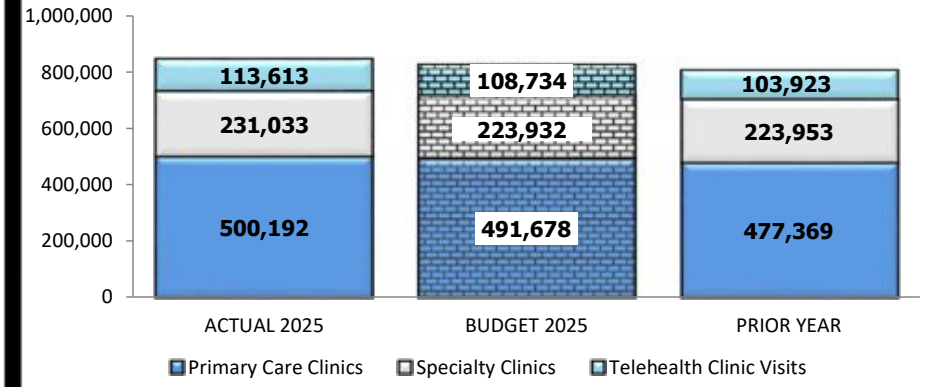
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



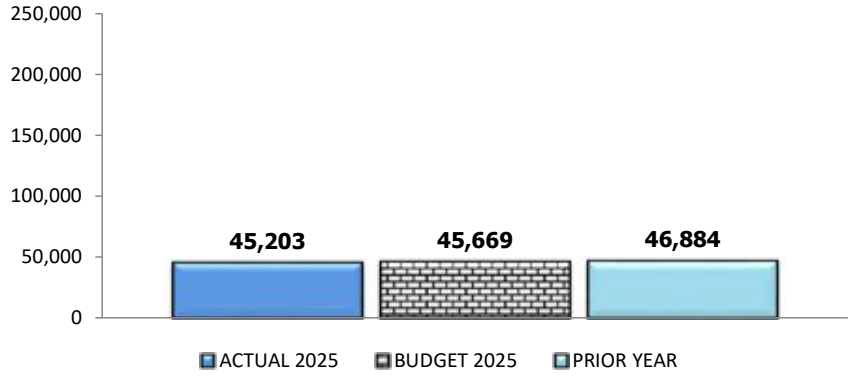
Harris Health

Statistical Highlights

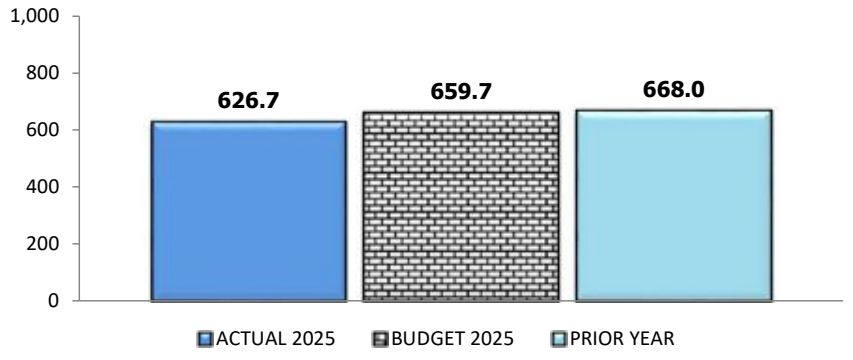
August FY 2025

Adjusted Patient Days - CM	Adjusted Patient Days - YTD	Average Daily Census - CM	Average Daily Census - YTD
45,203	491,666	626.7	658.7

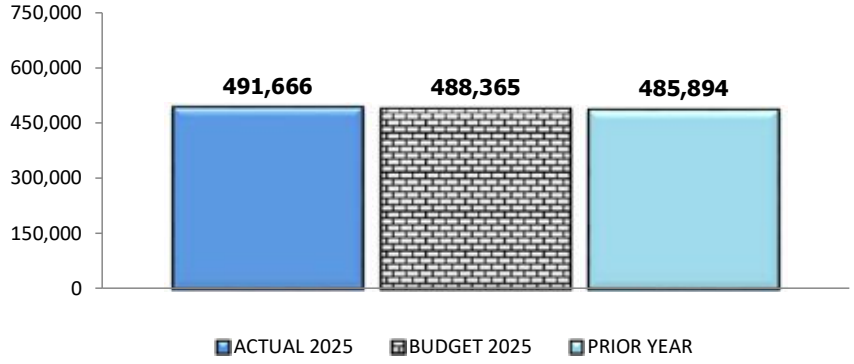
Adjusted Patient Days - Current Month



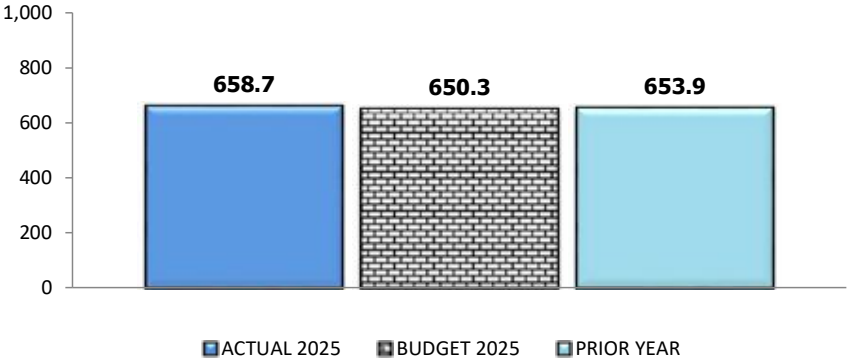
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



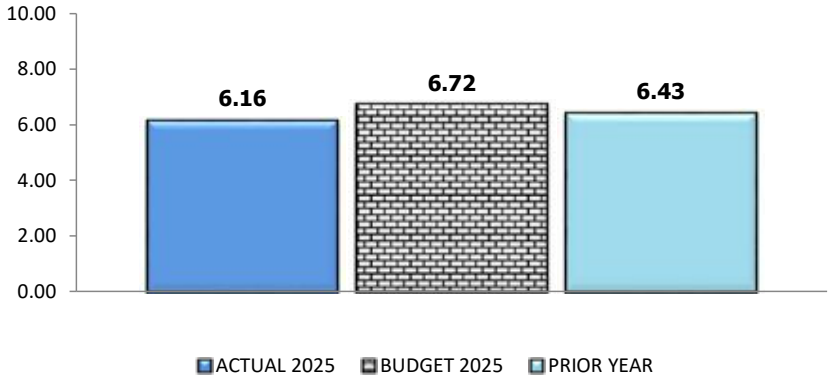
Harris Health

Statistical Highlights

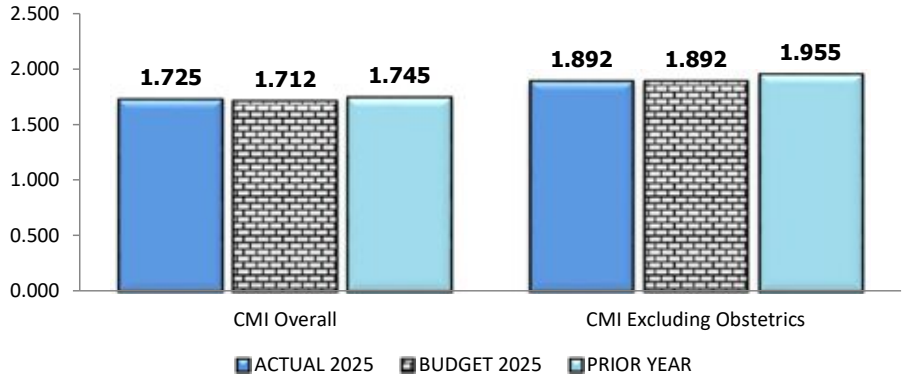
August FY 2025

Inpatient ALOS - CM	Inpatient ALOS - YTD	Case Mix Index (CMI) - CM		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.16	6.54	1.725	1.892	1.729	1.906

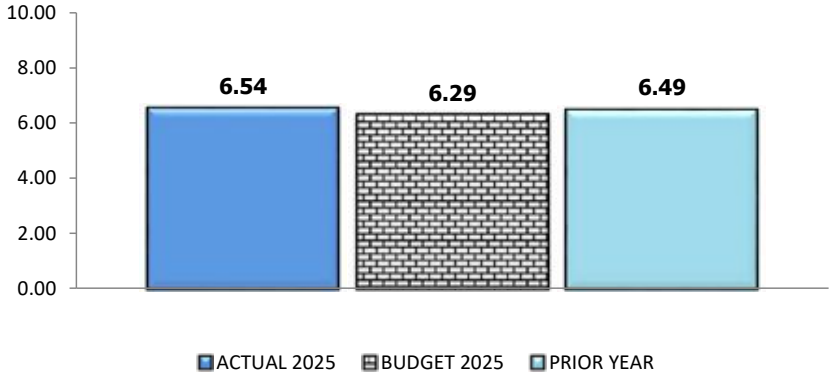
Inpatient ALOS - Current Month



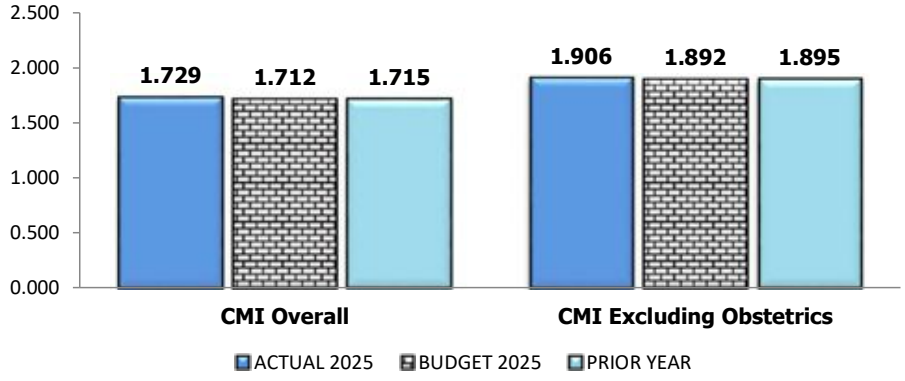
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

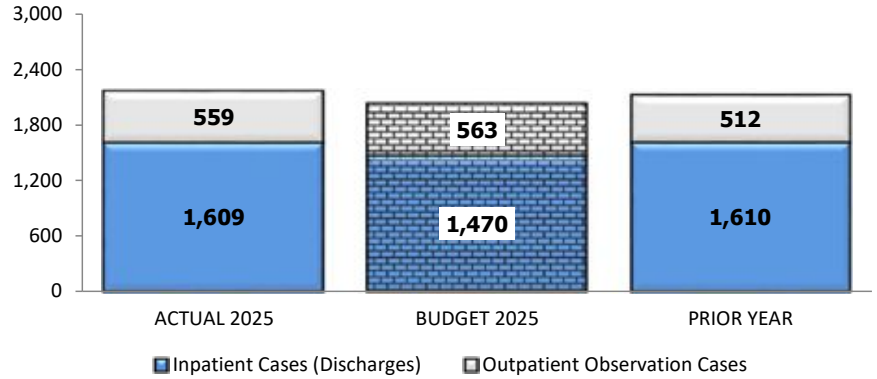
Statistical Highlights - Cases Occupying Beds

August FY 2025

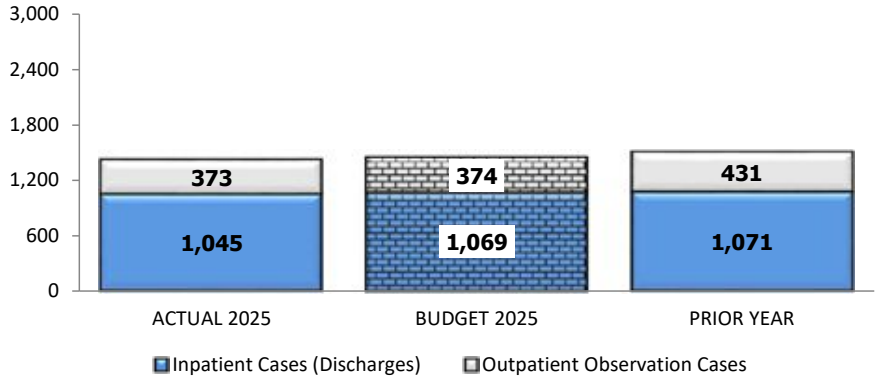
BT Cases Occupying Beds - CM			BT Cases Occupying Beds - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,168	2,033	2,122	22,527	23,635	23,038

LBJ Cases Occupying Beds - CM			LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,418	1,443	1,502	16,303	15,745	15,687

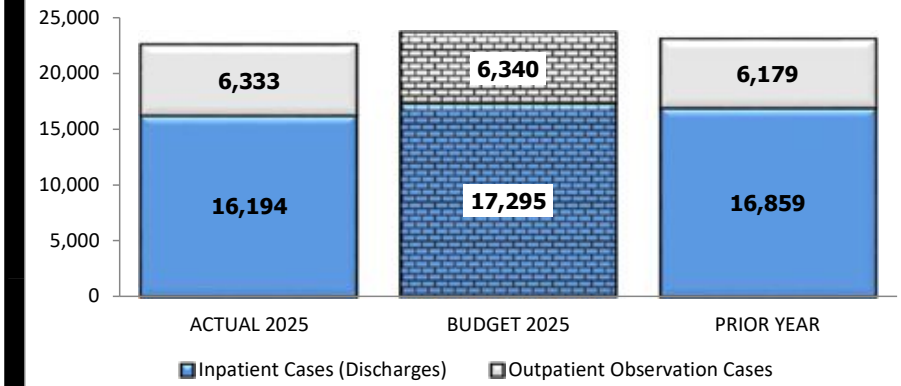
Ben Taub Cases - Current Month



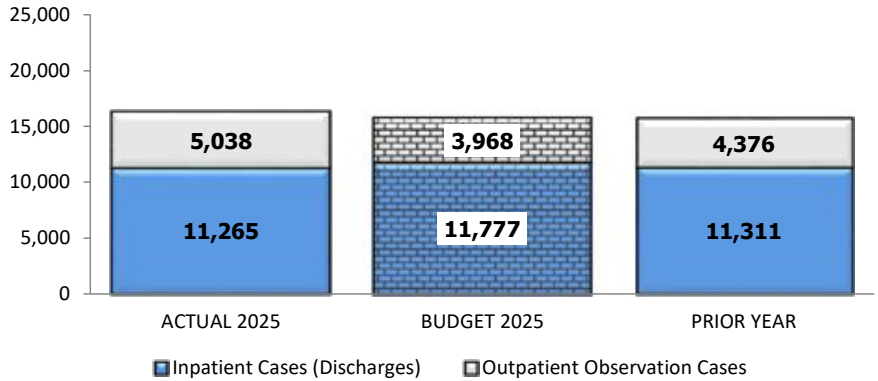
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD

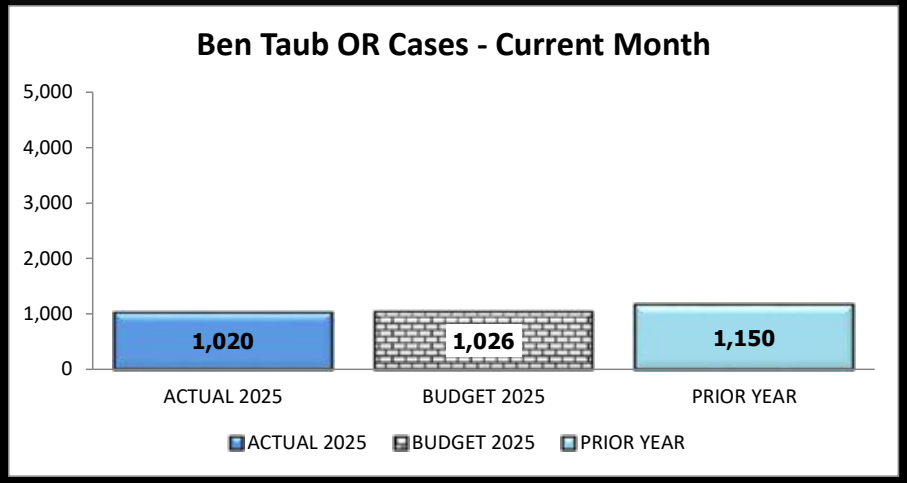


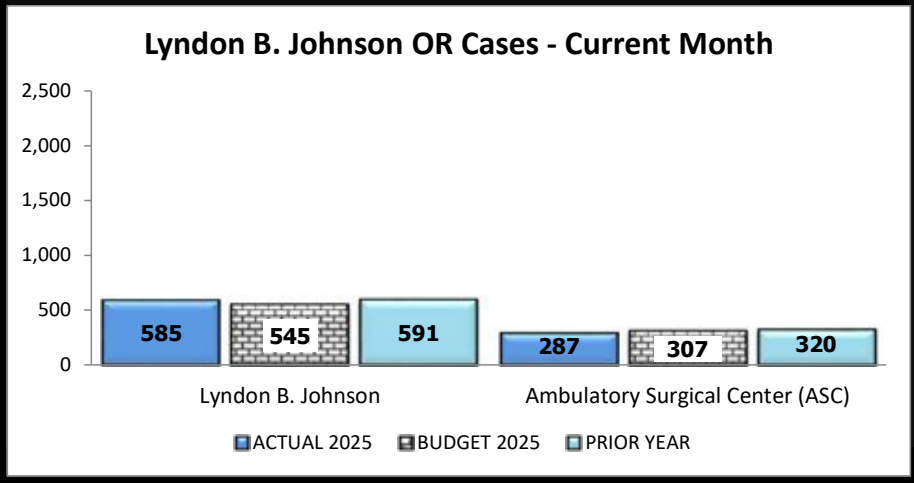
Harris Health

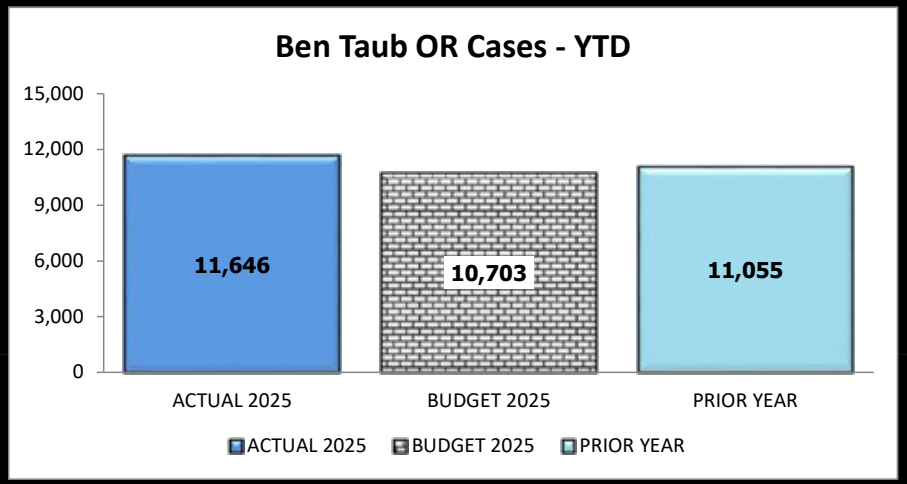
Statistical Highlights - Surgery Cases

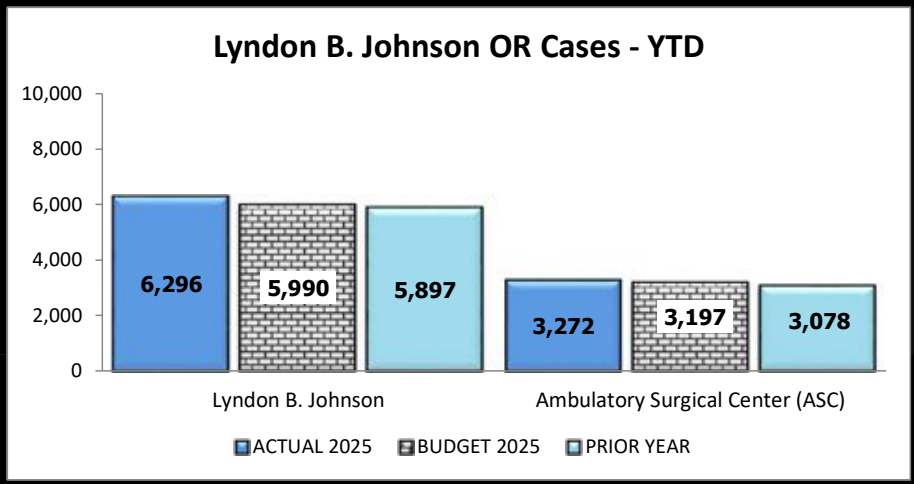
August FY 2025

BT Surgery Cases - CM			BT Surgery Cases - YTD			LBJ Surgery Cases - CM			LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,020	1,026	1,150	11,646	10,703	11,055	872	852	911	9,568	9,187	8,975









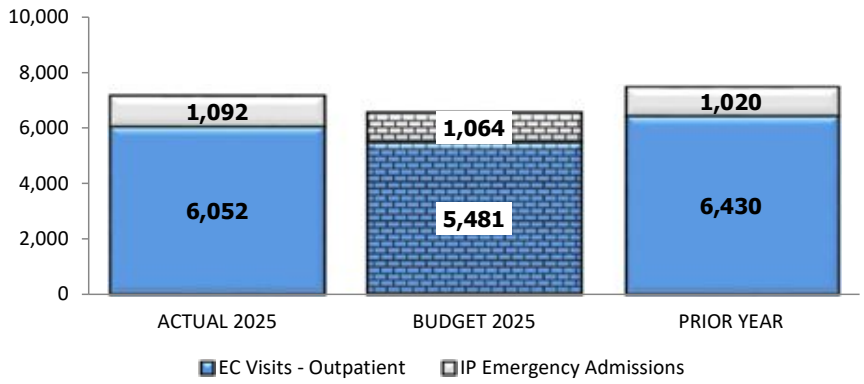
Harris Health

Statistical Highlights - Emergency Room Visits

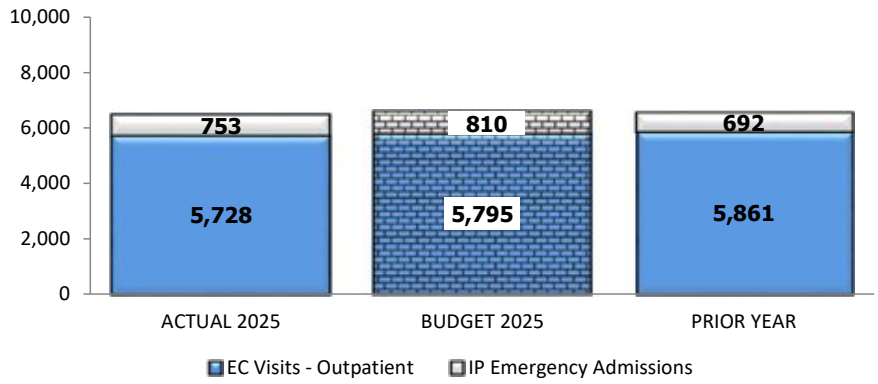
August FY 2025

BT Emergency Visits - CM			BT Emergency Visits - YTD			LBJ Emergency Visits - CM			LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
7,144	6,545	7,450	76,140	75,805	77,488	6,481	6,605	6,553	72,651	71,921	73,840

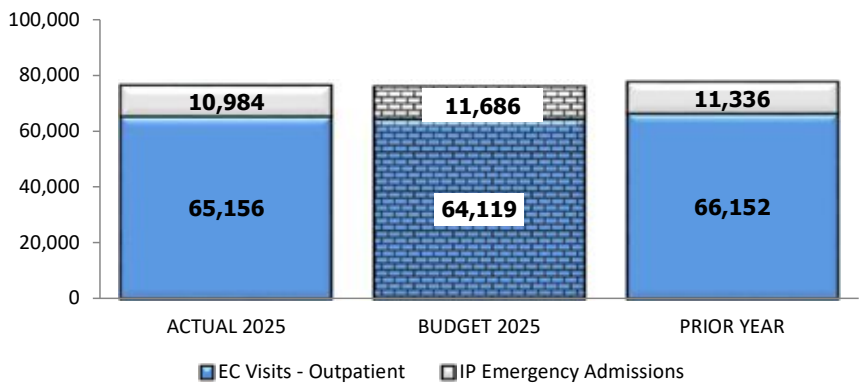
Ben Taub EC Visits - Current Month



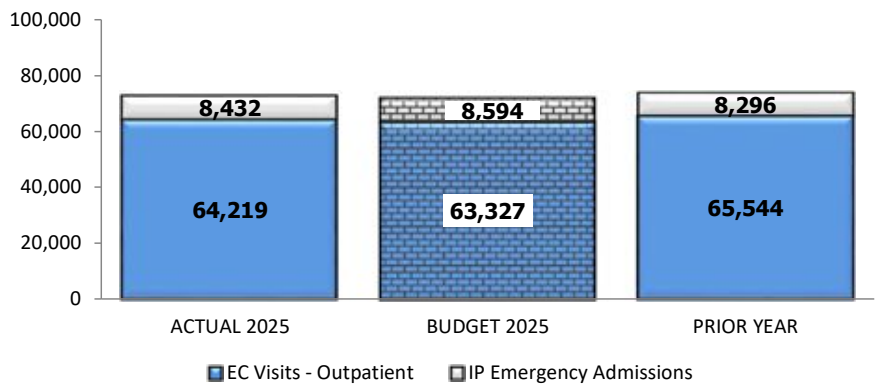
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

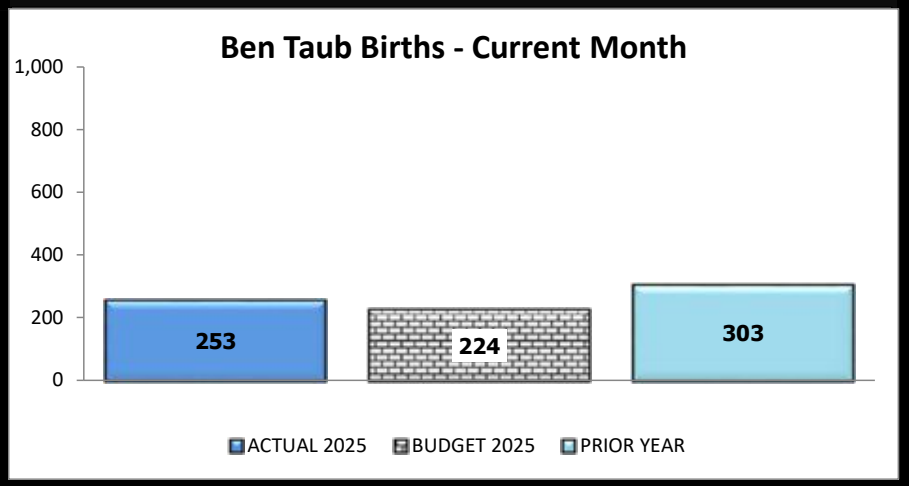


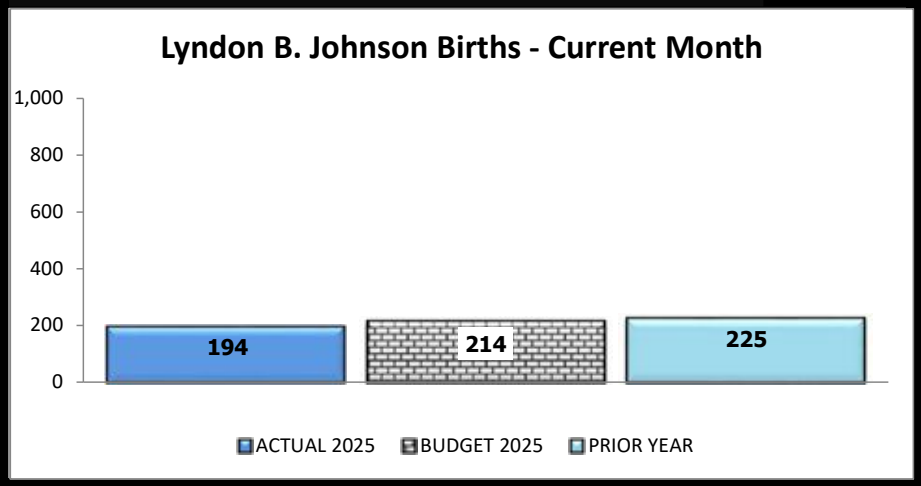
Harris Health

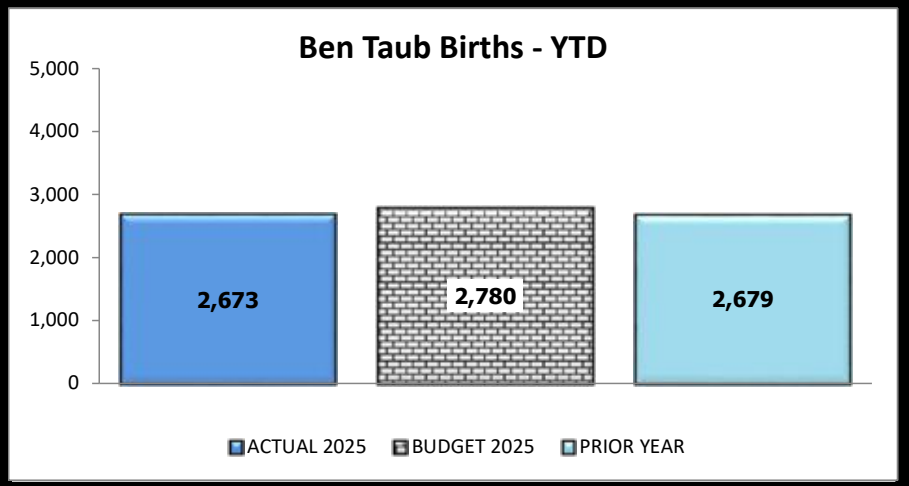
Statistical Highlights - Births

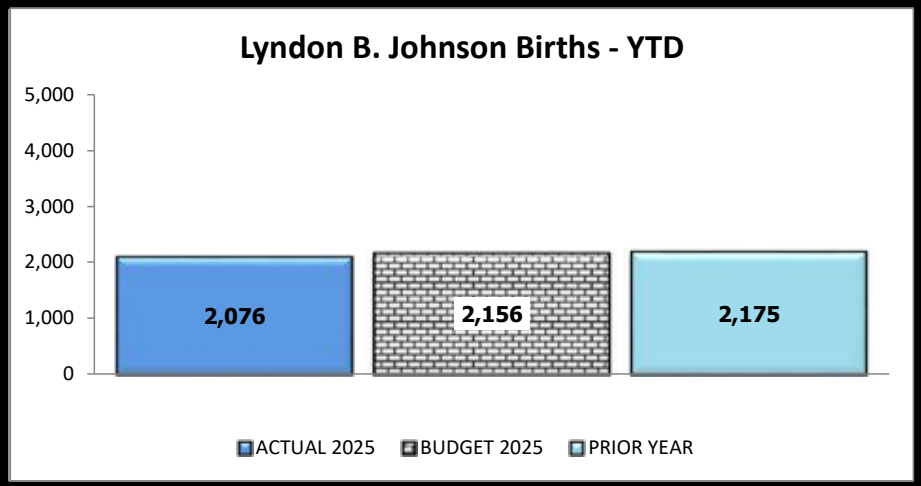
August FY 2025

BT Births - CM			BT Births - YTD			LBJ Births - CM			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
253	224	303	2,673	2,780	2,679	194	214	225	2,076	2,156	2,175









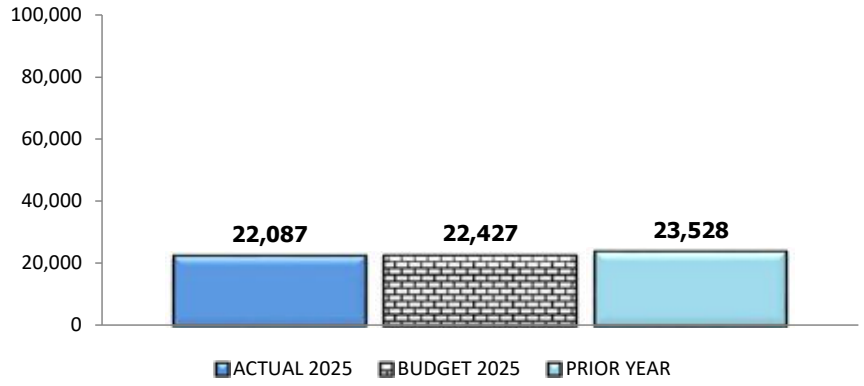
Harris Health

Statistical Highlights - Adjusted Patient Days

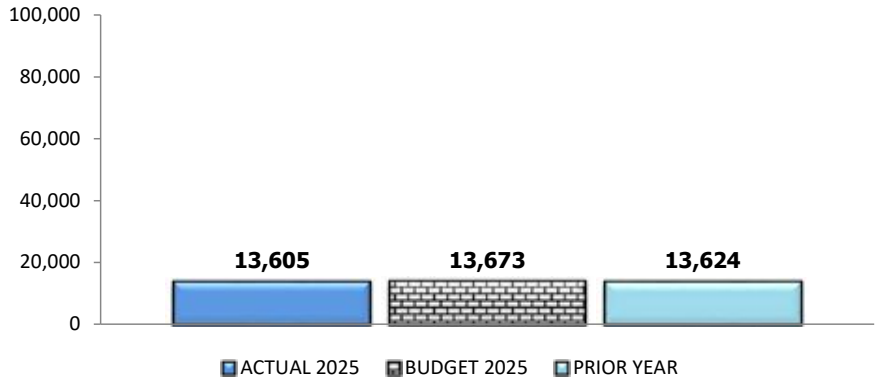
August FY 2025

BT Adjusted Patient Days - CM	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - CM	LBJ Adjusted Patient Days - YTD
22,087	238,315	13,605	150,264

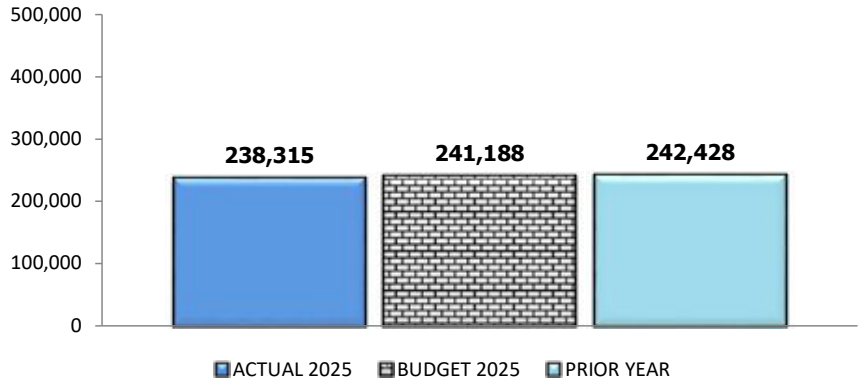
Ben Taub APD - Current Month



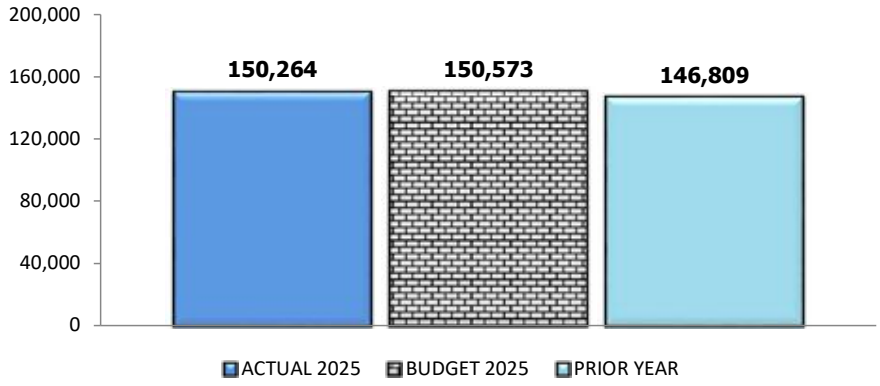
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



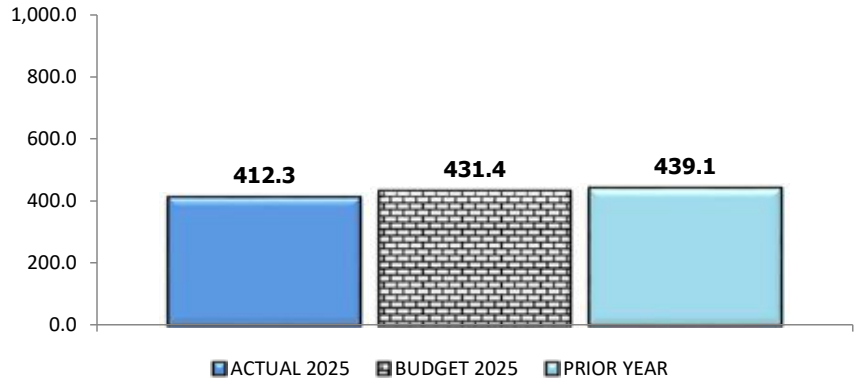
Harris Health

Statistical Highlights - Average Daily Census (ADC)

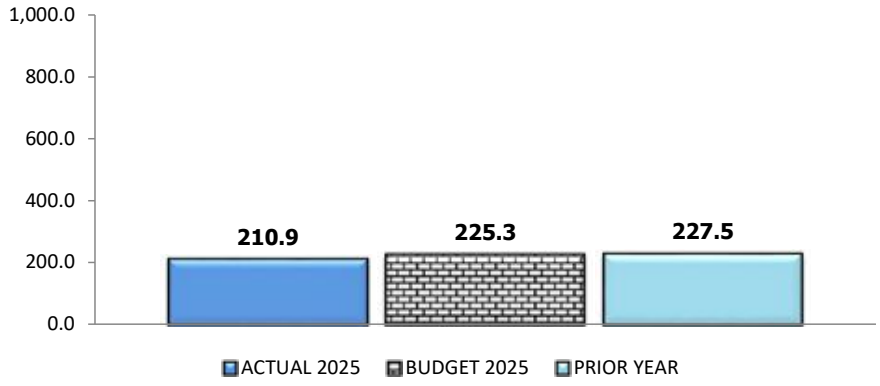
August FY 2025

BT Average Daily Census - CM	BT Average Daily Census - YTD	LBJ Average Daily Census - CM	LBJ Average Daily Census - YTD
412.3	426.8	210.9	229.7

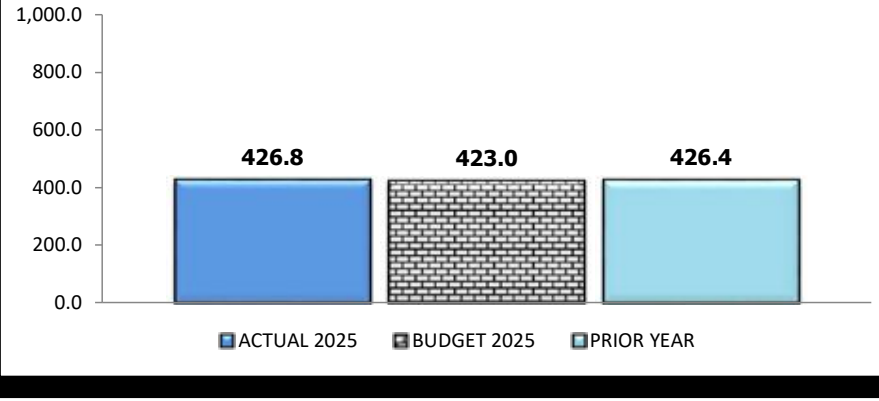
Ben Taub ADC - Current Month



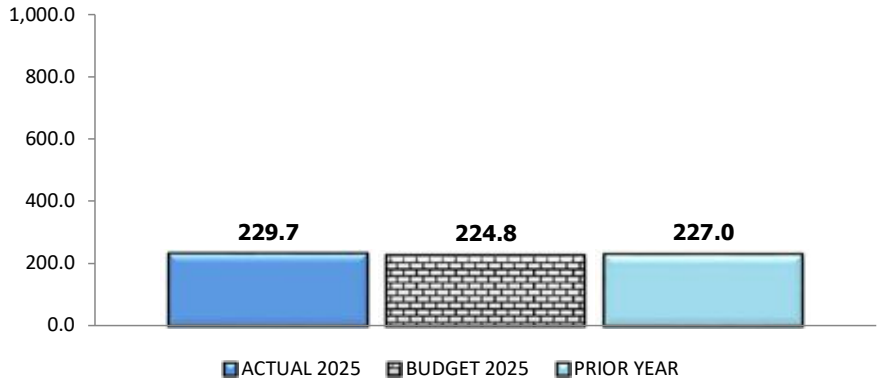
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



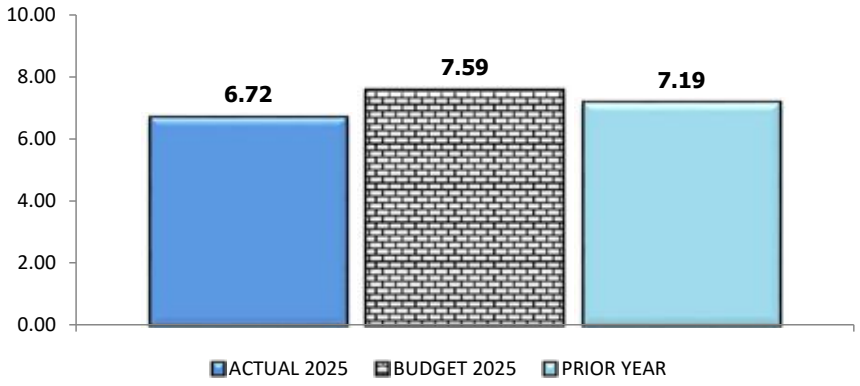
Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

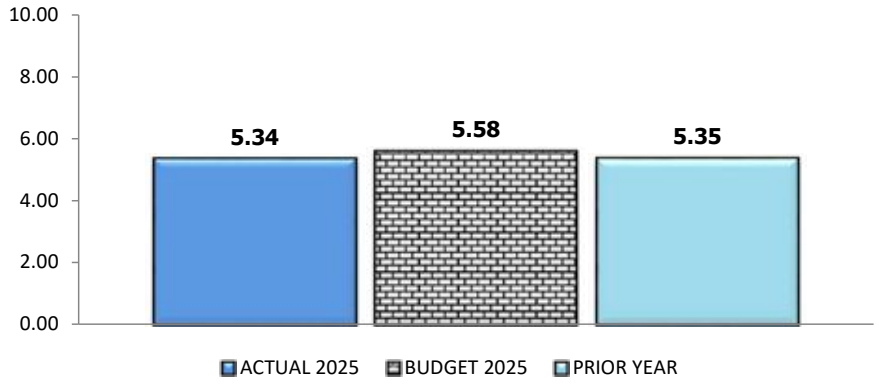
August FY 2025

BT Inpatient ALOS - CM	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - CM	LBJ Inpatient ALOS - YTD
6.72	7.28	5.34	5.53

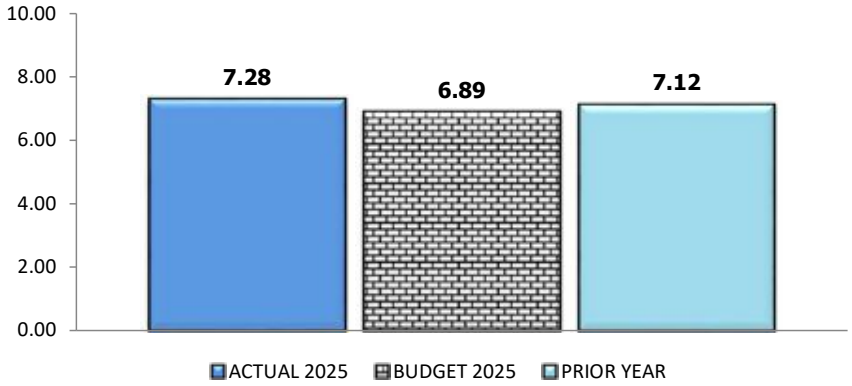
Ben Taub ALOS - Current Month



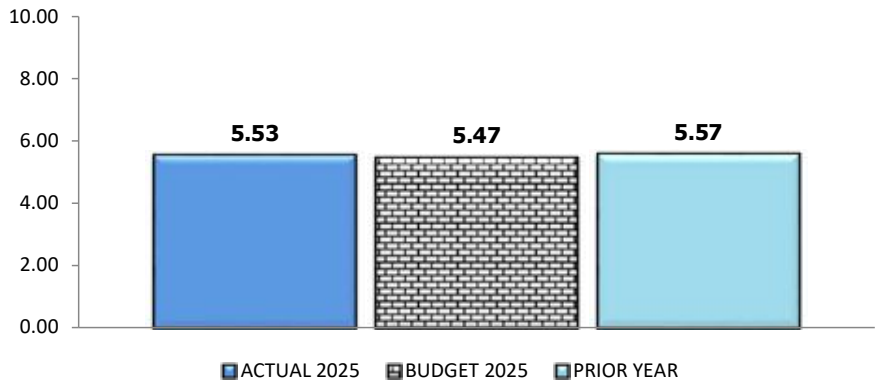
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



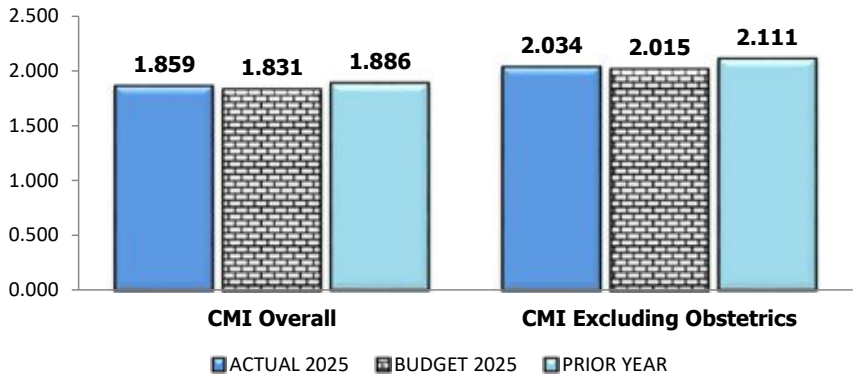
Harris Health

Statistical Highlights - Case Mix Index (CMI)

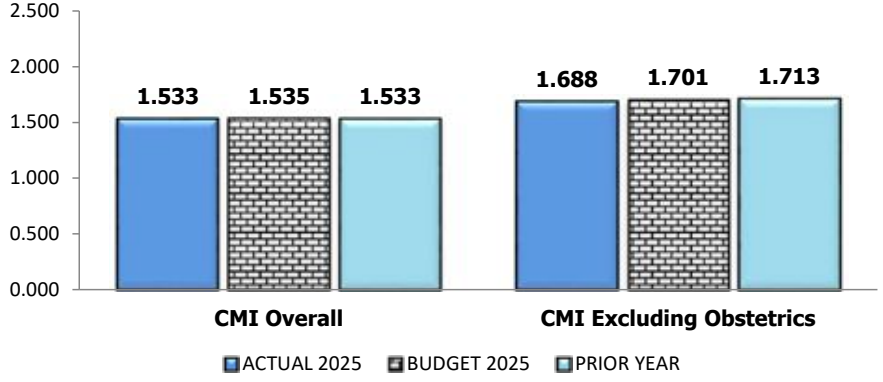
August FY 2025

BT Case Mix Index (CMI) - CM		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - CM		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.859	2.034	1.873	2.066	1.533	1.688	1.532	1.686

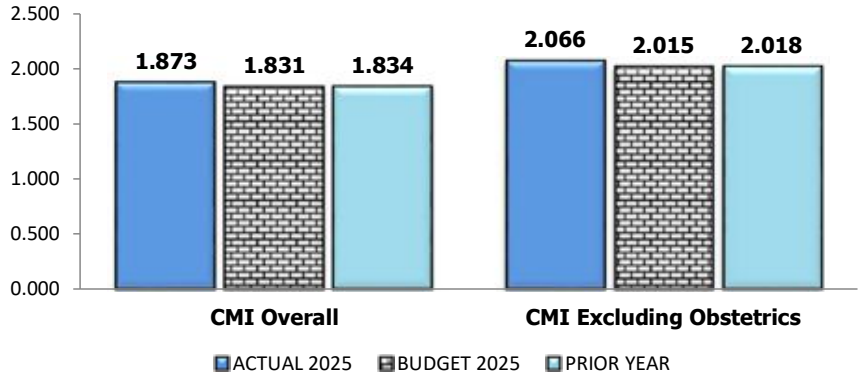
Ben Taub CMI - Current Month



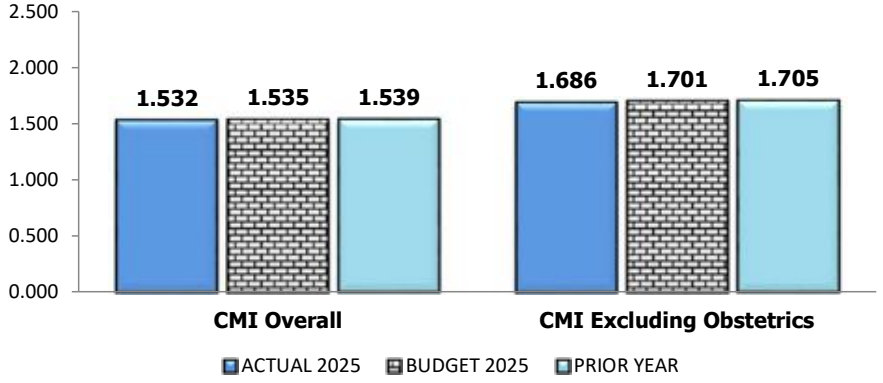
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Tuesday, September 23, 2025

Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health

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R. King Hillier
SVP, Public Policy & Government Relations

Harris Health 4800 Fournace Place, Bellaire, Texas 77401 | harrishealth.org

September 2025

Board of Trustees Bi-monthly Legislative Report

FEDERAL UPDATE

Federal Funding: September ushers in a pivotal stretch for government funding. In just 28 days, funding for federal agencies expires. With both chambers out the week of September 22 for Rosh Hashanah, Congress has only 14 legislative days to avert a shutdown.

Attached is a FAQ by Cornerstone regarding the implications of historic and future federal government shutdowns.

In advance of Congress's return, Democratic Leaders Schumer and Jeffries sent a letter to Leader Thune and Speaker Johnson asking for a meeting to discuss the impending funding deadline, urging bipartisan negotiations to keep the government funded and warning against the use of further recissions packages. On Friday, August 29th, President Trump announced plans for a $5 billion "pocket rescission" of congressionally approved spending. That move has increased partisan tensions and could further complicate negotiations as the September 30th deadline approaches.

A shutdown remains more likely than not. Even if Congress avoids one, federal agencies are expected to operate under a series of short-term continuing resolutions (CRs). With little chance of all 12 appropriations bills being enacted before October 1, at least one CR will be required — the only question is, "How long will it run?".

Relatedly, as discussed below, the House Appropriations Labor-HHS Subcommittee will mark up its FY2026 proposal, with full committee action targeted for September 9. Notably, the House and Senate are moving their FY2026 bills at sharply different funding levels.

The Labor, Health and Human Services, Education, and Related Agencies Appropriations Act provides a total discretionary allocation of $184.5 billion, which is $13.7 billion (7%) below the Fiscal Year 2025 enacted level. This bill supports President Trump's efforts to safeguard taxpayer dollars, eliminate out-of-touch progressive policies, and end the weaponization of government by eliminating or reducing more than 100 programs.

Highlighted programs impacting Harris Health include:

- Providing $100 million for the Make America Healthy Again (MAHA) initiative, which will allow the Secretary of the Department of Health and Human Services (HHS) to invest in prevention and innovation programs for rural communities, telehealth resources for chronic care, and nutrition services.

- Prioritizing substance abuse treatment, prevention, and long-term recovery, including the use of opioid overdose reversal medications, while prohibiting taxpayer funds from going to harm reduction activities that encourage continued use of illicit controlled substances; consistent with President Trump's Executive Order 14321, "Ending Crime and Disorder on America's Streets".
- Eliminating funding for Transitional and Medical Services and the Refugee Support Services programs, which incentivized unchecked migration through cash handouts, medical assistance, and public welfare services.
- Streamlining duplicative behavioral health programs focused on criminal and juvenile justice programs and homelessness prevention.
- Providing increased funding for youth and young adult suicide prevention, mental health treatment, and substance abuse prevention and treatment services.
- Eliminating the duplicative Agency for Healthcare Research and Quality.
- Focusing the Centers for Disease Control and Prevention (CDC) on communicable diseases rather than social engineering.
- Reducing CDC funding by 19% and streamlining 35 duplicative and controversial programs while increasing funding to combat emerging and zoonotic infectious diseases.

Expiring Continuing Resolution: If a shutdown does happen, it is likely that all the "health extender" policies that expire on September 30 will lapse as well (at bottom is a refresher list). At a high level, the impact of letting provisions lapse during a shutdown differs based on three factors.

1. Whether it is direct funding, a payment rate modification, or a non-payment related authority;
2. How long the shutdown ultimately lasts; and
3. How much the administration wants to attempt to mitigate the negative effects of a shutdown.

Below is an overview of 1) the expiring items that will need to be addressed this year, 2) items from the 2024 health package that were addressed in reconciliation, 3) items that are currently lapsed and 4) items included in the 2024 bipartisan health package that remain outstanding. This list can serve as a general guide for what policies are expected to be part of a health extenders process this fall.

Providing exact CBO scores is difficult without knowing the length and details of each policy, as well as the changes from the updated baseline, but here are two data points to keep in mind:

- The March 2025 CR extended the expiring health items for six months. That package cost $4.64 billion and is a good ballpark estimate to understand the cost of Congress doing the bare minimum on a health extenders package. Note that there are more expensive versions of many of the policies contained in this set of provisions.
- The December 2024 package – which contained two-year extensions of many expiring provisions and a number of non-expiring policies – cost $25.9 billion.

Those two numbers likely serve as a rough range for what a year-end health extenders package could cost.

Expiring provisions: All items expire on September 30, 2025

- Medicare telehealth flexibilities
- Medicaid DSH cuts
- Community Health Center funding
- Teaching Health Centers funding
- National Health Service Corp funding
- Special Diabetes program funding
- Special Diabetes for Indians program funding
- Acute Hospital at Home program
- Medicare dependent hospital program
- Medicare low-volume adjustment program
- Medicare ground ambulance payment add-ons
- Medicare Geographic Practice Cost Indices (GPCI) payment adjustment
- Covid-19 Part D antiviral Emergency Use Authorization
- Temporary Assistance for Needy Families (TANF)
- Abstinence and PREP programs
- National health security authorities
- Quality measure endorsement funding
- Medicare State Health Insurance Assistance program (SHIPs)
- Family-to-Family program

Previously extended provisions that are currently lapsed

- Medicare Alternative Payment Model (APM) bonus add-on payment
- Priority Review Voucher programs for pediatric drugs and medical countermeasure drugs

Items from December 2024 package that were included in HR1 reconciliation bill

- Medicare physician fee schedule 2.5% conversion factor boost – applies to 2026
- Allowance of telehealth services to be used pre-deductible in high-deductible plans – made permanent

ACA Market Place Advanced Premium Tax Credits: Reps. Jen Kiggans (R-VA) and Tom Suozzi (D-VA) will introduce bipartisan legislation to extend advanced premium tax credits (APTCs) for one year, through 2026. The estimated cost of continuing these marketplace coverage subsidies is $24 billion. The bill will be rolled out with multiple Republican and Democratic cosponsors, and a one-pager is attached for reference. On September 16, Haris Health and Community Health Choice met with the Harris County Delegation asking each member to co-sponsor this legislation.

If congressional action does not occur these premium tax credit will expire Dec. 31. According to Kaiser Family Foundation 1.7 million Texans will lose marketplace insurance coverage. 3.3 million small business owners and self-employed workers would see premiums skyrocket nationally. 1 in 4 people with chronic conditions would lose their coverage under marketplace.

STATE UPDATE

SPECIAL SESSION(S) CONCLUDE: The First Called Special Session of the 89th Texas Legislature ended in mid-August without resolution as over 50 House Democrats broke quorum to stymie redistricting efforts by the Republican majority.

Also going unfinished are the numerous additional items Gov. Greg Abbott placed on the call of the first special, including those pertaining to property taxes, taxpayer-funded lobbying, and abortion medication.

Immediately upon the first called special ending, Gov. Abbott called lawmakers back to Austin for the Second Called Special Session of the 89th Texas Legislature to again consider a host of items that failed to obtain legislative approval due to the quorum break.

Lawmakers have since concluded their work in Austin for the time being and returned to their respective districts, but not before ultimately approving some items impacting Harris Health.

Senate Bill 8, the Texas Women's Privacy Act: Also known as the bathroom bill, this act limits access to sex segregated spaces such as abuse shelters, locker rooms, and bathrooms to a person's sex as listed on their birth certificate. The hospital industry was among several who expressed concerns with the bills unintended consequences, such as limiting hospital employees' access to certain sensitive areas where patients may be receiving, or recovering from, medical care.

Ultimately, the bill contains an exemption for such medical care, and although lawmakers were unwilling to include additional language ensuring a clearer exemption, we were successful in obtaining legislative intent on the record from the House and Senate authors stating SB 8 is not intended to interfere with hospital employees or operations in this manner.

House Bill 7, the Woman and Child Protection Act: This act will prohibit the manufacture, distribution, and provision of abortion-inducing drugs in Texas with exceptions made for medical emergencies and ectopic pregnancies. The act will not apply to hospitals or state-operated health care facilities, however, and is intended to stop parties located out-of-state from mailing abortion-inducing drugs to patients in Texas seeking an elective abortion.

Not every item placed on the call received legislative approval by the time lawmakers concluded both special sessions. Some items potentially affecting Harris Health that did not pass are those concerning disaster response, property taxes, and legislative advocacy from public entities.

Lawmakers are not currently scheduled to meet again till the 90th Legislature convenes its regular session in January of 2027, though there are rumors Gov. Abbott could call lawmakers back before then to address some of the items that failed to obtain approval.

HEALTH AND HUMAN SERVICES COMMISSION SUNSET REVIEW: The Texas Health and Human Services Commission (HHSC) is undergoing the Sunset review process beginning this interim and throughout the duration of the next regular legislative session—which runs from January 2027 to May 2027.

During this time, a panel of lawmakers comprising the Texas Sunset Commission will evaluate the agency's authorizing statutes as well as its operations and make recommendations concerning the same. These recommendations will eventually become part of a bill lawmakers will consider continuing the very existence of HHSC.

Considered "must pass" legislation, the HHSC Sunset bill will be a primary vehicle for all manner of amendments potentially impacting Harris Health.

As a key stakeholder, Harris Health—along with many other health care interests—will be fully engaged in the Sunset process throughout the remainder of the interim and through the conclusion of the next regular legislative session.

Generally, which federal services would continue under a shutdown, and which would come to a halt and why?

Government spending is divided into two main categories: mandatory and discretionary. Mandatory spending, which represents nearly two-thirds of the total federal budget, does not require annual appropriations by Congress and therefore would continue under a government shutdown. Examples of mandatory funding include Social Security payments, Medicare, Medicaid, and federal food programs.

Most services that are funded with discretionary spending, which is provided through annual appropriations bills, would be affected by a shutdown. There are exceptions, however. Activities involving "the safety of human life or the protection of property" would continue. In addition, programs that are funded by user fees could continue operating until the amount collected through the fees runs out. Programs funded with multi-year or carryover balances (such as defense and homeland security activities that were funded through the One Big Beautiful Bill Act) also may continue for a period of time as normal.

What are some examples of services that would be disrupted during a shutdown?

Based on previous shutdowns, possible impacts could include the following:

- Social Security cards would not be issued.
- Many Head Start centers would close.
- Food inspections would be delayed.
- Many government facilities, such as national parks, would close.
- Air travel could be strained.

Would federal employees have to keep working?

It depends. Government employees who provide what are deemed "essential services," such as air traffic control and law enforcement, are considered "excepted" and would be expected to continue working (although there were reports that some called in sick during the 2018-2019 shutdown). In addition, some federal employees are considered excepted because their pay is not derived from annual appropriations. For example, Social Security operates with indefinite appropriations and the agency will still hand out benefit checks during a shutdown.

The rest of the workforce—those who are not excepted—would be placed on "shutdown furloughs," meaning that they would not be allowed to work. There's no hard and fast rule about which federal employees would be furloughed; the list is determined by each agency's contingency plan. At the peak of the 2013 shutdown, about 40% of the federal civilian workforce was furloughed. [2]

Would federal employees be paid during a shutdown?

Generally, no. Federal employees and contractors whose salaries are provided through annual appropriations—most of the federal workforce—would not receive paychecks during a shutdown.

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[2] https://sgp.fas.org/crs/misc/RL34680.pdf

CORNERSTONE
AN EMPLOYEE-OWNED COMPANY

FAQs About Government Shutdowns

September 2025

The threat of a government shutdown is looming. Here's what you need to know.

What is a government shutdown?

The Antideficiency Act prohibits federal agencies from obligating any money without an appropriation from Congress (except under limited circumstances discussed below). Any period of time when appropriations are not enacted into law, either through regular appropriations bills or a continuing resolution (CR), is known as a "funding gap." (A CR is a short-term funding bill that keeps the government operating at current spending levels when Congress has not enacted regular appropriations bills for the fiscal year.) When the funding gap is very short—a day or so—the Office of Management and Budget (OMB) usually gives agencies a grace period during which they can continue operating, especially if passage of the bills or a CR seems imminent. Otherwise, the gap results in a shutdown.

Shutdowns sometimes begin on October 1, the first day of a new fiscal year. But they can also occur later in the fiscal year, after a CR expires. A full shutdown occurs during an extended funding gap for the entire government; a partial shutdown occurs when Congress has enacted some but not all federal appropriations.

When was the most recent shutdown and how long did it last?

The most recent partial government shutdown began on December 21, 2018, and lasted 35 days, until January 25, 2019. In that case, Congress had enacted 5 of the 12 appropriations bills but failed to enact or pass a short-term CR for the 7 others. The most recent full shutdown began on October 1, 2013, and lasted 16 days.

The federal government has shut down fully or in part three times since 2013. So, don't we already know exactly what would happen during a shutdown?

The laws that govern shutdowns have remained relatively constant in recent decades; however, each administration may exercise some discretion in how they interpret the laws. For example, national parks were closed in the 2013 shutdown; many remained open in the 2018-2019 shutdown.

Who makes the call on how to implement a shutdown?

OMB instructs federal agencies to create a shutdown plan, often called a contingency plan. The plans must include "a summary of agency activities that will continue and those that will cease; an estimate of the time to complete the shutdown; the number of employees expected to be on-board before implementation of the plan; and total number of employees to be retained (i.e., not furloughed)."[1] OMB then has to sign off on the plans.

[1] https://sgp.fas.org/crs/misc/RL34680.pdf

CORNERSTONE
AN EMPLOYEE-OWNED COMPANY

Would federal employees who are not paid during a shutdown eventually get backpay?

Yes, after the government reopens. Backpay for shutdown furloughed employees had not been guaranteed until 2019; Congress passed a law to this effect after the 2018-2019 shutdown.

What about backpay for contractors?

Federal contractors are not guaranteed backpay. But per provisions enacted during the 2013 shutdown, federal grantees that relied on federal funds for executing federal contracting services, including payment of salaries, were compensated for that loss of funds during the period of the shutdown. This would be especially important for universities that are forced to pay salaries for federal grantees out of non-federal coffers during the shutdown. Congress would need to enact similar provisions in the future to ensure federal contractor payment.

How would federal grants and contracts be affected?

Funds that were obligated to an existing grantee or contractor before a shutdown occurs would continue to be awarded as planned for the current year. However, agencies would be prohibited from awarding new grants or contracts during a shutdown. (Exceptions would be made for grants that help preserve essential functions or the "safety of human life.") It is important to note that agencies typically award only a limited number of grants and contracts during the first month or two of a fiscal year, especially under a CR. Agencies are expected to take the most minimal actions possible under a CR, so they don't get ahead of any final decisions Congress would make in a full-year spending bill. If the government were to shut down in October, but reopen within a few weeks, the impact on most grants and contracts would be minimal.

Grants.gov would remain accessible and the Grants.gov contact center would be open during regular business hours. However, many agencies state in their contingency plans that staff would not respond to any inquiries received, including about upcoming deadlines, proposal preparation, and applications during the period of a government shutdown; the inquiries would be deferred until normal operations resume. In addition, the review process for grants would be delayed.

How would a shutdown affect the functioning of Congress? Would staffers keep working?

A funding lapse would not prevent members of Congress from working, as their salaries do not depend on annual appropriations. However, congressional staff salaries and other support expenses are subject to annual appropriations. As a general rule, therefore, staffers would not be allowed to work and most congressional activities that are not related to reopening the government would come to a halt. But each member office and committee has discretion in determining which staff would be "excepted." During previous shutdowns, some members designated all of their staff as "excepted" while others designated only a skeleton crew, such as the chief of staff and legislative director. Historically, House and Senate Appropriations Committee staff have been designated "excepted," given the role they play in funding the government. In addition, Capitol tours would not be available, public access to the complex would be severely limited, the Capitol Visitor Center would be closed, and most functions within the complex would be canceled.

What is the impact of a shutdown on federal rulemaking?

A shutdown would prevent agencies from proposing new and finalizing existing regulations.

Do government shutdowns save money?

No. CBO estimated in January 2019 that the 2018-2019 partial shutdown would reduce the annual GDP in 2019 by about $3 billion. During the shutdown itself, federal spending on goods and services dropped, and reduced demand lowered output in the private sector. CBO predicted that the economy would rebound after the government reopened, but not enough to offset all of the lost GDP. (See more here.)

What would happen if a shutdown lasts for months?

The longer a shutdown lasts, the worse the impact on the economy and the smooth functioning of the federal government. For example, an extended shutdown could significantly delay the awarding of new grants and contracts. In addition, some programs that might be able to continue operating in the short term with multiyear or carryover funding would run the risk of ceasing if the shutdown drags on. Before Congress passed a CR ending the 35-day partial shutdown in 2019, for example, the Supplemental Nutrition Assistance Program (SNAP)—the nation's food stamp program—faced dire consequences as early as March 2019. Almost 42 million recipients would have lost their benefits. Other programs that would run the risk of shutting down during a long-term shutdown include the Food Distribution Program on Indian Reservations and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Finally, going without a paycheck for an extended period would present financial difficulties for many federal employees.

Tuesday, September 23, 2025

Review and Acceptance of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for review and acceptance:

- **HCHP September 2025 Operational Updates**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

Health Care for the Homeless Monthly Update Report – September 2025

Jennifer Small AuD, MBA, CCC-A, Chief Executive Officer, Ambulatory Care Services
Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH

Agenda

- Operational Update
  - Productivity Report
  - Eligibility for Reduced Costs of Injectable Epinephrine & Insulin Policy
  - 2026 Non-Competing Continuation Budget Period Request
  - Community Engagement

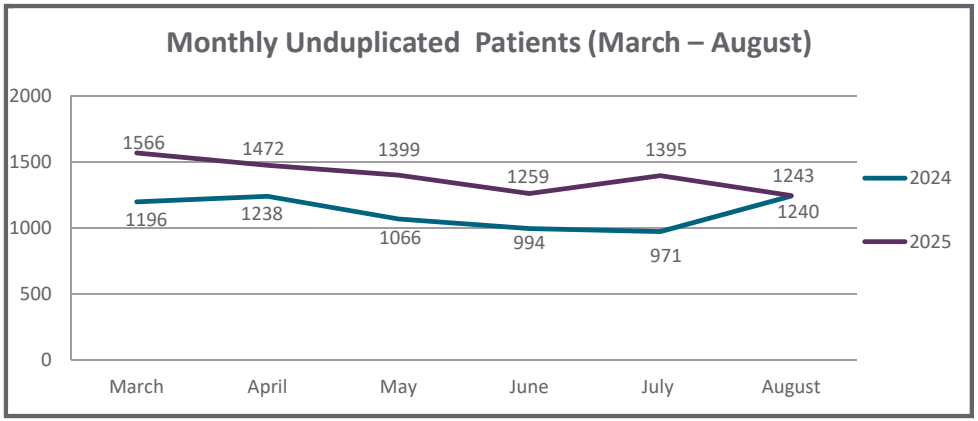
HARRISHEALTH

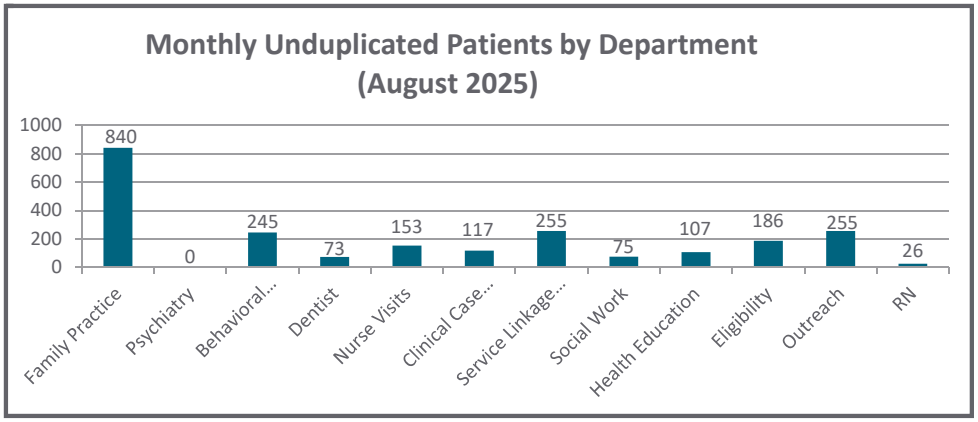
Patients Served

HRSA Unduplicated Patients Target: **7,250**	HRSA Completed Visit Patients Target: **30,496**
YTD Unduplicated Patients: 5,416	YTD Total Completed Visits: 20,723

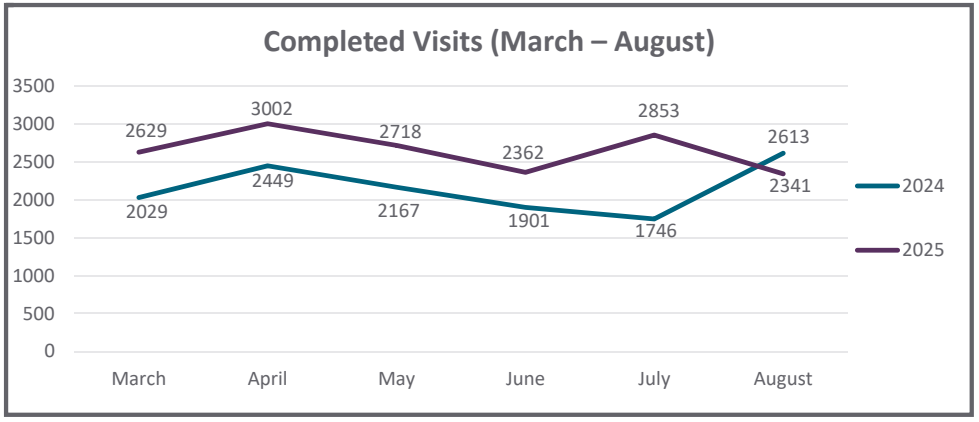
HARRISHEALTH

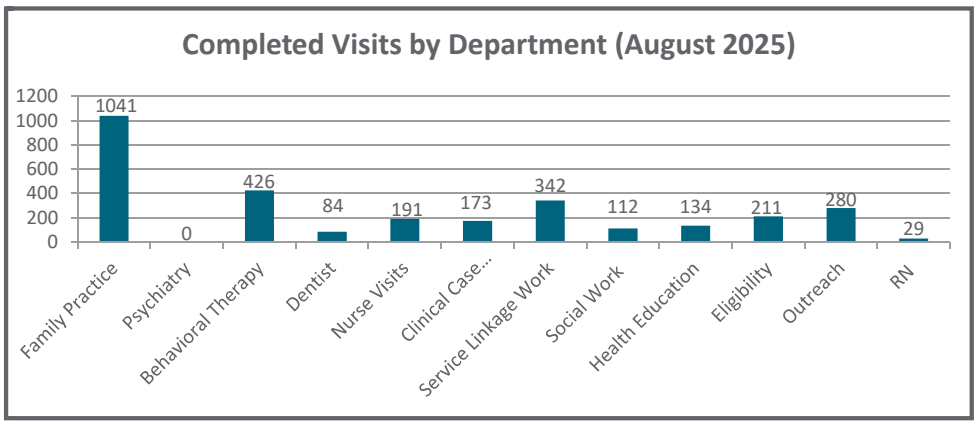
Unduplicated Patients





Completed Visits





HARRISHEALTH

HCHP - Eligibility for Reduced Costs of Injectable Epinephrine & Insulin Policy

Purpose

- To ensure Harris Health's Health Care for the Homeless Program's compliance with Section 330(e) Notice of Award Term 5 requirement to provide affordable access to insulin and injectable epinephrine, to low-income individuals with high-cost sharing requirements, high unmet deductibles, or no health insurance by extending 340B pricing plus a minimal administration fee, so long as in compliance with state and federal law and not precluded or prohibited by applicable insurance contracts.

Policy Overview

- **Eligibility:** HCHP patients ≤200% Federal Poverty Level who have high cost-sharing, unmet deductibles, or no insurance.
- **Coverage:** Insulin and injectable epinephrine offered at 340B pricing + minimal administration fee.
- **Access:** Available at all HCHP clinics.
- **Safeguards:** Aligns with HRSA patient definition and OPAIS 340B pricing database; formulary reviewed quarterly.

HARRISHEALTH

2026 Non-Competing Continuation Budget Period Request

HARRIS HEALTH

HEALTH CARE FOR THE HOMELESS PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health

January 1,2026 through December 31, 2026

EXPENSES	FEDERAL	NON- FEDERAL	TOTAL EXPENSES
PERSONNEL	$3,337,214	$1,990,073	$5,327,287
FRINGE	$901,048	$537,321	$1,438,369
TRAVEL	$3,702	$13,122	$16,824
SUPPLIES	$23,360	$187,456	$210,816
CONTRACTUAL	$204,350	$176,845	$381,195
OTHER	0	$41,507	$41,507
TOTAL DIRECT CHARGES ESTIMATE	**$4,469,674**	**$2,946,324**	**$7,415,998**

HARRISHEALTH

Community Engagement

Junior Volunteer Field Trip: El Franco Lee & Lois J. Moore Health Centers

HCHP mobile clinic was showcased to junior volunteers, highlighting our medical, dental, and outreach services. Staff provided tours of unit, shared information on program

July 12, 2025

5th Ward Missionary Baptist Church – Community Resource Fair

HCHP dental team provided screenings, education, and community referrals.

July 12, 2025

Tuesday, September 23, 2025

Consideration of Approval of the HCHP Eligibility for Reduced Costs of Injectable Epinephrine & Insulin Policy

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Attached for review and approval:

- **HCHP Eligibility for Reduced Costs of Injectable Epinephrine & Insulin Policy**

Administration recommends that the Board approve the Healthcare for the Homeless Program Policy as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

Status **Active** PolicyStat ID **18624318**

Origination	9/5/2025
Last Approved	9/5/2025
Effective	9/5/2025
Last Revised	9/5/2025
Next Review	9/4/2028
Owner	Nelson Gonzalez: Document Owner
Area	Ambulatory Care Services
References	Small, Jennifer

Eligibility for reduced costs of injectable epinephrine and insulin for the Health Care for the Homeless Program

PURPOSE:

To establish eligibility guidelines for individuals and families seeking reduced-cost insulin and injectable epinephrine through Harris Health's Health Care for the Homeless Program (HCHP).

POLICY STATEMENT:

To ensure Harris Health's Health Care for the Homeless Program's compliance with Section 330(e) Notice of Award Term 5 requirement to provide affordable access to insulin and injectable epinephrine, to low-income individuals with high-cost sharing requirements, high unmet deductibles, or no health insurance by extending 340B pricing plus a minimal administration fee, so long as in compliance with state and federal law and not precluded or prohibited by applicable insurance contracts.

POLICY ELABORATION:

I. **DEFINITIONS**

A. **HIGH-COST SHARING REQUIREMENT:** Total out-of-pocket cost (including copay, coinsurance, or other non-deductible cost-sharing) for a specific prescription for insulin or injectable epinephrine that exceeds the sum of the discounted price of the designated medication plus the administration fee associated with the 340B injectable epinephrine and insulin pricing (340B EIP).

B. **HARRIS HEALTH HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP)**: A program that provides outreach services to the 330(H) Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. Members of the 330(H) Homeless Population who are eligible to receive financial assistance and

enroll in the Homeless Program (“Participants”) are provided comprehensive primary health services through shelter-based clinics and through mobile health and mobile dental units. HCHP also provides on-site case management, financial eligibility determination, and registration for services, as well as on-site mental health counseling, substance abuse counseling, and residential treatment through referrals.

C. **HIGH UNMET DEDUCTIBLE**: Total out-of-pocket cost due to unmet deductible for a specific prescription of insulin or injectable epinephrine that exceeds the sum of the discounted price of the designated medication plus the administration fee associated with the 340B EIP.

D. **LOW-INCOME INDIVIDUAL:** An individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines.

E. **MINIMAL ADMINISTRATION FEE:** Minimal administration fee may include any dispensing costs, counseling costs, and any other charges associated with the patient receiving the medication.

F. **NO HEALTHCARE INSURANCE:** An individual who, for a given period, does not have any form of prescription coverage through employer-based insurance, direct purchase, Medicaid, Medicare, military or VA coverage, or other government programs.

G. **330(H) HOMELESS POPULATION:** A population comprised of individuals:

1. Who lack housing (without regard to whether the individual is a member of a family); or
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
3. Who reside in transitional housing; or
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; OR
5. Who met any of the criteria above and was a Participant during the preceding 12 months but who are no longer homeless as a result of becoming a resident in permanent housing; or
6. Who are children, youth, or veterans at risk of homelessness.

II. **GENERAL PROVISIONS:**

A. All HCHP patients with incomes below 200% of the Federal Poverty Guidelines who have:

1. a High Cost-Sharing Requirement for either insulin or injectable epinephrine;
2. a High Unmet Deductible; or
3. no health care insurance.

are eligible for 340B injectable epinephrine and insulin pricing ("340B EIP").

B. To ensure compliance with Federal requirements of the 340B program, to be eligible to receive 340B medications, an individual must be a patient of HCHP and meet

patient eligibility criteria described in HRSA 1996 Patient Definition. This provision is related only to HCHP patients.

III. **ELIGIBLE DRUGS:**

A. Harris Health maintains a formulary of affordable insulin and injectable epinephrine products for access at 340B EIP. This formulary is reviewed and updated quarterly in line with 340B pricing updates.

IV. **340B EIP ACCESS LOCATIONS:**

A. Patient access to 340B EIP is available at all HCHP clinics.

V. **ADJUDICATION OF 340B INJECTABLE EPINEPHRINE AND INSULIN PRICING (340B EIP):**

A. 340B Price: The Office of Pharmacy Affairs Information System (OPAIS) 340B Pricing Database will serve as the official reference for determining 340B ceiling prices.

B. Prescription Adjudication: When available, Harris Health will adjudicate any insurance as part of this process to determine if the low-income individual meets the High Cost-Sharing or High Unmet Deductible requirements and is eligible to receive discounts under 340B EIP.

REFERENCES/BIBLIOGRAPHY:

Executive Order 14273: Lowering Drug Prices by Once Again Putting Americans First

OFFICE OF PRIMARY RESPONSIBILITY:

Health Care for the Homeless Program

Approval Signatures

Step Description	Approver	Date
Executive Owner	Jennifer Small: Executive Owner	9/5/2025
Policy Owner	Nelson Gonzalez: Document Owner	9/5/2025
Approval for Expedited Review	Catherine Walther: Site Administrator	9/5/2025

Tuesday, September 23, 2025

Consideration of Approval of the HCHP 2026 Non-competing Continuation Budget Period Request

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Attached for review and approval:

- **HCHP 2026 Non-competing Continuation Budget Period Request**

Administration recommends that the Board approve the Healthcare for the Homeless Program Request as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act.

Jennifer Small, AuD, MBA, CCC-A
Chief Executive Officer – Ambulatory Care Services

HARRIS COUNTY HOSPITAL DISTRICT
BUDGET NARRATIVE
JANUARY 1, 2026 TO DECEMBER 31, 2026

REVENUE:

REVENUE	Federal Resources	Non-Federal Resources	Total
BPR Funding Request	$4,469,674		$4,469,674
Applicant Organization		$2,755,691	$2,755,691
Local Funds			
Other Support			
Program Income		$190,633	$190,633
TOTAL REVENUE	$4,469,674	$2,946,324	$7,415,998

EXPENSES:

PERSONNEL	Federal Request	Non-Federal Resources	Total
ADMINISTRATION	$516,058	$451,704	$967,762
MEDICAL STAFF	$1,601,986	$939,478	$2,541,464
DENTAL STAFF	$104,745		$104,745
MENTAL HEALTH STAFF	$249,002		$249,002
SUBSTANCE USE DISORDER STAFF	$65,622		$65,622
ENABLING STAFF	$799,801		$799,801
FACILITY PERSONNEL		$87,834	$87,834
PATIENT SERVICES SUPPORT PERSONNEL		$163,836	$163,836
SALARY & MARKET INCREASES 2025		$142,325	$142,325
SALARY INCREASES 2026		$204,896	$204,896
TOTAL PERSONNEL	$3,337,214	$1,990,073	$5,327,287

FRINGE	Federal Request	Non-Federal Resources	Total
FICA @ 7.65%	$255,297	$152,241	$407,538
Retirement/401K match @ 5%	$166,861	$99,504	$266,365
Insurance @ 14.35%	$478,890	$285,576	$764,466
TOTAL FRINGE @ 27%	$901,048	$537,321	$1,438,369

TRAVEL	Federal Request	Non-Federal Resources	Total
Local - all staff = 0.70/mile X 5,289 miles = $3,702	$3,702		$3,702
Airfare to National Health Care for the Homeless Council Conference for 2 staff members. $850 per individual X 2 individuals = $1,700		$1,700	$1,700
Hotel for National Healthcare for the Homeless Council Conference for 2 staff members. $400 per night X 4 nights X 2 individuals = $3,200		$3,200	$3,200
Travel related meals for National Healthcare for the Homeless Council Conference for 2 staff members. $60 per day X 5 days X 2 individuals = $600		$600	$600
Mileage to airport for travel to National Health Care for the Homeless Council Conference for 2 staff members. 40 miles x 2 ways X 0.70 cents per mile x 2 staff = $112		$112	$112
Airfare to Mobile Health Care Association Conference for 3 staff members. $610 per individual X 3 individuals = $1,830		$1,830	$1,830
Hotel for Mobile Health Care Association Conference for 3 staff members. $366 per night X 4 nights X 3 individuals = $4,392		$4,392	$4,392
Travel related meals for Mobile Health Care Association Conference for 3 staff members. $60 per day X 4 days X 3 individuals = $720		$720	$720
Mileage to airport for travel to Mobile Health Care Association Conference for 3 staff members. 40 miles x 2 ways X 0.70 cents per mile x 3 staff = $168		$168	$168
Airport transfers for travel in conference city for Mobile Health Care Association Conference for 3 staff members. $40 per trip X 2 trips X 3 individuals = $240		$240	$240
Airport transfers for travel in conference city for National Health Care for the Homeless Council Conference for 2 staff members. $40 per trip X 2 trips X 2 individuals = $160.		$160	$160
TOTAL TRAVEL:	$3,702	$13,122	$16,824

SUPPLIES	Federal Request	Non-Federal Resources	Total
Office Supplies: $2,567 per month X 12 months = $30,804	$10,000	$20,804	$30,804
Medical / Dental Supplies: $7,501 per month X 12 months = $90,012	$13,360	$76,652	$90,012
Pharmaceuticals: $7,500 per month X 12 months = $90,000		$90,000	$90,000
TOTAL SUPPLIES	$23,360	$187,456	$210,816

CONTRACTUAL	Federal Request	Non-Federal Resources	Total
Residential substance abuse services provided by Cenikor Foundation. Salary $13,000 + Benefits $3,120 + Residential costs $28,880 = Total of $45,000. This is a fixed agreement to be paid at $3,750 per month to include reimbursement for residential services, counseling, and other services and supplies related to substance abuse treatment. $3,750 per month X 12 months = $45,000	$45,000		$45,000
Psychiatry Nurse Practitioner - Contractor for this service to be determined. Services to be provided in the shelter-based clinics. Total = $141,000	$141,000		$141,000
Dental services provided by UTHealth School of Dentistry to homeless individuals on the mobile dental unit. Reimbursement at $183.45 per hour of service. The position is a 0.80 FTE and the federal request is $18,350. Harris Health will provide $176,845. Total = $195,195.	$18,350	$176,845	$195,195
TOTAL CONTRACTUAL	$204,350	$176,845	$381,195

OTHER	Federal Request	Non-Federal Resources	Total
Cab vouchers/Lyft for patients - $867 per month X 12 months = 10,404		$10,404	$10,404
Bus tokens for patients - $150 per month X 12 months = $1,800		$1,800	$1,800
Copier Lease - $150 X 12 months = $1,800		$1,800	$1,800
Registration fee for 3 staff members to attend the Mobile Health Care Association Conference. $968 per individual X 3 individuals = $2,904		$2,904	$2,904
Registration fee for 2 staff members to attend the National Healthcare for the Homeless Council conference. $900 per individual X 2 individuals = $1,800		$1,800	$1,800
Internet connectivity fees for access to Harris Health server from homeless sites. $300 per month X 12 months = $3,600		$3,600	$3,600
Membership - Mobile Health Care Association Conference- annual membership fee - $299		$299	$299
Membership - National Health Care for the Homeless Council - annual membership fee - $4,200		$4,200	$4,200
Meeting Meals & Incentives for Staff		$7,500	$7,500
Portable pump out services for mobile unit-$200 per month X 3 Units X 12 months = $7,200		$7,200	$7,200
TOTAL OTHER:	$0	$41,507	$41,507
TOTAL DIRECT CHARGES	**$4,469,674**	**$2,946,324**	**$7,415,998**

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Tuesday, September 23, 2025

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Seven Months Ending July 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085.

Anna Mateja
Chief Financial Officer
Community Health Choice, Inc.
Community Health Choice Texas, Inc.

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Tuesday, September 23, 2025

Executive Session

Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Regarding Litigation, Including Consideration of Approval of a Settlement in Civil Action No. 4:24-cv-05109, U.S. District Court, Southern District of Texas, Houston Division Upon Return to Open Session.

Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Tuesday, September 23, 2025

Executive Session

Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Regarding Opioid Litigation, Including Consideration of Approval to Participate in the Settlement with Alvogen, Inc., Apotex Corp., Amneal Pharmaceuticals LLC, Hikma Pharmaceuticals USA Inc., Indivior Inc, Viatris Inc. ("Mylan"), Sun Pharmaceutical Industries, Inc., and Zydus Pharmaceuticals (USA) Inc. in the Texas Opioid Multi-District Litigation Upon Return to Open Session.

Sara Thomas
Chief Legal Officer/Division Director
Harris County Attorney's Office
Harris Health

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