

Wednesday, April 8, 2026

9:00 AM

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 public, integrated health system dedicated to improving the health of our communities by delivering high-quality, person-centered care in collaboration with community and academic partners.

AGENDA

- | | | |
|---|-----------------------|----------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 2 min |
| <ul style="list-style-type: none">Board Meeting – March 11, 2026 | | |
| III. Announcements / Special Presentations | Dr. Andrea Caracostis | 45 min |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i> | | (10 min) |
| <ul style="list-style-type: none">Update Regarding the March 19th Commissioners Court MeetingSecond Annual Pathways to Health SummitAnnouncement of Garnet Coleman Health Equity Award Recipient | | |
| B. Naming and Recognition | | |
| 1. Consideration of Approval of a Resolution Naming the Chapel at John M. O’Quinn Hospital – Dr. Esmaeil Porsa | | (15 min) |
| 2. Consideration of Approval of the Memorialization and Recognition Agreement for the Naming of the Ginni and Richard Mithoff Trauma Center – Dr. Esmaeil Porsa | | (15 min) |
| C. 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
<p>A. <u>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, Including Possible Action Regarding this Matter Upon Return to Open Session</u> <u>– Dr. Andrea Caracostis and Dr. Thomas Cummins</u></p>		(10 min)
<p>B. <u>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 the Harris Health Medical Staff Upon Return to Open Session</u> <u>– Dr. Kunal Sharma and Dr. Asim Shah</u></p>		(10 min)
<p>C. <u>Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session</u> – <u>Dr. O. Reggie Ekins</u></p>		(10 min)
VI. Reconvene to Open Meeting	Dr. Andrea Caracostis	4 min
VII. General Action Item(s)	Dr. Andrea Caracostis	4 min
<p>A. General Action Item(s) Related to Quality: Medical Staff</p> <p>1. <u>Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff</u> – <u>Dr. Kunal Sharma</u></p>		(2 min)
<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> <p>1. <u>Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff</u> – <u>Dr. O. Reggie Ekins</u></p>		(2 min)
VIII. Strategic Discussion	Dr. Andrea Caracostis	10 min
<p>A. <u>Committee Reports</u></p> <ul style="list-style-type: none"> • March 24, 2026 – Quality Committee 		
IX. New Items for Board Consideration	Dr. Andrea Caracostis	10 min
<p>A. <u>Consideration of Approval of a Resolution Committing Support by Harris Health’s Board of Trustees and Administration for Level III Trauma Services at Lyndon B. Johnson Hospital</u> – <u>Dr. Glorimar Medina</u></p>		(5 min)
<p>B. <u>Consideration of Approval of a Resolution Committing Support by Harris Health’s Board of Trustees for Maternal Level of Care Program at Ben Taub Hospital</u> – <u>Dr. Glorimar Medina</u></p>		(5 min)

X. Consent Agenda Items

Dr. Andrea Caracostis 5 min

A. Consent Purchasing Recommendations

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A7 of the Purchasing Matrix\) – Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office](#)
[\(See Attached Expenditure Summary: April 8, 2026\)](#)
2. [Harris Health First Quarter of Fiscal Year 2026 Premier Spend Report \[Information Only\] – Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office](#)

B. Consent Contract Recommendations

1. [Consideration of Approval of Contract Recommendations \(Items B1-B3 of the Contract Matrix\) – Ms. Pollie Martinez \(B1\) and Ms. Sara Thomas \(B2-B3\)](#)
[\(See Attached Contract Matrix: April 8, 2026\)](#)

C. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health February 2026 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)
2. [Consideration of Approval to Transfer Ownership via Warranty Deed of a Sanitary Sewer at 2525 Holly Hall Street to the City of Houston – Mr. Patrick Casey](#)

D. Consent Reports and Updates to the Board

1. [Bi-monthly 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 15 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](#)**

(12 min)

- HCHP April 2026 Operational Update

- B. [Consideration of Approval of the HCHP Consumer Advisory Report – Dr. Jennifer Small and Ms. Tracey Burdine](#)**

(1 min)

- C. [Consideration of Approval of the HCHP 2025 Annual Risk Management Report – Dr. Jennifer Small and Ms. Tracey Burdine](#)**

(1 min)

- D. [Consideration of Approval of the HCHP 2026 Shelter Based Clinics List – Dr. Jennifer Small and Ms. Tracey Burdine](#)**

(1 min)

XII. Executive Session

Dr. Andrea Caracostis 70 min

- D. Consultation with Attorney Regarding Harris Health’s Proposed Acquisition by Eminent Domain of Approximately 8.9 Acres of Hermann Park Adjacent to Ben Taub Hospital for the Redevelopment and Expansion of Ben Taub Hospital and Related Legal Matters, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (10 min)
- E. [Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Two Months Ending February 28, 2026, Pursuant to Tex. Gov’t Code Ann. §551.085](#) – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice** (10 min)
- F. [Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov’t Code Ann. §551.071, Including Possible Action Upon Return to Open Session – Ms. Ebon Swofford and Mr. Michael Fritz](#) (10 min)
- G. 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 – **Ms.Carolynn Jones** (10 min)
- H. Consultation with Attorney Regarding Texas Open Meetings Act, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (10 min)
- I. Consultation with Attorney Regarding Conflict of Interest, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (20 min)

XIII. Reconvene

Dr. Andrea Caracostis 4 min

XIV. Adjournment

Dr. Andrea Caracostis 1 min

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES

Board Meeting

Wednesday, March 11, 2026

9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 9:02 AM by Dr. Andrea Caracostis, Chair. A quorum was present, and the attendance was recorded. Some Board members attended in person, while others joined via video conference in accordance with state law and Harris Health’s videoconferencing policy. Only participants scheduled to speak were provided dial-in information. All others wishing 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.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting <ul style="list-style-type: none"> • Board Meeting – February 11, 2026 		<p><u>Motion No. 26.03-31</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of February 11, 2026, Board meeting. Motion carried.</p>
III. Announcements/ Special Presentations		
	<p>A. CEO Report Including Special Announcements</p> <ul style="list-style-type: none"> • 50th Service Anniversary Recognition <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), delivered remarks recognizing frontline staff contributions to the organization’s success. Dr. Porsa highlighted the extraordinary service of Ms. Shirley Moss, a Supply Chain and Mailroom team member who recently celebrated her 50th work anniversary with Harris Health. Dr. Porsa commended Ms. Moss for her dedication to the organization and the community over five decades. Ms. Moss addressed the Board, expressing gratitude and attributing her longevity in service to her commitment to faith and purpose in her work. Board members joined Dr. Porsa in congratulating Ms. Moss and acknowledging her example of service and dedication.</p>	<p>As Presented.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>There were no Board member announcements.</p>	
<p>IV. Public Comment</p>	<p>Mr. Stephen K, public commenter, expressed concerns regarding a ban from Harris Health facilities, alleged discrimination related to his disability, and difficulties obtaining mental health care services.</p>	
<p>V. Executive Session</p>	<p>At 9:09 AM, Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items V. ‘A through C’ as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§ 151.002, 160.007 and Tex. Gov’t Code Ann. §551.071.</p>	
	<p>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, Including Possible Action Regarding this Matter Upon Return to Open Session</p> <p><i>Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.</i></p>	<p>No action taken.</p>
	<p>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 the Harris Health Medical Staff Upon Return to Open Session</p> <p><i>Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.</i></p>	<p>No action taken.</p>
	<p>C. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session</p>	<p>No action taken.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 9:18 AM, Dr. Andrea Caracostis reconvened the meeting in open session, noting that a quorum was present and no action was taken during Executive Session.</p>	

VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff</p> <p>Dr. Kunal Sharma, Chair of the Medical Executive Board, presented credentialing changes for members of the Harris Health Medical Staff for March 2026. He reported that there were 19 initial appointments and no reappointments or changes of privileges, 8 resignations, and 1 file was reviewed in Executive Session. Copies of the credentialing report were available in the permanent record.</p> <p><i>Dr. Hooli was recused from this item related to Baylor College of Medicine.</i></p>	<p><u>Motion No. 26.03-32</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p>
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff</p> <p>Dr. Otis Eging, Chief Medical Officer of Harris Health Correctional Health, presented the Correctional Health Medical Staff credentialing report detailing 5 initial appointments. Copies of the credentialing report were available in the permanent record.</p>	<p><u>Motion No. 26.03-33</u> Moved by Ms. Carol Paret, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
VIII. Strategic Discussion		
	<p>A. Committee Report</p> <ul style="list-style-type: none"> • February 24, 2026 – Governance Committee • February 24, 2026 – Quality Committee • February 26, 2026 – Budget & Finance Committee • February 26, 2026 – Compliance & Audit Committee • February 26, 2026 – Joint Conference Committee <p>The Governance Committee report summarized discussions from its February 24, 2026 meeting. The committee reviewed the 2025 Board Self-Assessment results, noting strong overall performance and identifying opportunities to strengthen trustee attendance, continuing education, and onboarding for new board members. The committee also discussed improved processes for reviewing correspondence received by the Board office and ongoing monitoring of trustee attendance. Board members were encouraged to attend the Texas Healthcare Trustees conference scheduled for June 4–6.</p>	<p>As Presented.</p>

	<p>The Quality Committee report highlighted discussions on patient safety and quality initiatives, including a presentation on fall prevention strategies and quality performance monitoring across Harris Health facilities.</p> <p>The Joint Conference Committee reported on updates from physician leadership, including operational progress across hospitals and ambulatory services, the continued development of the LBJ Hospital expansion project, workforce planning, and expanded specialty care services. The committee emphasized the importance of collaboration among clinical leaders, resident education, and improved access to care.</p> <p>The Budget and Finance Committee reported receipt of the First Quarter Fiscal Year 2026 Investment Report, the Fourth Quarter Calendar Year 2025 Pension Plan Report, and the December 2025 Quarterly Financial Report (subject to audit). These reports reflected stable investment performance and strong financial performance during the first quarter of the fiscal year.</p> <p>The Compliance and Audit Committee received an internal audit update, including progress on the Fiscal Year 2026 Internal Audit Plan. One audit engagement had been completed, nine were in progress or pending, and management continued implementing recommendations from prior assessments. No past-due high-priority action items were reported.</p>	
<p>IX. New Items for Board Consideration</p>	<p>A. Approval to the Revised Bylaws of the Harris Health Board of Trustees</p> <p>Ms. Sara Thomas, Chief Legal Officer, presented proposed revisions to the Harris Health Board of Trustees Bylaws. The revisions primarily included legal updates, clarifications aligning policies with current governance practices, adjustments to board member appointment dates to reflect the Harris County Commissioners Court process, and statutory updates regarding meeting notice requirements and pension board training requirements. Additional revisions clarified committee structures and relocated public comment procedures to administrative guidelines in compliance with state law. A copy of the Bylaws is available in the permanent record.</p>	<p><i>*Item Taken Out of Order</i></p> <p><u>Motion No. 26.03-35</u> Moved by Ms. Ingrid Robinson, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item IX.A. Motion carried.</p>
	<p>B. Resolution of the Board of Trustees of the Harris County Hospital District Approving the Form of the Order of the Harris County Commissioners Court Authorizing the Issuance, Sale and Delivery of Harris County Hospital District, Limited Tax Bonds and Limited Tax Refunding Bonds, which may be Issued in One or More Series in Accordance with Specified Parameters; Levying a Continuing Direct Annual Ad Valorem Tax for the Payment of Principal and Interest; Authorizing the Authorized Representative to Approve the Amounts, Interest Rates, Prices, Terms and Redemption Provisions Thereof; Providing for the Refunding and Defeasance of Certain Outstanding Obligations of the District; Approving the Preparation of Financing Documents and Prescribing the Terms and Form Thereof; Authorizing the Preparation and Distribution of One or More Official Statements in Connection with the Sale of the Bonds; and Making Other Provisions and Authorizing Other Actions Supporting the Issuance and Administration of Such Bonds</p>	<p><u>Motion No. 26.03-34</u> Moved by Ms. Libby Viera - Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item IX.B. Motion carried.</p>

	<p>Ms. Victoria Nikitin, Executive Vice President & Chief Financial Officer, presented a resolution related to the issuance and sale of Harris County Hospital District limited tax bonds and limited tax refunding bonds, consistent with the voter-approved \$2.5 billion bond referendum passed in 2023. The proposed authorization allows issuance of bonds up to \$850 million in one or more series and includes provisions for refunding certain outstanding obligations when financially advantageous. The Board approved the resolution authorizing continuation of the financing process, with an anticipated bond pricing in June 2026. A copy of the resolution is available in the permanent record.</p>	
X. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A5 of the Purchasing Matrix)</p> <p>Mr. Jack Adger, Assistant Purchasing Agent, Harris County, presented the purchasing recommendations. Ms. Ingrid Robinson raised concerns regarding the number of sole-source procurement items and encouraged the Harris County Purchasing Office to review procurement processes to ensure competitive sourcing and optimal value for the system. Mr. Adger acknowledged the concern and agreed to review the procurement practices. A copy of the purchasing agenda is available in the permanent record.</p>	<p><u>Motion No. 26.03-36</u> Moved by Ms. Ingrid Robinson, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A5 of the Purchasing Matrix). Motion carried.</p>
	B. Consent Contract Recommendations	
	<p>1. Approval of Contract Recommendations (Item B1 of the Contract Matrix)</p>	<p><u>Motion No. 26.03-37</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. through D. Motion carried.</p>
	C. Consent Committee Recommendations	
	<p>1. Acceptance of the Harris Health First Quarter Fiscal Year 2026 Investment Report</p>	<p><u>Motion No. 26.03-37</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. through D. Motion carried.</p>
	<p>2. Acceptance of the Harris Health Fourth Quarter Calendar Year 2025 Pension Plan Report</p>	<p><u>Motion No. 26.03-37</u> Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B.</p>

		through D. Motion carried.
	3. Acceptance of the Harris Health December 2025 Quarterly Financial Report Subject to Audit	Motion No. 26.03-37 Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. through D. Motion carried.
	D. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health January 2026 Financial Report Subject to Audit	Motion No. 26.03-37 Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. through D. Motion carried.
	2. Approval of the Removal of Sima Ladjevardian as a Member of the Quality Committee	Motion No. 26.03-37 Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.B. through D. Motion carried.
XI. Item(s) Related to the Health Care for Homeless Program		
	<p>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</p> <ul style="list-style-type: none"> HCHP March 2026 Operational Update <p>Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the operational update for the Health Care for the Homeless Program (HCHP) for March 2026. Ms. Burdine reported that in January 2026, the program served 1,060 unduplicated patients and conducted approximately 1,948 completed visits, with the majority of visits provided through family practice and primary care services. She also outlined the 2026 Sliding Fee Scale, which aligns with updated federal poverty guidelines while maintaining minimal patient charges ranging from \$0 to \$3 to reduce barriers to care.</p>	<p>Motion No. 26.03-38 Moved by Ms. Libby Viera - Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda items XI.A. Motion carried.</p>

	<p>Ms. Burdine reviewed the 2025 Budget Summary Report, which showed a total program budget of \$8.1 million, with expenditures of approximately \$5.07 million, reflecting a 62.7% utilization rate aligned with strategic cost-containment priorities. Major spending categories included personnel, travel, supplies, equipment, and contractual services.</p> <p>Ms. Burdine also presented the Fourth Quarter Patient Satisfaction Report, which indicated performance below established targets in several domains, including communication, wait times, and nursing interaction. Board members asked questions regarding recruitment challenges, staffing shortages, patient survey methodology, and strategies to improve communication and patient experience. Ms. Burdine described initiatives including standardized communication scripts, improved care-path explanations for patients, and targeted recruitment efforts for clinical staff serving the homeless population. Copies of the presentations and updated policy documents were included in the permanent record.</p> <p>Note: Items A – D were presented together.</p>	
	<p>B. Approval of the HCHP 2026 Sliding Fee Scale</p>	<p><u>Motion No. 26.03-39</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.B. Motion carried.</p>
	<p>C. Approval of the HCHP 2025 Budget Summary Report</p>	<p><u>Motion No. 26.03-40</u> Moved by Ms. Ingrid Robinson, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items XI.C. Motion carried.</p>
	<p>D. Approval of the HCHP Fourth Quarter Patient Satisfaction Report</p>	<p><u>Motion No. 26.03-41</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.D. Motion carried.</p>

<p>XII. Executive Session</p>	<p>At 9:58 AM., Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XII. ‘D through M’ as permitted by law under Tex. Gov’t Code Ann. §§551.072, 551.074, 551.085, Tex. Occ. Code. Ann. §151.002 and Tex. Health & Safety Code Ann. §161.032.</p>	
	<p>D. Review of the Health Care for the Homeless Program (HCHP) 2025 Quality Management Report, Pursuant to Tex. Occ. Code Ann. §151.002 and Tex. Health & Safety Code §161.032, Including Consideration of Approval of the HCHP 2025 Quality Management Report</p> <p><u>Motion:</u> <i>Acceptance of HCHP 2025 Quality Management Report Operational Update</i></p>	<p><u>Motion No. 26.03-42</u> Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XII.D. Motion carried.</p>
	<p>E. Consultation with Attorney Regarding Settlement of Claim with Johnston, LLC, Pursuant to Tex. Gov’t Code §551.071, Including Possible Action Upon Return to Open Session</p> <p><u>Motion:</u> <i>Approval of the Settlement of a claim with Johnston, LLC in the amount up to \$100,000.00. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement.</i></p>	<p><u>Motion No. 26.03-43</u> Moved by Ms. Libby Viera - Bland, seconded by Dr. Shubhada Hooli, and unanimously passed that the Board approve agenda items XII.E. Motion carried.</p>
	<p>E. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited, Financial Performance for the 12-month Year Ending December 31, 2025, Pursuant to Tex. Gov’t Code Ann. §551.085</p>	<p>No action taken.</p>
	<p>F. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited, Financial Performance for the 12-month Year Ending December 31, 2025, Pursuant to Tex. Gov’t Code Ann. §551.085</p>	<p>No action taken.</p>
	<p>G. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Investment Report for the Twelve Months Ending December 31, 2025, Pursuant to Tex. Gov’t Code Ann. §551.085</p>	<p>No action taken.</p>
	<p>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</p>	<p>No action taken.</p>
	<p>I. 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</p> <p><i>Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.</i></p>	<p>No action taken.</p>

	<p>J. Consultation with Attorney Regarding Harris Health’s Proposed Acquisition by Eminent Domain of Approximately 8.9 Acres of Hermann Park Adjacent to Ben Taub Hospital for the Redevelopment and Expansion of Ben Taub Hospital and Related Legal Matters, Pursuant to Tex. Gov’t Code Ann. §551.071, Including Possible Action Regarding this Matter Upon Return to Open Session</p>	<p>No action taken.</p>
	<p>K. Consultation with Attorney Regarding Community Health Choice, Inc. and Community Health Choice Texas, Inc., Pursuant to Tex. Gov’t Code Ann. §§551.071, 551.085, Including Possible Action Regarding this Matter Upon Return to Open Session</p> <p><i>Motion:</i> <i>Adopt and present to CHC the Reporting to Harris Health Framework as presented in Executive Session; and (2) direct Harris Health Administration to engage consultants for the Board to recommend best practices in Corporate Governance in furtherance of the Board’s fiduciary duty, reserved powers and oversight of Community Health Choice and Community Health Choice Inc.</i></p>	<p><u>Motion No. 26.03-44</u> Moved by Dr. Shubhada Hooli, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XII.K. Motion carried.</p>
	<p>L. Consultation with Attorney Related to Prevailing Wage Matters, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p> <p><i>Mr. Paul Puente was recused from discussion on this item.</i></p>	<p>No action taken.</p>
	<p>M. Discussion Regarding the Chief Executive Officer (CEO) Evaluation, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Upon Return to Open Session</p>	<p>No action taken.</p>
XIII. Reconvene	<p>At 1:07 P.M., Dr. Andrea Caracostis reconvened the meeting in open session and confirmed that a quorum remained present. She noted that no action was taken in Executive Session. The Board took action on items XII. “D, E and K” of the Executive Session Agenda. There were no action on Items XII. F, G, H, I, J, L, and M.</p>	
XIV. Adjournment	<p>There being no further business to come before the Board, the meeting adjourned at 1:10 P.M.</p>	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on February 11, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

**Board of Trustees
Board Meeting Attendance
Wednesday, March 11, 2026**

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Andrea Caracostis <i>(Chair)</i>	
Carol Paret <i>(Vice Chair)</i>	
Libby Viera-Bland <i>(Secretary)</i>	
Ingrid Robinson	
Dr. Marlen Trujillo	
Paul Puente	
Philip Sun	
Dr. Shubhada Hooli	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Jack Adger <i>(Harris County Purchasing Office)</i>
Dr. Amy Smith	Dr. Jackie Brock
Anna Mateja <i>(CFO, Community Health Choice)</i>	Jaden Jacobs
Anthony Williams	Jay Aiyer <i>(Harris County Attorney's Office)</i>
Dr. Asim Shah	Jeff Dansdill <i>(Harris County Purchasing Office)</i>
Babak Zare	Jennifer Small
Barron Wallace <i>(Bond Counsel, Bracewell)</i>	Jennifer Zarate
Carolynn Jones	Jerald Summers
Cherry Joseph	Jessey Thomas
Daniel Smith	John Matcek
DeWight Dosplauf	Kim McKelvey
Ebon Swofford <i>(Harris County Attorney's Office)</i>	Dr. Kunal Sharma
Elizabeth Hanshaw Winn <i>(Consultant)</i>	Lisa Wright <i>(CEO, Community Health Choice)</i>
Dr. Esmail Porsa <i>(President & CEO, Harris Health)</i>	Louis Smith
Firdos Berhany	Maria Cowles

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	
Dr. Matasha Russell	Dr. Sandeep Markan
Micah Rodriguez	Sara Thomas <i>(Harris County Attorney's Office)</i>
Michael Fritz <i>(Harris County Attorney's Office)</i>	Shawn DeCosta
Nathan Bac <i>(Harris County Attorney's Office)</i>	Shirley Moss
Dr. O. Reggie Ekins	Steven K <i>(Public Comment Speaker)</i>
Omar Reid	Dr. Thomas Cummins
Paige Abernathy <i>(Harris County Attorney's Office)</i>	Dr. Tien Ko
Patrick Casey	Tracey Burdine
R. King Hillier	Victoria Nikitin

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.*

Meeting of the Board of Trustees

Wednesday, April 8, 2026

Consideration of Approval of a Resolution Naming the Chapel at John M. O'Quinn Hospital



Maria M. Cowles
EVP, Chief Strategy Officer and Chief of Staff
Harris Health

STATE OF TEXAS
COUNTY OF HARRIS

MOTION NO. _____

On April 8, 2026, 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	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret, BS	Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>
Libby Viera-Bland, AICP	Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Ingrid Robinson, MBA	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Marlen Trujillo, PhD, MBA, CHW	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Paul Puente	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Philip Sun, AIA, ACHA, NCARB	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Shubhada Hooli, MD, MPH	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Sima Ladjevardian, JD	Board Member	<input type="checkbox"/>	<input type="checkbox"/>

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 Naming the Chapel at John M. O’Quinn Hospital

_____ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret, BS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libby Viera-Bland, AICP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingrid Robinson, MBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marlen Trujillo, PhD, MBA, CHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Puente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philip Sun, AIA, ACHA, NCARB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shubhada Hooli, MD, MPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sima Ladjevardian, JD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The adopted resolution reads as follows:

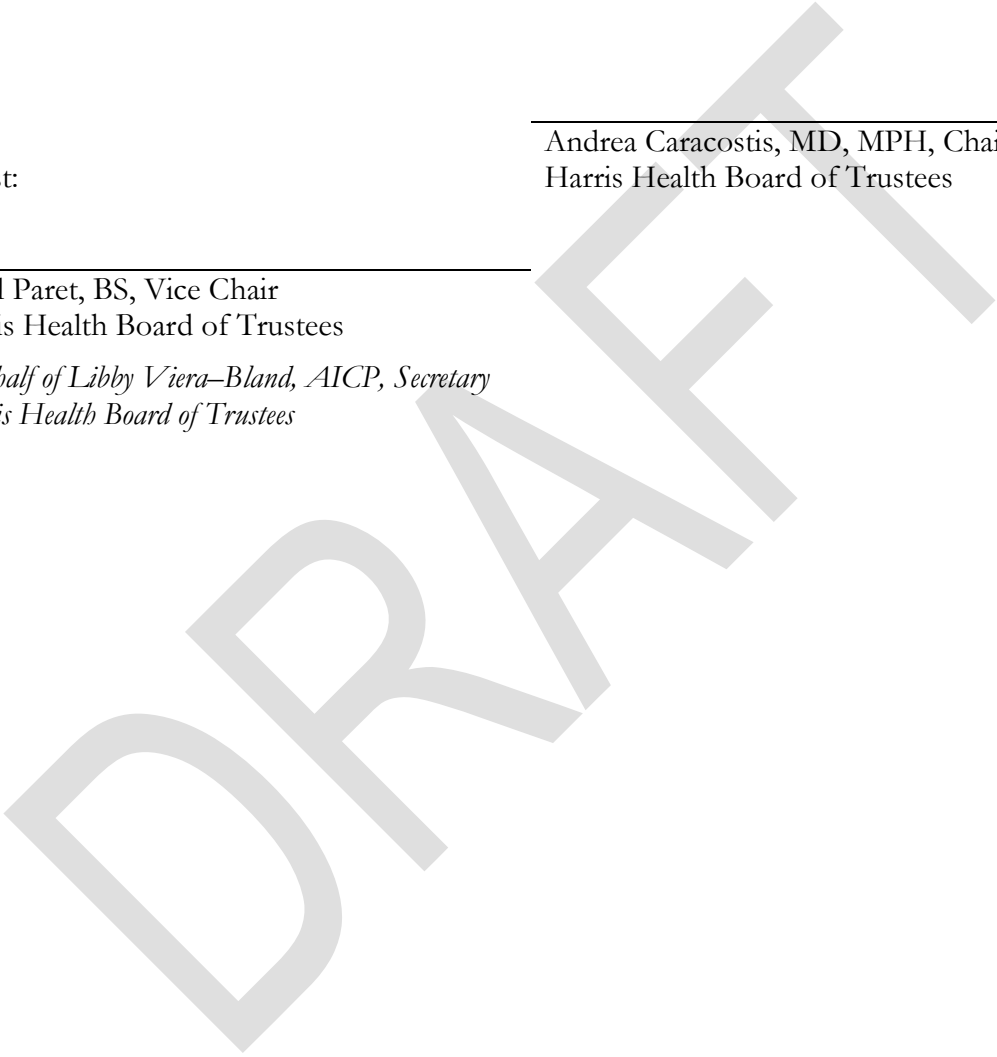
Harris Health, by and through its Board of Trustees, hereby authorizes the naming of the chapel at John M. O’Quinn Hospital.

PASSED AND APPROVED this 8th of April, 2026.

Attest:

Andrea Caracostis, MD, MPH, Chair
Harris Health Board of Trustees

Carol Paret, BS, Vice Chair
Harris Health Board of Trustees
*on behalf of Libby Viera-Bland, AICP, Secretary
Harris Health Board of Trustees*



Meeting of the Board of Trustees

Wednesday, April 8, 2026

Consideration of Approval of the Memorialization and Recognition Agreement for the Naming of the Ginni and Richard Mithoff Trauma Center

In 2006, in recognition of Ginni and Richard Mithoffs' extraordinary contributions to the Harris County Hospital District and Harris County, the emergency and trauma center located at Ben Taub Hospital was dedicated and named in their honor and has since been known as the Ginni and Richard Mithoff Trauma Center.

Harris Health now desires to enter into the Memorialization and Recognition Agreement in order to formally memorialize and preserve the naming of the Ginni and Richard Mithoff Trauma Center in the existing Ben Taub Hospital facility, as well as in any reimagined, remodeled, or new Ben Taub Hospital facility, generally consistent with the visibility, location, and manner of recognition currently in place.



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

**A RESOLUTION OF THE BOARD OF TRUSTEES OF THE
HARRIS COUNTY HOSPITAL DISTRICT APPROVING THE
MEMORIALIZATION AND RECOGNITION AGREEMENT FOR
THE NAMING OF THE GINNI AND RICHARD MITHOFF
TRAUMA CENTER**

WHEREAS, Harris County Hospital District d/b/a Harris Health is the owner and operator of two hospitals, Ben Taub Hospital and Lyndon B. Johnson Hospital, and numerous community health centers furnishing medical and hospital care for indigent and needy persons residing in Harris County; and

WHEREAS, Richard Mithoff has, throughout his distinguished legal career, been a tireless advocate for consumers, workers, disadvantaged individuals, and families, securing landmark verdicts and settlements in matters involving product defects, medical injury, environmental harm, and institutional negligence, and has earned widespread respect within Harris County and beyond for his commitment to justice and accountability; and

WHEREAS, Richard Mithoff has represented Harris County in significant legal matters, including tobacco litigation, resulting in major recoveries and settlements which have provided substantial ongoing benefits to Harris Health, Harris County, and its residents; and

WHEREAS, Ginni Mithoff, served on the board of trustees for the Harris County Hospital District Foundation, and has been involved in many community activities in Harris County; and

WHEREAS, Ginni and Richard Mithoff have clearly demonstrated exceptional philanthropy and civic leadership, including substantial financial support for Harris Health and other public serving institutions, particularly those dedicated to providing healthcare to indigent children; and

WHEREAS, in recognition of the Mithoffs' extraordinary contributions to Harris Health and to Harris County, since 2006 the emergency and trauma center located at Ben Taub Hospital has been named in their honor and has been known as the Ginni and Richard Mithoff Trauma Center; and

WHEREAS, on October 16, 2025, Harris County Commissioners Court adopted a resolution, as introduced by Commissioner Precinct One Rodney Ellis, requesting Harris Health formally recognize and affirm the continued naming of the Ginni and Richard Mithoff Trauma Center at Ben Taub Hospital through an agreement; and

WHEREAS, Harris Health desires to enter into a Memorialization and Recognition Agreement in order to formally memorialize and preserve the naming of the Ginni and Richard Mithoff Trauma Center in the existing Ben Taub Hospital facility, as well as in any reimagined, remodeled, or new Ben Taub Hospital facility, generally consistent with the visibility, location, and manner of recognition currently in place.

NOW, THEREFORE, BE IT RESOLVED THAT:

Section 1. The findings and recitations set out in the preamble to this Resolution are found to be true and correct and are hereby adopted by the Board of Trustees and made a part hereof for all purposes.

Section 2. The Board of Trustees hereby approves the Memorialization and Recognition Agreement in the form attached hereto as Exhibit A to memorialize and preserve the naming of the Ginni and Richard Mithoff Trauma Center in the existing Ben Taub Hospital facility, as well as in any reimagined, remodeled, or new Ben Taub Hospital facility, generally consistent with the visibility, location, and manner of recognition currently in place.

PASSED, APPROVED AND EFFECTIVE this ____ day of _____, 2026.

HARRIS COUNTY HOSPITAL DISTRICT

Chair, Board of Trustees

ATTEST:

Secretary, Board of Trustees

Member(s) shown present voted "Aye."

Member(s) shown present voted "No."

Member(s) shown present abstained from voting.

2. A true, full and correct copy of the aforesaid resolution adopted at the meeting described in the above and foregoing paragraph is attached to and follows this certificate; that said ordinance has been duly recorded in said Board's minutes of said meeting; that the above and foregoing paragraph is a true, full and correct excerpt from said Board's minutes of said meeting pertaining to the adoption of said ordinance; that the persons named in the above and foregoing paragraph are the duly chosen, qualified and acting officers and members of said Board as indicated therein; that each of the officers and members of said Board was duly and sufficiently notified officially and personally, in advance, of the date, hour, place and purpose of the aforesaid meeting, and that said ordinance would be introduced and considered for adoption at said meeting, and each of said officers and members consented, in advance, to the holding of said meeting for such purpose; that said meeting was open to the public as required by law; and that public notice of the date, hour, place and subject of said meeting was given as required by Chapter 551, Texas Government Code, as amended.

SIGNED AND SEALED this ___ day of April, 2026.

[SEAL]

Secretary, Board of Trustees
Harris County Hospital District

MEMORIALIZATION AND RECOGNITION AGREEMENT

Ginni and Richard Mithoff Trauma Center Naming

This Memorialization and Recognition Agreement (“Agreement”) is made and entered into as of _____ (“Effective Date”), by and among Harris County Hospital District d/b/a Harris Health (“Harris Health”) and Richard Mithoff and Ginni Mithoff (collectively, the “Mithoffs”).

RECITALS

WHEREAS, Richard Mithoff has, throughout his distinguished legal career, been a tireless advocate for consumers, workers, disadvantaged individuals, and families, securing landmark verdicts and settlements in matters involving product defects, medical injury, environmental harm, and institutional negligence, and has earned widespread respect within Harris County and beyond for his commitment to justice and accountability; and

WHEREAS, Richard Mithoff has represented Harris County in significant legal matters, including tobacco litigation, resulting in major recoveries and settlements which have provided substantial ongoing benefits to Harris Health, Harris County, and its residents; and

WHEREAS, Ginni Mithoff, served on the board of trustees for the Harris County Hospital District Foundation, and has been involved in many community activities, including the Society for the Performing Arts, Houston Center for Contemporary Crafts, Houston Museum of Natural Science, Houston Children’s Museum, University of Texas Health Science Center Development Board, Houston Ballet, Planned Parenthood and the Children’s Health Advisory Committee, and was declared the ABC-Channel 13 2006 Women of Distinction Ambassador by the Crohn’s & Colitis Foundation of America; and

WHEREAS, Richard Mithoff and Ginni Mithoff have clearly demonstrated exceptional philanthropy and civic leadership, including substantial financial support for Harris Health and other public-serving institutions, particularly those dedicated to providing healthcare to indigent children; and

WHEREAS, Ben Taub Hospital, located within the Texas Medical Center and operated by Harris Health, serves as a critical public healthcare facility for Harris County residents, including the provision of emergency and trauma care;

WHEREAS, in recognition of the Mithoffs’ extraordinary contributions to Harris County and to Harris Health, the emergency and trauma center located at Ben Taub Hospital has been named in their honor and has been known as the **Ginni and Richard Mithoff Trauma Center** since 2006, with such naming intended to be reflective of the Mithoffs’ longstanding commitment to the public good;

WHEREAS, no single written agreement has previously memorialized the understanding among the parties regarding such naming, notwithstanding the longstanding public recognition and acknowledgment of the Mithoffs associated with the trauma center;

WHEREAS, the Parties desire to formally recognize and preserve the existing naming and related acknowledgments associated with the trauma center, consistent with the manner in which such recognition has historically been demonstrated;

WHEREAS, on October 16, 2025, Harris County Commissioners Court adopted a resolution, as introduced by Commissioner Precinct One Rodney Ellis, requesting that Harris Health finalize a written agreement with the Mithoffs formally memorializing and preserving the naming of the trauma center in the existing Ben Taub Hospital facility, as well as in any reimagined, remodeled, or new Ben Taub Hospital facility, generally consistent with the visibility, location, and manner of recognition currently in place;

NOW, THEREFORE, in consideration of the foregoing recitals, which are incorporated herein for all purposes, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

TERMS

1. Recognition of Existing Naming

The Parties hereby formally recognize and memorialize that the emergency and trauma center located within the existing Ben Taub Hospital facility is named the **Ginni and Richard Mithoff Trauma Center**, and that such naming reflects the Mithoffs' past and continuing contributions to Harris County and Harris Health.

2. Nature of Naming

Subject only to the continued operation of Ben Taub Hospital as a public healthcare institution serving Harris County, the Parties acknowledge and agree that the naming of the **Ginni and Richard Mithoff Trauma Center** shall continue until such time as Ben Taub Hospital or the trauma center is no longer reasonably functional for its intended purpose, as determined by Harris Health in good faith, considering factors such as structural integrity, compliance with applicable law, and operational suitability,

3. Continuity Upon Renovation or Replacement

In the event that Ben Taub Hospital is substantially remodeled, reconstructed, or replaced by a new hospital facility, Harris Health agrees to make a comparable recognition of the Mithoffs in the new facility and make reasonable efforts to ensure that the form, prominence, and placement of such recognition be generally consistent with the manner in which such recognition is currently demonstrated, including with respect to size, location, and visibility, taking into account architectural and operational considerations applicable at the time.

4. No Assignment or Transfer of Naming

The naming recognized herein is honorary in nature and personal to Ginni and Richard Mithoff, and may not be assigned, transferred, or sublicensed.

5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regard to conflict-of-laws principles.

6. Entire Agreement

This Agreement constitutes the entire understanding of the Parties with respect to the subject matter hereof and supersedes any prior oral or informal understandings related solely to the memorialization of the trauma center naming.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date first written above.

THE MITHOFFS

**HARRIS COUNTY HOSPITAL DISTRICT
D/B/A HARRIS HEALTH**

By: _____

By: _____

Name: _____

Name: _____

Date: _____

Date: _____

APPROVED AS TO FORM:

JONATHAN FOMBONNE
Harris County Attorney

By: Katie Rutherford
Lindsey K. Rutherford
Senior Assistant County Attorney
C.A. File No. 26hsp0091

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 that the Board will discuss, review, take action upon, or regarding a subject related to healthcare or 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 virtual Public Speaker, 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. To register, members of the public may contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 4:00 p.m. 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>
 - 2a. A hard copy may be emailed to BoardofTrustees@harrishealth.org
 - 2b. A hard copy may be mailed to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
3. 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.

Time Limits


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 with 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 be provided with one (1) minute 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.

Meeting of the Board of Trustees

Wednesday, April 8, 2026

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, Including Possible Action Regarding this Matter Upon Return to Open Session.



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

- Pages 29 – 30 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Wednesday, April 8, 2026

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 the Harris Health Medical Staff Upon Return to Open Session.



Dr. Yashwant Chathampally
Associate Chief Medical Officer & SVP
Quality & Patient Safety

- Pages 32 – 47 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Wednesday, April 8, 2026

Executive Session

Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session.



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

- Pages 49 – 52 Were Intentionally Left Blank -

Wednesday, April 8, 2026

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

The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on March 10, 2026.

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

Thank you.



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

Board of Trustees



April 2026 Medical Staff Credentials Report

Medical Staff Initial Appointments: 14

BCM Medical Staff Initial Appointments - 8

UT Medical Staff Initial Appointments - 5

HCHD Medical Staff Initial Appointments- 1

Medical Staff Reappointments: 0

BCM Medical Staff Reappointments

UT Medical Staff Reappointments

HCHD Medical Staff Reappointments

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 5

BCM/UT/HCHD Medical Staff Resignations: 6

For Information

Leave of Absence - 2

Temporary Privileges Awaiting Board Approval - 9

Urgent Patient Care Need Privileges Awaiting Board Approval - 2

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2

Medical Staff Initial Appointment Files for Discussion - 2

Medical Staff Reappointment Files for Discussion - 0

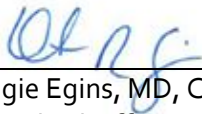
Meeting of the Board of Trustees

Wednesday, April 8, 2026

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

The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Medical Staff on March 9, 2026.

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



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

April 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 5

Medical Staff Reappointments: 0

Medical Staff Resignations: 4

Medical Staff Files for Discussion: 0

[Wednesday, April 8, 2026](#)

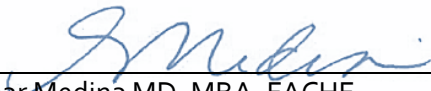
[Committee Reports](#)

Committee Meetings:

- [Quality Committee – March 24, 2026 \(Open Session\)](#)
 - HRO Safety Message: A Minute for Medicine video was displayed regarding “Time Out – Universal Protocol”
 - Presentation Regarding Hospital at Home

Wednesday, April 8, 2026

Consideration of Approval of a Resolution Committing Support by Harris Health's Board of Trustees and Administration for Level III Trauma Services at Lyndon B. Johnson Hospital



Glorimar Medina MD, MBA, FACHE
CEO Hospital Campuses

BOARD OF TRUSTEES RESOLUTION

April 8, 2026

Resolution Committing Support by Harris Health’s Board of Trustees and Administration for Level III Trauma Services at Lyndon B. Johnson Hospital

WHEREAS the citizens of Harris County require access to high quality Trauma Services; and

WHEREAS the staff in the Level III Trauma Center at Lyndon B. Johnson Hospital attended to nearly 78,505 Emergency patient visits in 2025 and play a vitally important role in delivering care for residents of Harris County, and

WHEREAS a documented affirmation of leadership commitment to support the Level III Trauma Center at LBJ Hospital is important to assure clear direction on the part of Harris Health.

NOW THEREFORE, BE IT RESOLVED THAT

The Board of Trustees and the Administration of Harris Health commit to continue providing Level III Trauma Services at Lyndon B. Johnson Hospital and to meet the standards required by the American College of Surgeons and the Texas Department of Health, and to continue active participation in the Southeast Texas Regional Advisory Council (SETRAC).

PASSED AND APPROVED this 8th day of April, 2026.

Andrea Caracostis, MD, MPH
Chair, Harris Health Board of Trustees

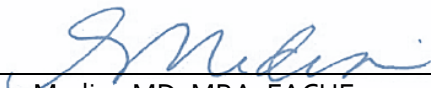
Esmaeil Porsa, MD, MBA, MPH, CCHP-A
President & CEO, Harris Health

Attest:

Carol Paret, BS
Vice Chair, Harris Health Board of Trustees
on behalf of Libby Viera-Bland, AICP
Secretary, Harris Health Board of Trustees

Wednesday, April 8, 2026

Consideration of Approval of a Resolution Committing Support by Harris Health's
Board of Trustees for Maternal Level of Care Program at Ben Taub Hospital



Glorimar Medina MD, MBA, FACHE
CEO Hospital Campuses

BOARD OF TRUSTEES RESOLUTION

April 8, 2026

**Resolution Committing Support by Harris Health’s Board of Trustees
for Maternal Level of Care Program at Ben Taub Hospital**

WHEREAS, the citizens of Harris County require access to high quality Maternal Care Services; and

WHEREAS, the staff in the State designated Maternal Care Level IV facility at Ben Taub Hospital attended 4385 maternal patient visits in 2025 and delivered 2698 infants; they play a vital role in delivering care for the residents of Harris County; and

WHEREAS, Ben Taub Hospital’s Maternal Level of Care Program leadership is an active member of the Southeast Texas Regional Advisory Council (SETRAC) and have engaged in planning activities organized by SETRAC to coordinate and improve the care of maternal patients in the community; and

WHEREAS, be it resolved that the Board of Trustees and Administration support the efforts of Harris Health’s Medical Board to ask for a continuation of the State designated Maternal Care Level IV facility at Ben Taub Hospital.

NOW THEREFORE, BE IT RESOLVED THAT

The Board of Trustees of Harris Health and the Administration of the Harris Health commit to continuing meeting the Maternal of Care Level IV at Ben Taub Hospital as promulgated by the American College of Obstetricians & Gynecologists and the Texas Department of State Health Services.

PASSED AND APPROVED this 8th day of April, 2026.

Andrea Caracostis, MD, MPH
Chair, Harris Health Board of Trustees

Esmaeil Porsa, MD, MBA, MPH, CCHP-A
President & CEO, Harris Health

Attest:

Carol Paret, BS
Vice Chair, Harris Health Board of Trustees
on behalf of Libby Viera-Bland, AICP
Secretary, Harris Health Board of Trustees



Kimberly J. Williams, JD
Harris County Purchasing Agent

March 27, 2026

Board of Trustees Office
Harris Health

RE: Board of Trustees Meeting – April 8, 2026
Budget and Finance Agenda Items

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

- A. Approvals
- B. Harris Health Premier Spend Report for Q1 FY2026 (10/01/25 thru 12/31/25) information only, no action requested.

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

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

Expenditure Summary: April 08, 2026 (Approvals)

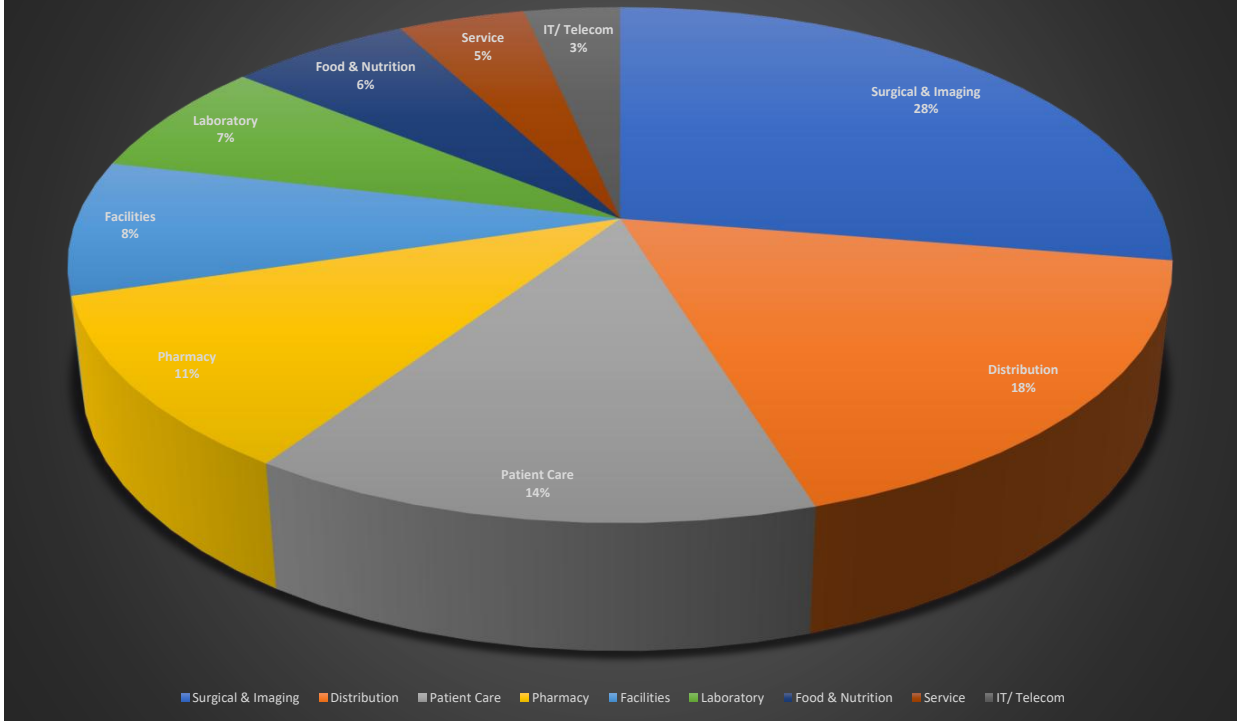
No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Jones Lange LaSalle American, Inc. (HCHD-436) MWBE Goal: 11.4%	Construction Manager-Agent for Harris Health - The additional funds are necessary to cover the continued provision of project management and procurement services in support of the LBJ Hospital Expansion project through the end of 2029. <i>Job No. 200322, Board Motion 24.03-38</i>	Additional Funds April 25, 2025 through April 24, 2026	Babak Zare	\$ 7,468,075	\$ 12,100,000
A2	O'Donnell Snider Construction LLC MWBE Goal: 15.08%	Renovation of CT Scan Suite and CT Simulator Suite at Smith Clinic for Harris Health - To provide all labor, materials, equipment and incidental for the Renovation of CT Scan Suite and CT Simulator Suite at Smith Clinic. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 250286</i>	Award Best proposal meeting requirements	Tarek Rahhal		\$ 1,479,384
A3	Azteca Enterprises, LLC MWBE Goal: 16.6%	Radiographic X-Ray Room Renovation at Multiple Clinics for Harris Health - To provide all labor, materials, equipment and incidental for the Radiographic X-Ray Room Renovation at Gulfgate Health Center, Settegast Health Center, and Strawberry Health Clinic. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 250373</i>	Award Best proposal meeting requirements	Babak Zare		\$ 1,307,029
A4	J.T. Vaughn Construction, LLC. (HCHD-1835) MWBE Goal: 39.07%	Replacement of Smith Clinic Radiology and Fluoroscopy for Harris Health - To provide all labor, materials, equipment and incidental for the replacement of Smith Clinic radiology and fluoroscopy. The owner contingency provides for coverage of unanticipated costs throughout the construction project. <i>Job No. 250411</i>	Award Best proposal meeting requirements	Babak Zare		\$ 934,500
A5	Gowan Garrett, Inc. (Choice Partners 22/049MF-10) MWBE Goal: 46.4%	Replacement of Rooftop Units (RTUs), Variable Air Volume (VAV) Boxes, and a Mini-Split System at Multiple Clinics for Harris Health - To provide all labor, materials, equipment and incidental for replacement of all Rooftop Units (RTUs), Variable Air Volume (VAV) Boxes, and a Mini-Split System. The owner contingency provides for coverage on unanticipated costs throughout the project. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Award Lowest complete quote meeting specifications	Terry Elliot		\$ 704,378
A6	Axogen Corporation (HCHD-1716) MWBE Goal: Exempt Public Health or Safety	Avance Nerve Grafts for Harris Health - To continue providing nerve grafts used in surgical repair of peripheral nerve damage throughout the body. <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Charles Motley		\$ 464,320
A7	Olympus America, Inc. (HCHD-1398) MWBE Goal: Exempt Sole Source	Equipment Repair Services for Harris Health - Additional funds are required to add equipment repair coverage for newly purchased Olympus brand endoscopes at Harris Health. <i>Sole Source Exemption</i>	Additional Funds Sole Source Exemption November 01, 2025 through October 31, 2026	James Young	\$ 863,705	\$ 381,825

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
					Total Expenditures	\$ 17,371,436
					Total Revenue	\$ (0)

Wednesday, April 8, 2026

Harris Health First Quarter of Fiscal Year 2026 Premier Spend Report
for Information Only

HARRIS HEALTH PREMIER SPEND Q1 FY2026 BY CONTRACT CATEGORY
October 1 thru December 31, 2025



HARRIS HEALTH PREMIER Q1 SPEND FY2026	
10/01/25 - 12/31/25	
Premier Contract Category	Q1 Spend FY2026
Surgical & Imaging	\$ 19,591,694
Distribution	\$ 12,496,326
Patient Care	\$ 10,042,067
Pharmacy	\$ 7,763,206
Facilities	\$ 5,978,564
Laboratory	\$ 5,132,683
Food & Nutrition	\$ 4,478,504
Service	\$ 3,146,761
IT/Telecom	\$ 2,375,424
Grand Total	\$ 71,005,228

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
MEDLINE INDUSTRIES, LP	\$13,309,223
STRYKER SALES, LLC DBA STRYKER MEDICAL	\$3,538,096
RAULAND-BORG CORPORATION	\$3,451,014
US FOODS, INC.	\$3,324,807
CARDINAL HEALTH 200, LLC	\$2,965,372
GLOBO LANGUAGE SOLUTIONS, LLC	\$2,256,338
ABBOTT LABORATORIES INC.	\$2,162,976
MORRIS & DICKSON CO., L.L.C.	\$2,020,823
BOSTON SCIENTIFIC CORPORATION	\$1,536,037
GE PRECISION HEALTHCARE LLC	\$1,391,443
JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC.	\$1,375,346
BECTON, DICKINSON AND COMPANY	\$1,123,573
PFIZER (BRAND)	\$1,113,444
COVIDIEN SALES LLC	\$1,102,695
GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES, INC.	\$1,082,746
MASIMO AMERICAS, INC.	\$854,974
SMITH & NEPHEW INC - ORTHOPAEDIC DIVISION	\$784,043
BECKMAN COULTER, INC.	\$709,673
BAXTER HEALTHCARE CORPORATION MEDICAL PRODUCTS - INFUSION PUMPS	\$670,592
INSIGHT DIRECT USA, INC.	\$658,791
PHILIPS HEALTHCARE	\$614,085
STERIS CORPORATION	\$610,068
NEUROLOGICA CORP	\$602,295
VERITIV OPERATING COMPANY	\$581,033
FFF ENTERPRISES, INC.	\$567,814
GE HEALTHCARE INC.	\$554,487
MEDTRONIC, INC.	\$532,422
CSL BEHRING L.L.C.	\$524,081
W.W. GRAINGER, INC.	\$493,579
HOWMEDICA OSTEONICS CORP. DBA STRYKER ORTHOPAEDICS	\$489,585
ODP BUSINESS SOLUTIONS, LLC	\$483,571
LABORATORY CORPORATION OF AMERICA HOLDINGS	\$475,419
PFIZER (GENERIC)	\$441,616
GETINGE USA SALES, LLC	\$436,759
BIOMERIEUX, INC.	\$433,010
SWISSLOG HEALTHCARE	\$419,481
ABBVIE INC. DBA ABBVIE US LLC	\$383,644
FUJIFILM SONOSITE, INC.	\$367,430
CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	\$353,254
PARTSSOURCE, INC.	\$348,401
WELCH ALLYN, INC.	\$343,358
SYSMEX AMERICA, INC.	\$287,932
HILL-ROM COMPANY, INC.	\$283,873
LANTHEUS MEDICAL IMAGING, INC.	\$281,808

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
FRESENIUS KABI USA, LLC	\$270,860
CDW CORPORATION	\$254,932
PENUMBRA INC	\$254,635
ICU MEDICAL SALES, INC.	\$248,166
PC CONNECTION, INC.	\$243,154
KIMBALL INTERNATIONAL BRANDS, INC.	\$234,861
SOLVENTUM US LLC	\$232,674
LEICA MICROSYSTEMS INC.	\$223,588
COOK MEDICAL LLC	\$210,502
STRYKER SALES, LLC DBA STRYKER INSTRUMENTS	\$198,184
GEORGIA-PACIFIC CONSUMER PRODUCTS LP	\$194,313
STRYKER SALES, LLC DBA STRYKER ENDOSCOPY	\$193,951
KARL STORZ ENDOSCOPY-AMERICA, INC.	\$191,791
CAREFUSION SOLUTIONS, LLC	\$189,690
NOVA BIOMEDICAL CORPORATION	\$188,758
ZIEHM-ORTHOSCAN, INC.	\$185,000
SHOCKWAVE MEDICAL, INC.	\$179,550
OLYMPUS AMERICA INC.	\$179,415
TELEFLEX LLC	\$173,299
JUBILANT DRAXIMAGE INC.	\$173,126
CHIESI USA, INC	\$167,922
EDWARDS LIFESCIENCES LLC	\$167,229
STEELCASE INC.	\$158,748
VESTIS SERVICES, LLC	\$151,665
BAXTER HEALTHCARE CORPORATION BIOPHARMA SOLUTIONS	\$144,271
TENNANT SALES AND SERVICE COMPANY	\$140,031
STRYKER SALES, LLC DBA STRYKER CRANIOMAXILLOFACIAL	\$135,882
ASTELLAS PHARMA US, INC.	\$135,136
AVKARE, LLC	\$131,612
AGILITI HEALTH, INC.	\$130,264
MOLNLYCKE HEALTH CARE US, LLC	\$129,957
PROFESSIONAL DISPOSABLES INTERNATIONAL, INC.	\$128,492
KCI USA, INC. DBA 3M MEDICAL SOLUTIONS	\$127,081
BARD MEDICAL DIVISION	\$126,196
LYFT	\$122,493
MILLERKNOLL, INC. DBA HERMAN MILLER, INC.	\$120,424
ERBE USA, INC.	\$119,889
MIDMARK SALES CORPORATION	\$119,819
MERCK SHARP & DOHME LLC	\$117,330
PERFORMANCE HEALTH SUPPLY, LLC	\$116,636
B. BRAUN MEDICAL INC.	\$115,075
QUVA PHARMA, INC.	\$114,760
LINDE GAS & EQUIPMENT INC.	\$112,304
SOFIE CO.	\$110,735

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
SHARED IMAGING, LLC	\$109,950
FISHER SCIENTIFIC HEALTHCARE	\$109,698
MUSCULOSKELETAL TRANSPLANT FOUNDATION	\$106,629
STANDARD TEXTILE CO., INC.	\$105,477
PRECISION DYNAMICS CORPORATION	\$104,118
HIKMA PHARMACEUTICALS USA INC.	\$102,215
AMERISOURCE HEALTH SERVICES, LLC DBA AMERICAN HEALTH PACKAGING	\$101,032
NESTLE HEALTHCARE NUTRITION, INC. DBA NESTLE HEALTH SCIENCE	\$99,986
ECOLAB USA INC.	\$99,647
OURPHARMA, LLC	\$95,939
SUNMED GROUP HOLDINGS, LLC DBA AIRLIFE	\$95,815
ACUMED LLC	\$95,779
BAUSCH HEALTH US, LLC	\$94,697
GLOBAL INDUSTRIES, INC. DBA GLOBAL FURNITURE GROUP	\$93,556
DIAGNOSTICA STAGO INC.	\$93,238
I.B.S. SOLUTIONS CORPORATION	\$92,228
APPLIED MEDICAL DISTRIBUTION CORPORATION	\$90,184
SIRTEX MEDICAL INC.	\$89,300
AESULAP, INC.	\$86,902
EHOB, LLC	\$85,296
BAYER HEALTHCARE LLC	\$83,626
BARD PERIPHERAL VASCULAR, INC.	\$81,173
AT&T MOBILITY NATIONAL ACCOUNTS LLC	\$80,820
REMEL INC.	\$80,179
HOLOGIC SALES AND SERVICE, LLC	\$78,392
ENCOMPASS GROUP, LLC	\$75,364
TIDI PRODUCTS, LLC	\$75,355
HEALTHMARK INDUSTRIES CO., INC.	\$74,315
VERATHON INC.	\$70,460
MERIT MEDICAL SYSTEMS, INC.	\$70,239
SUN PHARMACEUTICAL INDUSTRIES, INC.	\$69,784
PACTIV LLC	\$69,575
DOLE PACKAGED FOODS COMPANY	\$69,378
PEPSICO FOODSERVICE	\$68,723
ADVANCED STERILIZATION PRODUCTS SERVICES INC.	\$68,575
GLAXOSMITHKLINE INC.	\$67,753
THE CLOROX SALES COMPANY	\$67,321
DRAEGER, INC.	\$67,174
STEELCOBELIMED INC.	\$64,155
SABERT CORPORATION	\$63,815
RICHARD-ALLAN SCIENTIFIC LLC	\$62,215
FISHER & PAYKEL HEALTHCARE, INC.	\$61,590
CONVATEC INC.	\$61,463
INARI MEDICAL, INC.	\$59,000

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
AMERICAN REGENT, INC.	\$58,517
ARUP LABORATORIES, INC.	\$58,506
MICHAEL FOODS, INC.	\$57,839
QUIDELORTHO SALES COMPANY, LLC	\$57,180
TEVA PHARMACEUTICALS USA (BRAND)	\$56,920
SKYTRON, LLC	\$56,093
MEDELA LLC	\$55,290
HORMEL FOODS CORPORATION	\$54,147
THE J. M. SMUCKER COMPANY	\$54,072
ZIMMER US, INC. DBA ZIMMER BIOMET	\$54,035
ANGIODYNAMICS, INC.	\$53,913
SANOFI-AVENTIS U.S. LLC	\$53,712
SMITH & NEPHEW, INC.	\$52,016
LIFENET HEALTH	\$51,658
INTEGRA LIFESCIENCES CORPORATION	\$51,346
KIMBERLY-CLARK GLOBAL SALES, LLC	\$50,481
BAXTER HEALTHCARE CORPORATION	\$49,853
MYLAN INSTITUTIONAL INC.	\$49,451
DEROYAL INDUSTRIES, INC.	\$47,509
W. L. GORE & ASSOCIATES, INC.	\$46,687
INTERNATIONAL BIOMEDICAL, LTD.	\$46,484
SIEMENS MEDICAL SOLUTIONS USA, INC.	\$43,000
3M COMPANY	\$41,155
BOEHRINGER LABORATORIES, LLC	\$41,004
FAGRON COMPOUNDING SERVICES, LLC DBA FAGRON STERILE SERVICES	\$40,997
KRAFT HEINZ FOODS COMPANY, FOODSERVICE DIVISION	\$39,093
LEICA BIOSYSTEMS A DIVISION OF LEICA MICROSYSTEMS INC.	\$38,599
AMPHASTAR PHARMACEUTICALS, INC.	\$35,741
ADVANCE MEDICAL DESIGNS, INC.	\$35,607
SCIENTIA VASCULAR, INC.	\$35,580
KERECIS LLC	\$34,247
ASTRAZENECA PHARMACEUTICALS LP	\$33,006
BELMONT INSTRUMENT, LLC DBA BELMONT MEDICAL TECHNOLOGIES	\$32,671
TRI-ANIM HEALTH SERVICES, INC.	\$32,267
HEALTH CARE LOGISTICS, INC.	\$32,075
PRESTIGE AMERITECH, LTD. DBA S2S GLOBAL	\$31,566
TYSON FOODS, INC.	\$31,540
US MED-EQUIP, LLC	\$31,172
BIO-RAD LABORATORIES, INC.	\$30,221
TAYLOR HEALTHCARE (FORMERLY STANDARD REGISTER)	\$29,707
BAVARIAN NORDIC INC.	\$29,347
CARCO GROUP, INC. DBA PRECHECK	\$28,750
PHILIPS DS NORTH AMERICA LLC	\$28,519
SMITH & NEPHEW INC - WOUND MANAGEMENT DIVISION	\$27,972

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
APOTEX CORP.	\$26,924
O&M HALYARD, INC.	\$26,532
EUGIA US LLC	\$25,413
ASPEN MEDICAL PRODUCTS, LLC	\$25,405
CIPLA USA INC.	\$25,143
VAPOTHERM, INC.	\$25,010
SAGENT PHARMACEUTICALS, INC.	\$24,820
US FOODS CULINARY EQUIPMENT & SUPPLIES	\$24,783
CONAGRA FOODS INC	\$24,324
SOLAIRE MEDICAL STORAGE, LLC DBA INNERSPACE H.C.	\$22,701
MEDEGEN MEDICAL PRODUCTS, LLC	\$22,363
CONMED CORPORATION	\$22,235
CORDIS US CORP.	\$21,263
NALCO COMPANY LLC	\$21,026
MXR IMAGING, INC.	\$20,758
DJO GLOBAL, INC.	\$20,473
MAJOR PHARMACEUTICALS	\$20,301
BSN MEDICAL, INC.	\$20,183
RADIOMETER AMERICA INC.	\$19,570
MCKESSON MEDICAL-SURGICAL INC.	\$19,266
HAMILTON MEDICAL, INC.	\$19,032
SARA LEE FROZEN BAKERY, LLC	\$18,377
BAUSCH & LOMB AMERICAS INC.	\$17,694
SLMP, LLC DBA STATLAB MEDICAL PRODUCTS	\$17,694
DIVERSEY, INC.	\$17,660
AVANOS MEDICAL, INC.	\$17,593
BRASSELER U.S.A. MEDICAL, LLC	\$17,263
BONESUPPORT INC.	\$17,092
GENERAL MILLS INC.	\$16,766
PEPSICO INC.	\$16,612
ASAHI INTECC USA, INC.	\$16,610
MEDTRITION, INC.	\$16,443
CAMPBELL FOODSERVICE COMPANY	\$16,118
WG CRITICAL CARE, LLC	\$15,832
DART CONTAINER CORPORATION	\$15,808
URGO MEDICAL NORTH AMERICA	\$15,745
DR. REDDY'S LABORATORIES, INC.	\$14,885
COOPERSURGICAL, INC.	\$14,850
SENSOSCIENTIFIC, LLC	\$14,835
NEOGENOMICS LABORATORIES, INC.	\$14,695
DAVOL INC.	\$14,522
KURIN, INC.	\$14,000
MEAD JOHNSON & COMPANY, LLC	\$13,979
PAR HEALTH USA, LLC	\$13,721

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
MONDELEZ INTERNATIONAL, INC.	\$13,659
HENRY SCHEIN, INC.	\$13,490
ABBOTT NUTRITION	\$12,839
COUNTRY PURE FOODS, INC.	\$12,816
MELINTA THERAPEUTICS, LLC	\$12,683
STERIS INSTRUMENT MANAGEMENT SERVICES, INC.	\$12,052
AMBU INC.	\$11,955
EXELA PHARMA SCIENCES, LLC	\$11,927
RETRACTABLE TECHNOLOGIES, INC.	\$11,889
ACUTE CARE PHARMACEUTICALS	\$11,653
MICROTEK MEDICAL LLC	\$11,133
ASPEN SURGICAL PRODUCTS, INC.	\$11,026
KOCH FOODS	\$10,905
INTEGRA LIFESCIENCES SALES LLC	\$10,807
TZ MEDICAL, INC.	\$10,750
PACIRA PHARMACEUTICALS, INC.	\$10,704
COLOPLAST CORP.	\$10,620
TRILLIANT SURGICAL, LLC	\$10,449
HOSHIZAKI AMERICA, INC.	\$10,368
WADDINGTON NORTH AMERICA, INC.	\$10,211
KELLANOVA	\$10,209
WELLS DAIRY, INC.	\$10,196
TELA BIO, INC.	\$9,975
HORIZON ORGANIC DAIRY, LLC	\$9,871
LABORIE MEDICAL TECHNOLOGIES CORP.	\$9,870
PROGRESSIVE MEDICAL, INC.	\$9,736
BRACCO DIAGNOSTICS INC.	\$9,608
HELMER SCIENTIFIC, LLC	\$9,566
STERICYCLE, INC.	\$9,538
PAI HOLDINGS, LLC DBA PAI PHARMA	\$9,262
TEVA PHARMACEUTICALS USA (GENERIC)	\$9,191
AMD MEDICOM INC.	\$9,122
AMERICAN AIR FILTER COMPANY INC DBA AAF INTERNATIONAL	\$8,880
NOVARTIS PHARMACEUTICALS CORPORATION	\$8,759
THE COCA-COLA COMPANY	\$8,627
LITTLE RAPIDS HOLDING CORPORATION DBA GRAHAM MEDICAL	\$8,490
STELLEX/CF BUYER (US) LLC	\$8,342
LANDAUER, INC.	\$8,312
KEDRION BIOPHARMA INC.	\$8,300
ANCHOR PACKAGING	\$8,257
MANNINGTON MILLS INC.	\$8,255
BPI LABS, LLC	\$8,151
LSL INDUSTRIES, LLC DBA LSL HEALTHCARE	\$8,092
CHOBANI LLC	\$8,044

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
SANDOZ INC.	\$7,927
BIOVENTUS LLC	\$7,876
SANARA MEDTECH INC.	\$7,475
ACTION HEALTH	\$6,886
NESTLE PROFESSIONAL NORTH AMERICA	\$6,873
HOVERTECH INTERNATIONAL	\$6,817
SHASTA FOODSERVICE DIVISION OF SHASTA BEVERAGES, INC	\$6,794
BRISTOL MYERS SQUIBB US PHARM	\$6,710
BOEHRINGER INGELHEIM PHARMACEUTICALS, INC.	\$6,700
PILGRIM'S PRIDE CORPORATION	\$6,673
HARTMANN USA, INC.	\$6,563
ULTRAVIOLET DEVICES, INC.	\$6,470
BIOTISSUE HOLDINGS INC.	\$6,449
INTERSURGICAL INCORPORATED	\$6,393
GREINER BIO-ONE NORTH AMERICA, INC.	\$6,237
OHIO MEDICAL, LLC	\$6,107
ARMSTRONG WORLD INDUSTRIES, INC.	\$6,096
BLUETRITON BRANDS, INC.	\$5,961
WERFEN USA LLC	\$5,776
SPECGX LLC	\$5,697
OLE MEXICAN FOODS, INC.	\$5,587
WK KELLOGG SALES LLC	\$5,513
WELLS PHARMA OF HOUSTON, LLC	\$5,453
AERO US INC. DBA AEROGEN	\$5,364
GOJO INDUSTRIES, INC.	\$5,333
ALCON VISION, LLC	\$5,319
ZYDUS PHARMACEUTICALS (USA) INC.	\$5,307
FLEXICARE INCORPORATED	\$5,287
INTERMETRO INDUSTRIES CORPORATION	\$5,164
CARLISLE FOODSERVICE PRODUCTS	\$5,089
BAXTER HEALTHCARE CORPORATION MEDICAL PRODUCTS - SPECIALTY PHARMA	\$4,925
OWENS & MINOR DISTRIBUTION, INC.	\$4,842
KLS MARTIN LP	\$4,815
LONG GROVE PHARMACEUTICALS, LLC	\$4,792
MEDICAL POSITIONING, INC.	\$4,785
NEPHRON PHARMACEUTICALS CORPORATION	\$4,766
B&G FOODS, INC.	\$4,765
KOCH FILTER CORPORATION	\$4,750
LAND O'LAKES, INC.	\$4,710
NOVOLEX HERITAGE BAG, LLC	\$4,638
MEDICAL COMPONENTS, INC.	\$4,600

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
HOLLISTER INCORPORATED	\$4,510
KNOUSE FOODS CO-OP INC	\$4,507
PHARMA LOGISTICS	\$4,507
BASIC AMERICAN FOODS	\$4,451
MICRO-TECH ENDOSCOPY USA, INC.	\$4,402
CUSTOM CULINARY, INC.	\$4,379
SOMERSET PHARMA LLC	\$4,367
CONTEC, INC.	\$4,351
CASE MEDICAL, INC.	\$4,317
TRI-UNION SEAFOODS, LLC DBA CHICKEN OF THE SEA INTERNATIONAL	\$4,214
RESER'S FINE FOODS, INC.	\$4,175
NISSHA MEDICAL TECHNOLOGIES	\$4,132
GRACE MEDICAL, INC.	\$4,055
BE PHARMACEUTICALS, INC.	\$3,935
GLOBUS MEDICAL NORTH AMERICA, LLC	\$3,810
MICROGENICS CORPORATION	\$3,756
ALBA BIOSCIENCE, INC.	\$3,694
SWEET STREET DESSERTS, INC.	\$3,670
ASPIRE BAKERIES LLC	\$3,670
J & J SNACK FOODS CORP	\$3,626
GENDOSE PHARMACEUTICALS	\$3,486
AZURITY PHARMACEUTICALS, INC.	\$3,360
ENERGIZER BATTERY COMPANY	\$3,114
QUEST DIAGNOSTICS INCORPORATED	\$3,053
HOFFMASTER GROUP, INC.	\$2,897
HERITAGE PHARMACEUTICALS INC. DBA AVET PHARMACEUTICALS INC.	\$2,889
CONMED LINVATEC	\$2,764
RICH PRODUCTS CORPORATION	\$2,752
BEUTLICH PHARMACEUTICALS, LLC	\$2,721
MEDTRONIC USA, INC.	\$2,693
NOVO NORDISK INC.	\$2,690
HUB PHARMACEUTICALS, LLC	\$2,662
PRECISION DOSE, INC.	\$2,631
STRATUS PHARMACEUTICALS, INC.	\$2,630
RISING PHARMA HOLDINGS, INC. DBA RISING PHARMACEUTICALS	\$2,619
KENVUE BRANDS LLC	\$2,600
JOHNSONVILLE, LLC	\$2,549
ANSELL HEALTHCARE PRODUCTS LLC	\$2,538
AMNEAL PHARMACEUTICALS LLC	\$2,438
SMITH & NEPHEW INC - ENDOSCOPY DIVISION	\$2,330
CONTINENTAL MILLS, INC. DBA THE KRUSTEAZ COMPANY	\$2,278

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
STERNO PRODUCTS	\$2,256
PADAGIS US LLC	\$2,243
CMP PHARMA, INC.	\$2,110
THE PROCTER & GAMBLE DISTRIBUTING LLC	\$2,105
SUGAR FOODS LLC	\$2,071
CONCORDANCE HEALTHCARE SOLUTIONS LLC	\$2,053
CARDIOVASCULAR SYSTEMS, INC.	\$2,000
MCCORMICK & COMPANY, INC.	\$1,976
SECURITAS HEALTHCARE LLC	\$1,965
TARRY MEDICAL PRODUCTS DBA DANDLELION MEDICAL	\$1,926
MEITHEAL PHARMACEUTICALS, INC.	\$1,819
CARRIER CORPORATION	\$1,791
BIOCON BIOLOGICS INC.	\$1,726
SMITHFIELD FOODS, INC.	\$1,649
CYGNUS MEDICAL L.L.C.	\$1,639
SCHWAN'S FOOD SERVICE, INC.	\$1,615
BROOKWOOD FARMS, INC.	\$1,559
CARL ZEISS MEDITEC USA, INC.	\$1,526
J.R. SIMPLOT COMPANY	\$1,481
ASP GLOBAL, LLC	\$1,461
BLICKMAN INDUSTRIES, LLC	\$1,405
CAMBRO MANUFACTURING COMPANY	\$1,404
KRUEGER INTERNATIONAL, INC.	\$1,401
ADVANTICE HEALTH, LLC	\$1,362
CINTAS CORPORATION NO. 2	\$1,355
MERCURY ENTERPRISES, INC. DBA MERCURY MEDICAL	\$1,354
ROBERT BUSSE & CO., INC. DBA BUSSE HOSPITAL DISPOSABLES	\$1,330
DEL MONTE FOODS CORPORATION II INC.	\$1,313
ALADDIN TEMP-RITE	\$1,306
GUERBET LLC	\$1,300
MGC DIAGNOSTICS CORPORATION	\$1,259
PERDUE FOODS LLC	\$1,258
M.C.I. FOODS, INC.	\$1,235
DANONE NORTH AMERICA	\$1,231
CIVCO MEDICAL SOLUTIONS	\$1,228
FEDERAL EXPRESS CORPORATION	\$1,227
EDENBRIDGE PHARMACEUTICALS, LLC DBA DEXCEL PHARMA USA	\$1,180
SPECTRUM VASCULAR	\$1,176
KETTLE CUISINE	\$1,166
ADVAGEN PHARMA LTD.	\$1,119
BIONIX, LLC	\$1,112
MARS FOOD US, LLC	\$1,098
HANDGARDS, INC.	\$1,010
MIZUHO ORTHOPEDIC SYSTEMS, INC. DBA MIZUHO OSI	\$1,004

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
LYONS MAGNUS	\$988
MERISANT US, INC.	\$945
DIVERSIFIED FOODS, INC.	\$920
UPSHER-SMITH LABORATORIES, LLC	\$903
STRYKER SUSTAINABILITY SOLUTIONS, INC.	\$850
DAISY BRAND, LLC	\$832
OCEAN SPRAY	\$819
DARLINGTON COOKIE COMPANY DBA DARLINGTON SNACKS	\$796
NOVADOZ PHARMACEUTICALS, LLC	\$789
VIATRIS SPECIALTY LLC	\$756
CONOPCO, INC DBA UNILEVER NA FOODSOLUTIONS	\$745
XIROMED, LLC	\$737
SMITHS MEDICAL ASD, INC.	\$711
FERNDALE LABORATORIES, INC.	\$691
ELI LILLY AND COMPANY	\$677
ALVOGEN, INC.	\$672
KIKKOMAN SALES USA, INC	\$653
NESTLE USA, INC.	\$638
ECO-PRODUCTS, PBC	\$629
LACTALIS AMERICAN GROUP, INC.	\$590
BRAINTREE LABORATORIES, INC.	\$585
HERSHEY	\$573
GERI-CARE PHARMACEUTICALS CORP.	\$571
RON'S HOME STYLE FOODS, INC.	\$565
LEADIANT BIOSCIENCES, INC. FKA SIGMA-TAU PHARMACEUTICALS, INC.	\$561
KING CHEESECAKE COMPANY, INC.	\$558
BRIDGFORD FOODS CORPORATION	\$539
GEHLS FOODS	\$491
ENDO USA, INC.	\$471
HIGH LINER FOODS	\$468
METREX RESEARCH, LLC	\$468
MEGAMEX FOODS, LLC	\$452
GREENFIELD GLOBAL USA INC.	\$448
KENTEC MEDICAL, INC.	\$446
ELKAY PLASTICS CO., INC. DBA LK PACKAGING	\$438
THE SHERWIN-WILLIAMS COMPANY	\$415
KEN'S FOODS, INC.	\$415
SHEATHING TECHNOLOGIES, INC.	\$411
C.H. GUENTHER & SON, INC.	\$408
ANI PHARMACEUTICALS	\$407
SKLAR CORPORATION	\$402
XGEN PHARMACEUTICALS DJB, INC.	\$378
URESIL, LLC	\$370
MYCO MEDICAL SUPPLIES INC.	\$364

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
TC HEARTLAND LLC DBA HEARTLAND FOOD PRODUCTS GROUP	\$341
SIEMENS HEALTHCARE DIAGNOSTICS INC.	\$332
CANVIY, LLC.	\$314
MONAGHAN MEDICAL CORPORATION	\$306
AMNEAL BIOSCIENCES, LLC	\$296
MCCAIN FOODS USA, INC.	\$289
GRIFOLS USA, LLC	\$263
GLOBAL EQUIPMENT COMPANY INC. DBA GLOBAL INDUSTRIAL	\$261
SOL-MILLENNIUM MEDICAL INC	\$252
KERMA MEDICAL PRODUCTS, INC.	\$251
KING'S HAWAIIAN BAKERY WEST, INC.	\$250
RICHARD WOLF MEDICAL INSTRUMENTS CORP.	\$248
DYMA BRANDS, INC.	\$238
RUIZ FOOD PRODUCTS, INC.	\$218
NETWORK SERVICES COMPANY DBA NETWORK DISTRIBUTION	\$215
UNITED RENTALS (NORTH AMERICA), INC.	\$200
LIPTON TEAS AND INFUSIONS MSO USA LLC	\$190
RHODES PHARMACEUTICALS, L.P.	\$171
PATRIN PHARMA, INC.	\$165
MYLAN PHARMACEUTICALS INC.	\$164
EMBECTA MEDICAL II LLC DBA EMBECTA	\$162
THEA PHARMA INC	\$162
FERRERO U.S.A., INC.	\$160
BEYOND MEAT, INC.	\$150
KING & PRINCE SEAFOOD CORPORATION	\$144
AJANTA PHARMA USA INC.	\$135
THE HERTZ CORPORATION	\$126
GLENMARK PHARMACEUTICALS INC., USA	\$113
PIRAMAL HEALTHCARE	\$105
THE ORIGINAL CAKERIE LTD	\$96
T MARZETTI COMPANY	\$93
BRANDING IRON HOLDINGS, INC.	\$77
ORGANON USA, INC.	\$76
BARILLA AMERICA INC.	\$74
ACCORD HEALTHCARE, INC.	\$73
BREG, INC.	\$73
HR PHARMACEUTICALS, INC. DBA HR HEALTHCARE	\$69
LANTMANNEN UNIBAKE USA, INC.	\$59
PRAIRIE MILLS BAKING COMPANY, LLC DBA BAKE CRAFTERS FOOD COMPANY	\$51

HARRIS HEALTH PREMIER SPEND Q1 FY2026 (10/01/25 thru 12/31/25)	
SUPPLIER	SPEND
MCKEE FOODS CORPORATION	\$48
ROLAND FOODS, LLC	\$37
MEDEFIL, INC.	\$36
CARRIER ENTERPRISE, LLC	\$33
BIRCHWOOD LABORATORIES INC	\$32
RED GOLD, LLC	\$29
MARKETLAB, INC.	\$26
AUROBINDO PHARMA USA, INC.	\$26
ALORA PHARMACEUTICALS, LLC	\$22
UNILEVER FOODSOLUTIONS	\$20
PLZ CORP.	\$18
GRAND TOTAL	\$71,005,228

Wednesday, April 8, 2026

Consideration of Approval of Contract Recommendations
(Items B1-B3 of the Contract Matrix)

Contract Recommendations:

B1. Interlocal Agreement

- Contractor: Health and Human Services Commission (HHSC)
- Project Owner: Pollie Martinez
- Term: September 1, 2026 – August 31, 2027
- Amount: \$315,588

B2. AdHoc Agreement

- Contractor: Jackson Walker LLP
- Project Owner: Sara Thomas
- Term: February 1, 2026 – January 31, 2027
- Amount: \$1,500,000

B3. AdHoc Agreement

- Contractor: Bracewell LLP
- Project Owner: Sara Thomas
- Term: March 19, 2026 – December 31, 2026
- Amount: \$1,400,000

**Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: April 8, 2026**

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
B1	Health and Human Services Commission (HHSC)	Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health and the Health and Human Service Commission (HHSC), on Behalf of Patient Access Management, in the Amount of \$315,588 for designated onsite Eligibility Advisors.	Interlocal Agreement	September 1, 2026 through August 31, 2027	Pollie Martinez	\$ 315,588.00
B2	Jackson Walker LLP	Consideration of Approval of an AdHoc Agreement between Harris Health and Jackson Walker LLP, to serve as counsel for Harris Health in matters concerning managed care litigation to recover unpaid claims owed to Harris Health. Upon expiration of the initial term, the Agreement will automatically renew for additional term of 1 year each until the litigation is resolved.	AdHoc Agreement	February 1, 2026 through January 31, 2027	Sara Thomas	\$ 1,500,000.00
B3	Bracewell LLP	Consideration of Approval of an AdHoc Agreement between Harris Health and Bracewell LLP, to serve as counsel for Harris Health in litigation concerning acquisition of park land by eminent domain for public convenience and necessity related to the Ben Taub expansion. Upon expiration of the initial term, the Agreement shall automatically renew for an additional one (1) year term, beginning January 1, 2027, and ending December 31, 2027.	AdHoc Agreement	March 19, 2026 through December 31, 2026	Sara Thomas	\$ 1,400,000.00
TOTAL AMOUNT:						\$ 3,215,588.00

Meeting of the Board of Trustees

Wednesday, April 8, 2026

Consideration of Acceptance of the Harris Health February 2026 Financial Report
Subject to Audit

Attached for your review and consideration is the February 2026 Financial Report.

Administration recommends that the Board accept the financial report for the period ended February 28, 2026, subject to final audit.



Victoria Nikitin
EVP – Chief Financial Officer



Financial Statements

As of the Month Ended February 28, 2026
Subject to Audit



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Financial Highlights Review **HARRISHEALTH**

As of February 28, 2026

Operating income for the month ended January 31, 2026 was \$37.6 million compared to budgeted income of \$15.0 million.

Total net revenue for the month ended February 28, 2026 of \$249.1 million was \$11.9 million or 5.0% more than budget. Net patient revenue was \$4.2 million more than budget while Medicaid Supplement Programs and Ad Valorem taxes was \$2.6 million and \$6.3 million, respectively, more than budget.

As of February 28, 2026, total expenses of \$211.6 million were \$10.7 million or 4.8% less than budget. Total supply and purchased services expenses were \$5.7 million and \$4.9 million, respectively, less than budget while total labor costs were \$2.3 million less than budget. An ongoing decline in patient volumes contributed to the positive variances. In addition, these positive variances are being driven in part by the timing of strategic projects compared to plan resulting in a delay in the onboarding of incremental FTEs, as well as a reduction in enrollment for the ACA Marketplace plan resulting from changes at the federal level.

For the month ended February 28, 2026, total patient days and average daily census both increased by 1.0% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.4% lower than budget while length of stay was 4.8% higher than budget. Emergency room visits were 11.0% less than budget. Total clinic visits, including telehealth, were 4.3% lower compared to budget. Births were down 22.6%.

Total cash receipts for the month were \$665.0 million. The System has \$2,041.2 million in unrestricted cash, cash equivalents and investments, representing 300.9 days cash on hand. Days cash on hand continues to be impacted by reimbursement from the Series 2025 bond totaling \$748.2 million as of February 28, 2026, for capital expenditures tied to the Strategic Capital Plan. The remainder of the \$840 million issuance is recorded as 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 \$165.6 million in net accounts receivable, representing 68.8 days of outstanding patient accounts receivable at February 28, 2026. The February balance sheet reflects a combined net receivable position of \$275.3 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$96.5 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include \$721.1 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of February 28, 2026, \$570.8 million in ad valorem tax collections were received and \$107.6 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of February 28, 2026 and 2025 (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	\$ 74.7	\$ 70.5	6.0%	\$ 363.5	\$ 350.9	3.6%	\$ 323.2	12.5%
Medicaid Supplemental Programs	57.2	54.6	4.7%	278.2	273.1	1.9%	278.2	0.0%
Other Operating Revenue	3.3	4.2	-21.9%	20.2	21.1	-4.2%	63.5	-68.2%
Total Operating Revenue	\$ 135.1	\$ 129.3	4.5%	\$ 661.9	\$ 645.1	2.6%	\$ 664.9	-0.4%
Net Ad Valorem Taxes	107.6	101.3	6.2%	513.2	506.5	1.3%	426.4	20.4%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	0.8	0.0%	-	4.2	-100.0%	-	0.0%
Interest Income & Other	6.4	5.9	9.0%	30.6	29.3	4.2%	27.2	12.6%
Total Nonoperating Revenue	\$ 114.0	\$ 108.0	5.6%	\$ 543.8	\$ 540.0	0.7%	\$ 453.6	19.9%
Total Net Revenue	\$ 249.1	\$ 237.3	5.0%	\$ 1,205.7	\$ 1,185.1	1.7%	\$ 1,118.4	7.8%
EXPENSE								
Salaries and Wages	\$ 79.9	\$ 84.9	5.9%	\$ 413.8	\$ 448.3	7.7%	\$ 404.8	-2.2%
Employee Benefits	31.4	28.7	-9.5%	138.7	143.9	3.6%	131.4	-5.6%
Total Labor Cost	\$ 111.3	\$ 113.6	2.0%	\$ 552.5	\$ 592.3	6.7%	\$ 536.3	-3.0%
Supply Expenses	22.8	28.5	20.0%	125.1	145.8	14.2%	129.8	3.6%
Physician Services	40.3	39.4	-2.2%	197.8	196.9	-0.4%	187.5	-5.5%
Purchased Services	23.9	28.8	17.0%	123.1	144.1	14.6%	126.5	2.7%
Depreciation & Interest	13.2	12.0	-10.5%	62.9	60.7	-3.7%	44.3	-41.9%
Total Operating Expense	\$ 211.6	\$ 222.3	4.8%	\$ 1,061.4	\$ 1,139.7	6.9%	\$ 1,024.4	-3.6%
Operating Income (Loss)	\$ 37.6	\$ 15.0		\$ 144.3	\$ 45.5		\$ 94.0	
Total Margin %	15.1%	6.3%		12.0%	3.8%		8.4%	

Balance Sheet

HARRISHEALTH

February 2026 and 2025 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 2,041.2	\$ 1,889.4
Net Patient Accounts Receivable	165.6	132.2
Net Ad Valorem Taxes, Current Portion	96.5	54.3
Other Current Assets	361.4	169.4
Total Current Assets	\$ 2,664.6	\$ 2,245.3
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 590.7	\$ 563.3
Construction in Progress	1,036.6	340.8
Right of Use Assets	34.9	34.1
Total Capital Assets	\$ 1,662.1	\$ 938.2
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 137.6	\$ 35.5
LPPF Restricted Cash	153.1	4.3
Capital Gift Proceeds	56.6	54.7
Other - Restricted	31.7	1.1
Total Assets Limited As to Use & Restricted Assets	\$ 379.0	\$ 95.6
Other Assets	46.7	41.6
Deferred Outflows of Resources	138.8	182.3
Total Assets & Deferred Outflows of Resources	\$ 4,891.3	\$ 3,503.0
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 406.1	\$ 169.3
Employee Compensation & Related Liabilities	157.9	140.2
Deferred Revenue - Ad Valorem	721.1	615.9
Estimated Third-Party Payor Settlements	45.4	30.7
Current Portion Long-Term Debt and Capital Leases	23.7	36.4
Total Current Liabilities	\$ 1,354.2	\$ 992.5
Long-Term Debt	1,104.1	263.2
Net Pension & Post Employment Benefits Liability	635.4	682.0
Other Long-Term Liabilities	5.6	8.0
Deferred Inflows of Resources	82.2	110.4
Total Liabilities	\$ 3,181.5	\$ 2,056.1
Total Net Assets	\$ 1,709.8	\$ 1,446.9
Total Liabilities & Net Assets	\$ 4,891.3	\$ 3,503.0

Cash Flow Summary



As of February 28, 2026 and 2025 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 79.4	\$ 68.6	\$ 376.7	\$ 351.5
Medicaid Supplemental Programs	(72.0)	174.7	31.9	247.1
Net Ad Valorem Taxes	570.8	328.7	1,134.0	986.0
Tobacco Settlement	-	-	-	-
Other Revenue	86.6	8.2	388.9	42.8
Total Cash Receipts	\$ 664.9	\$ 580.2	\$ 1,931.5	\$ 1,627.4
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 111.2	\$ 98.0	\$ 610.5	\$ 542.4
Supplies	27.0	26.9	154.4	153.1
Physician Services	38.5	37.0	188.7	179.1
Purchased Services	23.0	31.2	134.5	134.5
Capital Expenditures	79.5	54.4	418.3	176.2
Debt and Interest Payments	39.0	18.0	39.9	19.1
Other Uses	(2.8)	3.6	(8.2)	(3.0)
Total Cash Disbursements	\$ 315.3	\$ 269.3	\$ 1,538.2	\$ 1,201.4
Net Change	\$ 349.6	\$ 311.0	\$ 393.4	\$ 426.0
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 1,647.8	
Net Change			\$ 393.4	
Unrestricted cash, cash equivalents and investments - End of period			\$ 2,041.2	

Performance Ratios



As of February 28, 2026 and 2025 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	15.1%	6.3%	12.0%	3.8%	8.4%
Run Rate per Day (In\$ Millions)	\$ 7.2	\$ 7.6	\$ 6.7	\$ 7.3	\$ 6.5
Salary, Wages & Benefit per APD	\$ 2,635	\$ 2,645	\$ 2,528	\$ 2,655	\$ 2,420
Supply Cost per APD	\$ 540	\$ 664	\$ 572	\$ 653	\$ 586
Physician Services per APD	\$ 953	\$ 917	\$ 905	\$ 883	\$ 846
Total Expense per APD	\$ 5,007	\$ 5,176	\$ 4,856	\$ 5,108	\$ 4,622
Overtime as a % of Total Salaries	3.3%	2.5%	2.9%	2.6%	3.6%
Contract as a % of Total Salaries	2.6%	2.7%	3.0%	2.8%	3.3%
Full-time Equivalent Employees	10,433	10,748	10,382	10,739	10,469
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			1.9		2.2
Unrestricted Cash (In \$ Millions)			\$ 2,041.2	\$ 2,342.8	\$ 1,889.4
Days Cash on Hand			300.9	321.8	288.6
Days Revenue in Accounts Receivable			68.8	65.0	61.8
Days in Accounts Payable			49.3		48.8
Capital Expenditures/Depreciation & Amortization			990.5%		441.8%
Average Age of Plant(years)			9.8		9.8

Harris Health Key Indicators



Statistical Highlights



As of February 28, 2026 and 2025

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT MONTH	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	42,250	42,946	-1.6%	218,564	223,096	-2.0%	221,625	-1.4%
Outpatient % of Adjusted Volume	61.5%	63.2%	-2.7%	61.8%	62.8%	-1.7%	62.9%	-1.8%
Primary Care Clinic Visits	44,129	47,395	-6.9%	215,852	224,767	-4.0%	223,549	-3.4%
Specialty Clinic Visits	20,614	20,759	-0.7%	101,321	104,540	-3.1%	102,816	-1.5%
Telehealth Clinic Visits	10,019	9,955	0.6%	50,605	47,426	6.7%	50,081	1.0%
Total Clinic Visits	74,762	78,109	-4.3%	367,778	376,733	-2.4%	376,446	-2.3%
Emergency Room Visits - Outpatient	10,500	11,997	-12.5%	55,295	59,398	-6.9%	57,817	-4.4%
Emergency Room Visits - Admitted	1,767	1,790	-1.3%	9,154	8,940	2.4%	8,654	5.8%
Total Emergency Room Visits	12,267	13,787	-11.0%	64,449	68,338	-5.7%	66,471	-3.0%
Surgery Cases - Outpatient	1,008	963	4.7%	5,004	4,705	6.4%	4,876	2.6%
Surgery Cases - Inpatient	784	858	-8.6%	4,162	4,517	-7.9%	4,450	-6.5%
Total Surgery Cases	1,792	1,821	-1.6%	9,166	9,222	-0.6%	9,326	-1.7%
Total Outpatient Visits	126,311	149,229	-15.4%	624,495	719,620	-13.2%	631,406	-1.1%
Inpatient Cases (Discharges)	2,392	2,437	-1.8%	12,568	13,157	-4.5%	12,556	0.1%
Outpatient Observation Cases	860	956	-10.0%	4,414	4,730	-6.7%	5,020	-12.1%
Total Cases Occupying Patient Beds	3,252	3,393	-4.2%	16,982	17,887	-5.1%	17,576	-3.4%
Births	322	416	-22.6%	1,784	2,421	-26.3%	2,364	-24.5%
Inpatient Days	16,279	15,822	2.9%	83,592	83,008	0.7%	82,224	1.7%
Outpatient Observation Days	2,953	3,216	-8.2%	14,383	17,222	-16.5%	18,051	-20.3%
Total Patient Days	19,232	19,038	1.0%	97,975	100,230	-2.2%	100,275	-2.3%
Average Daily Census	686.9	679.9	1.0%	648.8	663.8	-2.2%	664.1	-2.3%
Average Operating Beds	703	704	-0.1%	702	704	-0.3%	702	0.0%
Bed Occupancy %	97.6%	96.6%	1.1%	92.5%	94.3%	-1.9%	94.6%	-2.3%
Inpatient Average Length of Stay	6.81	6.49	4.8%	6.65	6.31	5.4%	6.55	1.6%
Inpatient Case Mix Index (CMI)	1.706	1.712	-0.4%	1.684	1.712	-1.7%	1.713	-1.7%
Payor Mix (% of Charges)								
Charity & Self Pay	45.9%	45.5%	0.8%	45.7%	45.5%	0.3%	41.6%	9.7%
Medicaid & Medicaid Managed	20.0%	18.8%	6.7%	20.0%	18.8%	6.7%	19.5%	2.8%
Medicare & Medicare Managed	11.3%	10.6%	5.9%	11.3%	10.6%	6.0%	11.5%	-2.2%
Commercial & Other	22.8%	25.1%	-9.0%	23.0%	25.1%	-8.1%	27.4%	-15.8%
Total Unduplicated Patients - Rolling 12				237,033			245,661	-3.5%
Total New Patient - Rolling 12				81,791			89,066	-8.2%

Harris Health

Statistical Highlights

February FY 2026

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,252	3,393	3,360

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
16,982	17,887	17,576

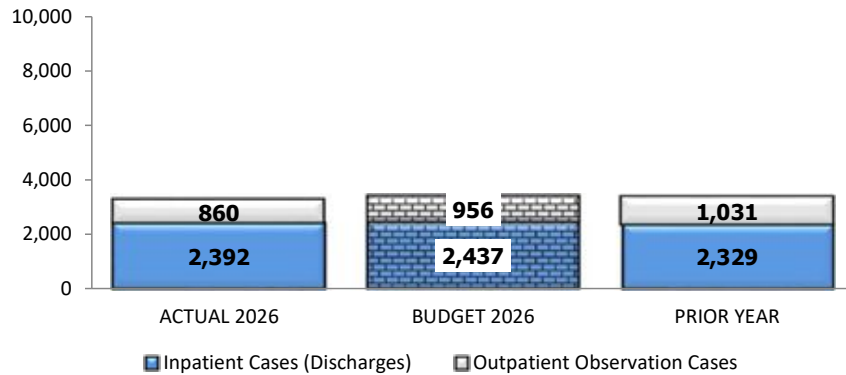
Emergency Visits - CM

Actual	Budget	Prior Year
12,267	13,787	12,452

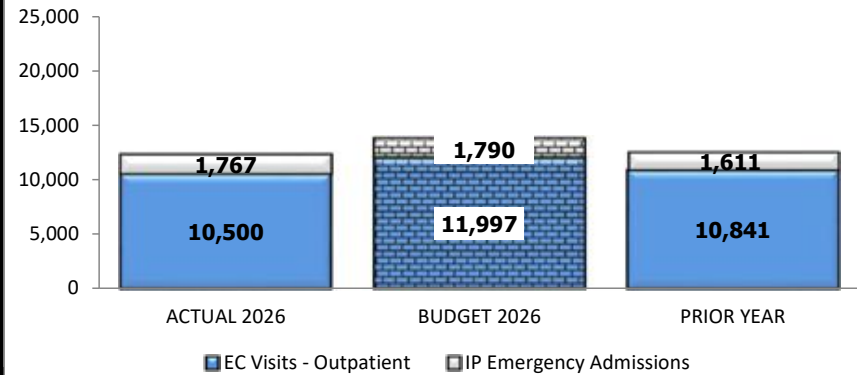
Emergency Visits - YTD

Actual	Budget	Prior Year
64,449	68,338	66,471

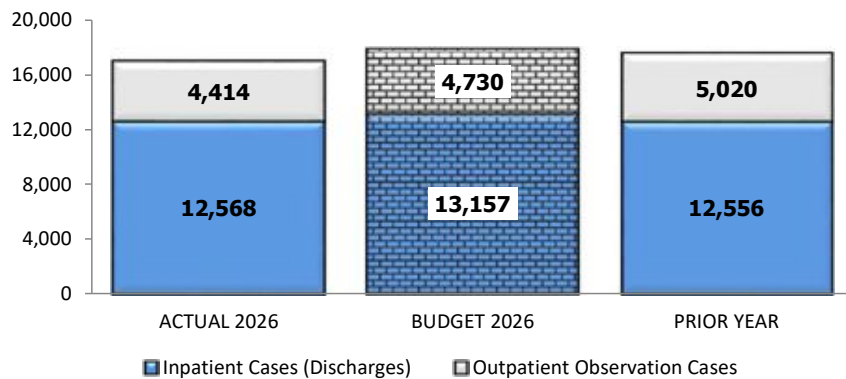
Cases Occupying Beds - Current Month



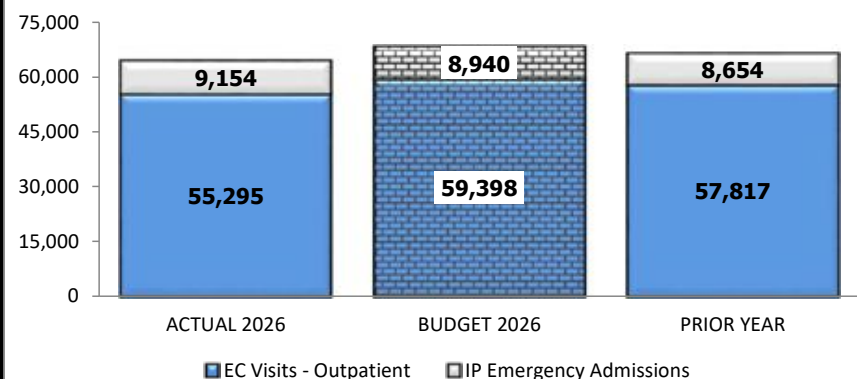
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health

Statistical Highlights

February FY 2026

Surgery Cases - CM

Actual	Budget	Prior Year
1,792	1,821	1,868

Surgery Cases - YTD

Actual	Budget	Prior Year
9,166	9,222	9,326

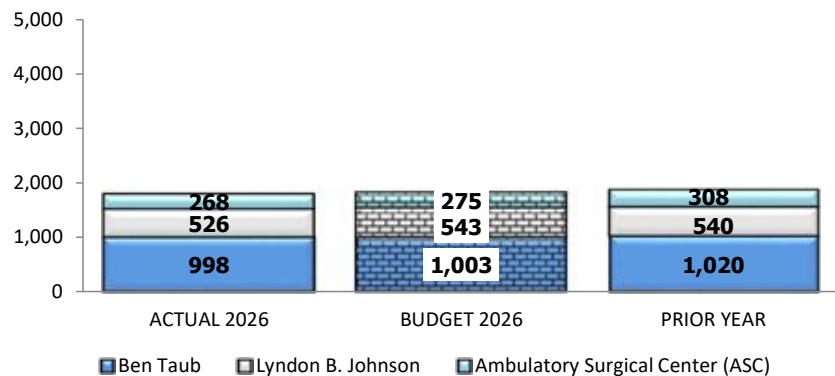
Clinic Visits - CM

Actual	Budget	Prior Year
74,762	78,109	76,260

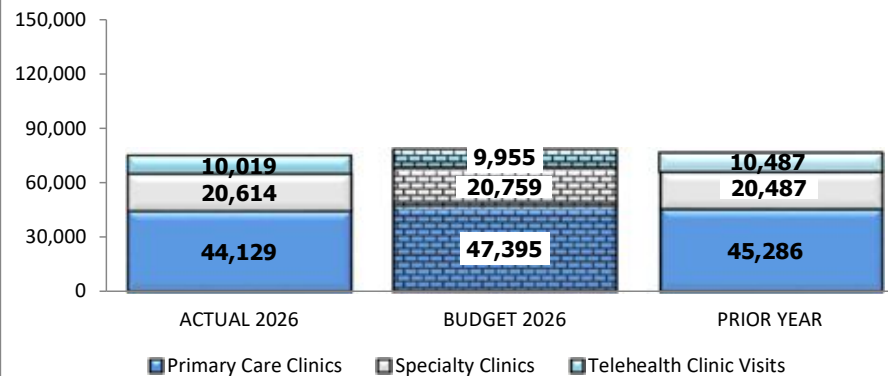
Clinic Visits - YTD

Actual	Budget	Prior Year
367,778	376,733	376,446

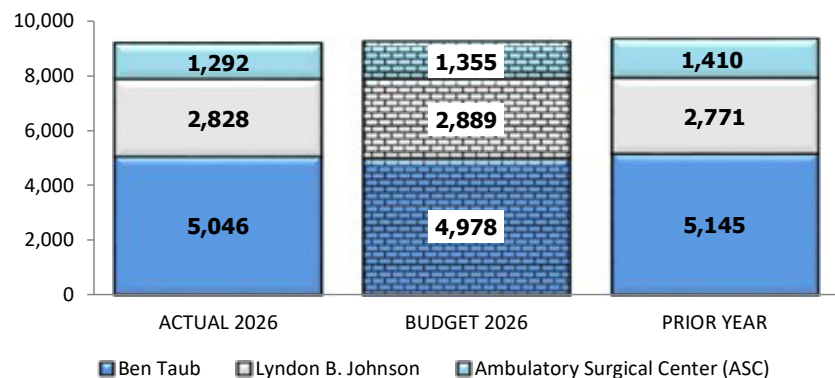
Surgery Cases - Current Month



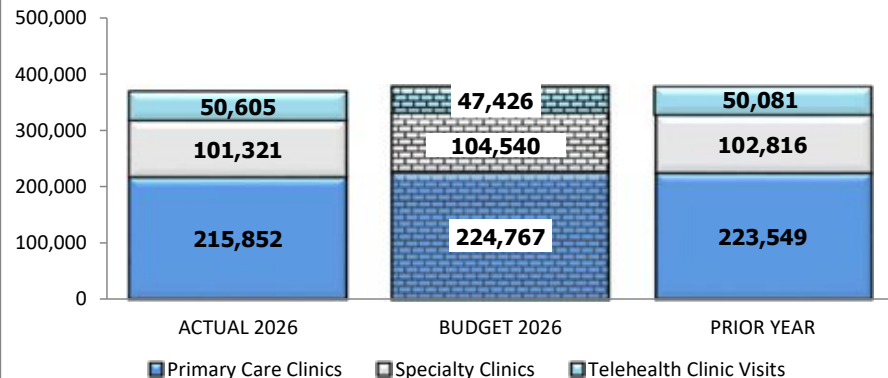
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health

Statistical Highlights

February FY 2026

Adjusted Patient Days - CM

42,250

Adjusted Patient Days - YTD

218,564

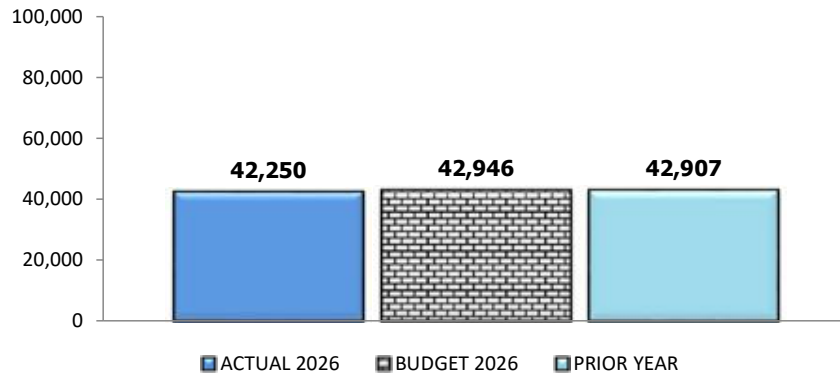
Average Daily Census - CM

686.9

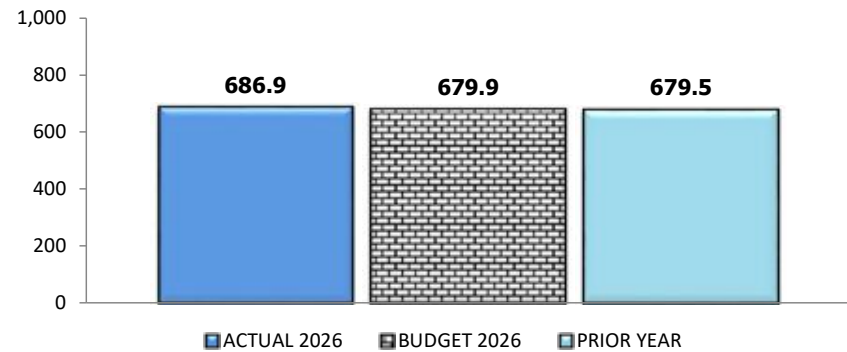
Average Daily Census - YTD

648.8

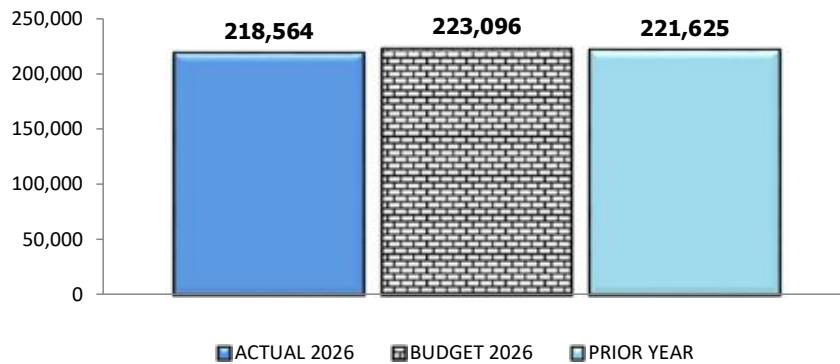
Adjusted Patient Days - Current Month



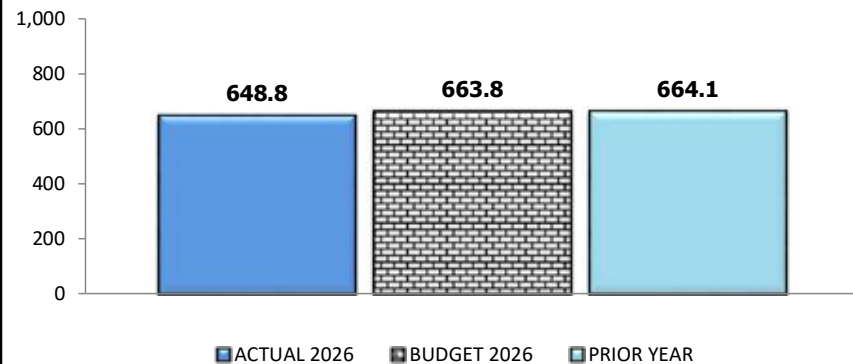
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health

Statistical Highlights

February FY 2026

Inpatient ALOS - CM

6.81

Inpatient ALOS - YTD

6.65

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.706

1.826

Case Mix Index (CMI) - YTD

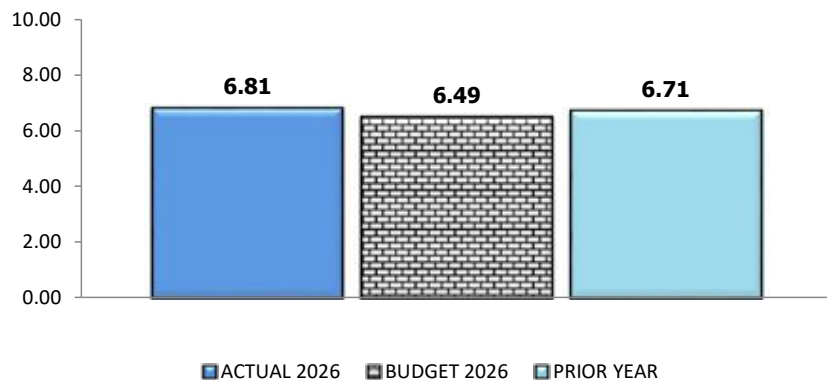
Overall

Excl. Obstetrics

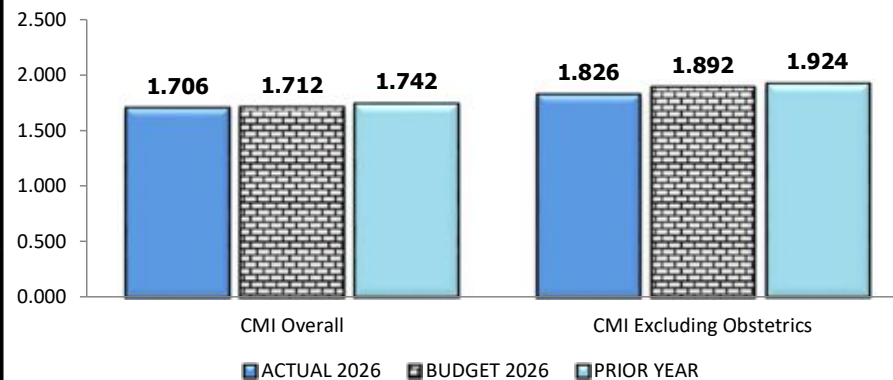
1.684

1.832

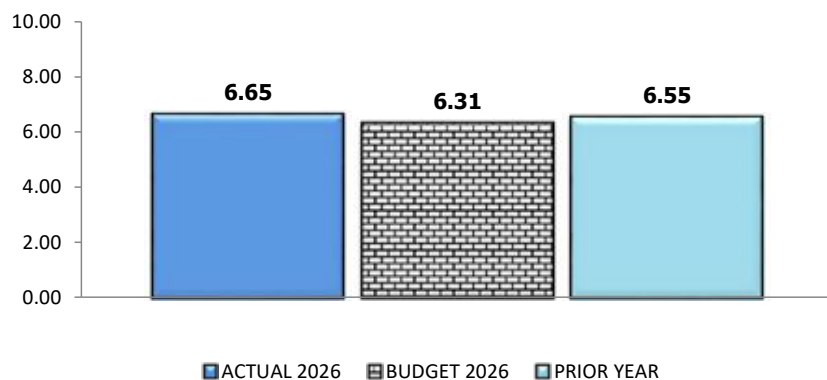
Inpatient ALOS - Current Month



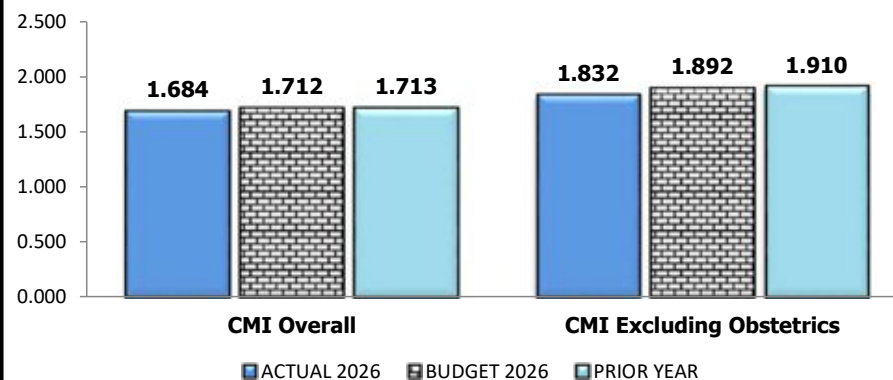
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health

Statistical Highlights - Cases Occupying Beds

February FY 2026

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,855	2,015	1,955

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
9,716	10,609	10,250

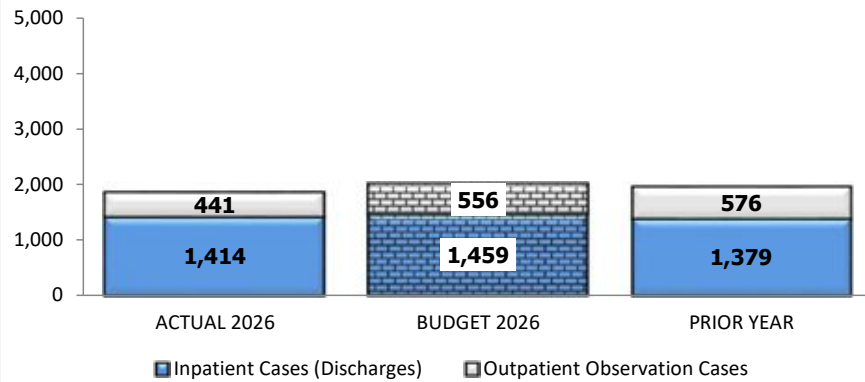
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,361	1,341	1,396

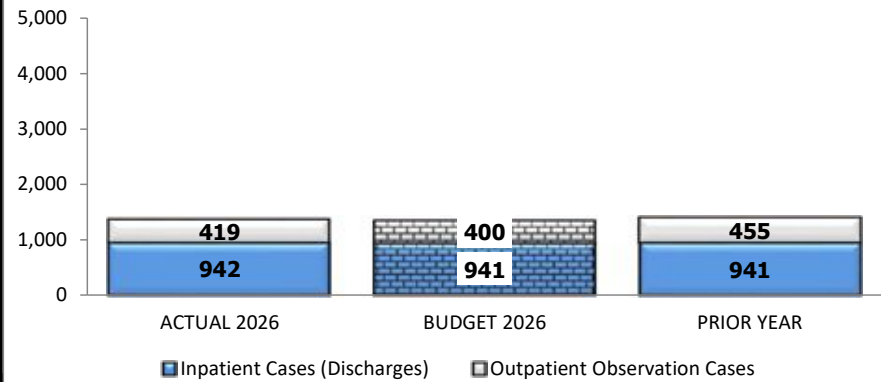
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
7,175	7,079	7,259

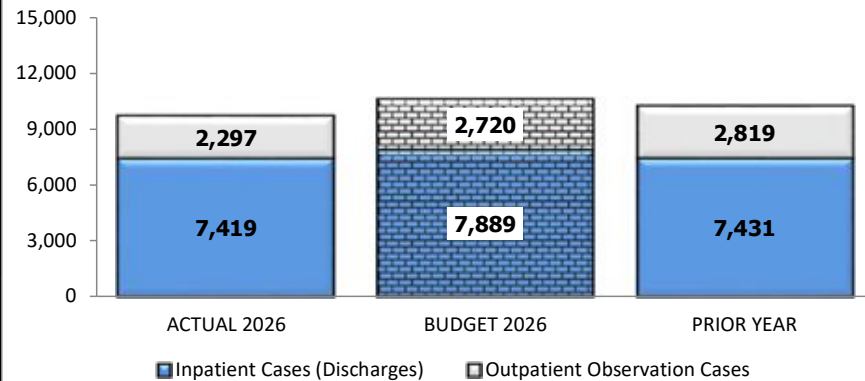
Ben Taub Cases - Current Month



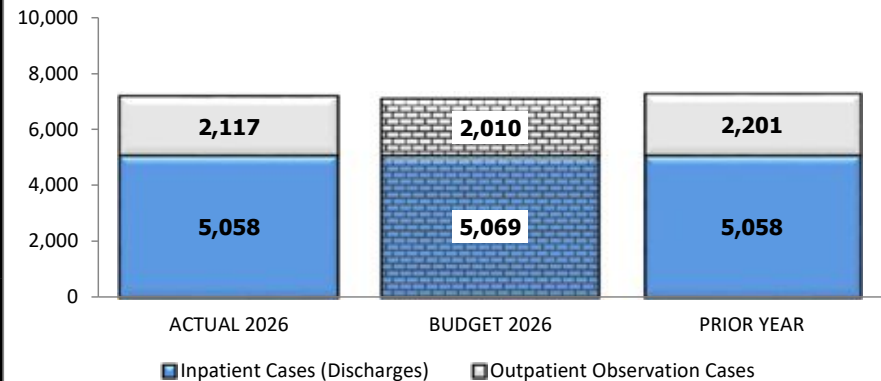
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD

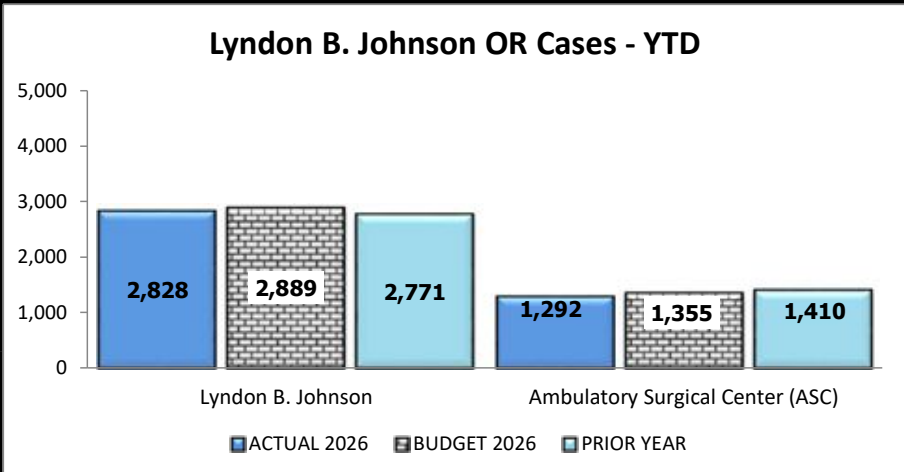
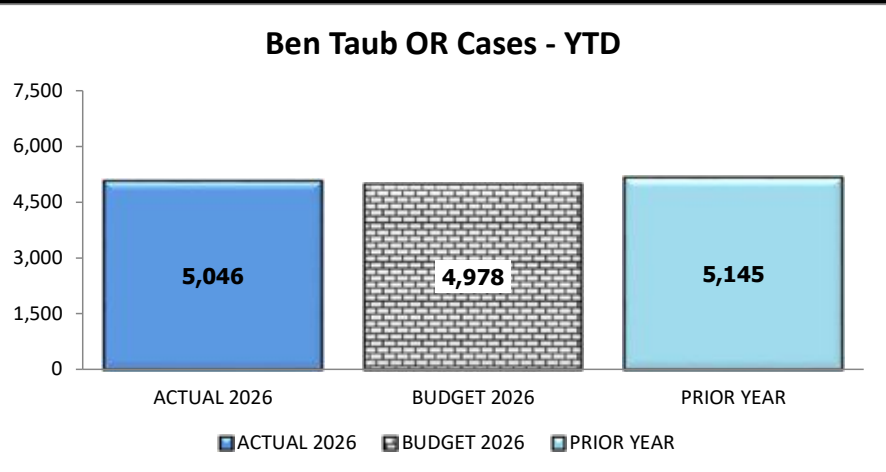
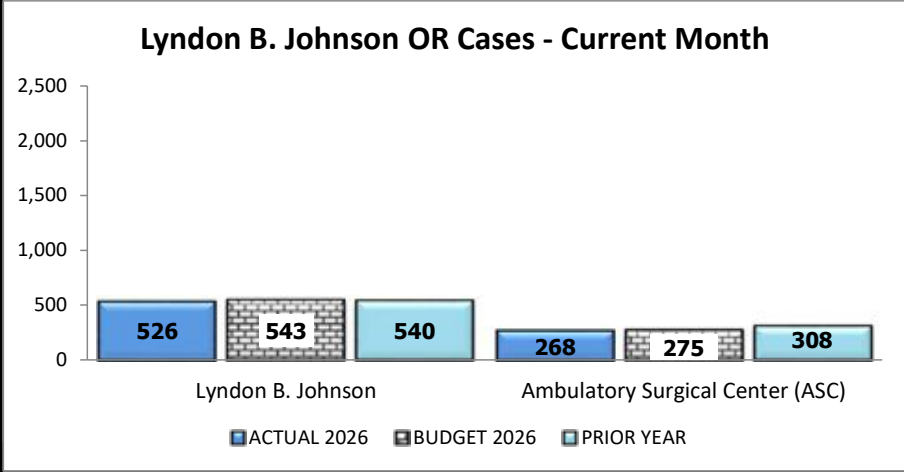
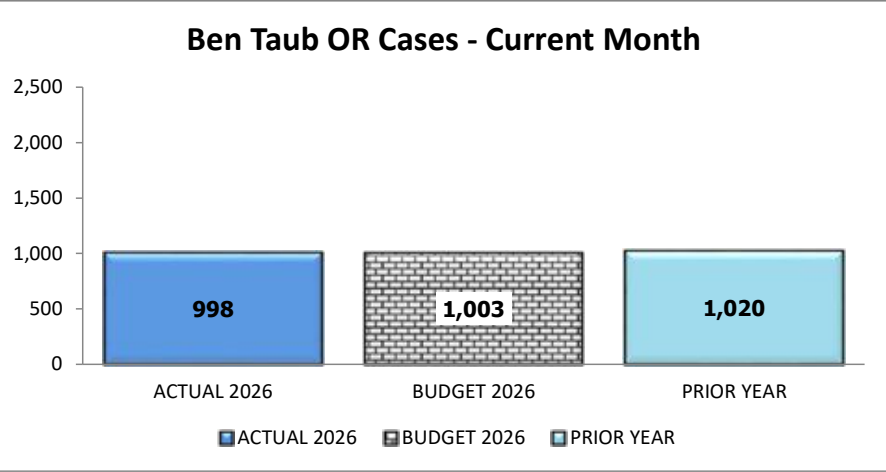


Harris Health

Statistical Highlights - Surgery Cases

February FY 2026

<u>BT Surgery Cases - CM</u>			<u>BT Surgery Cases - YTD</u>			<u>LBJ Surgery Cases - CM</u>			<u>LBJ Surgery Cases - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
998	1,003	1,020	5,046	4,978	5,145	794	818	848	4,120	4,244	4,181



Harris Health

Statistical Highlights - Emergency Room Visits

February FY 2026

BT Emergency Visits - CM

Actual	Budget	Prior Year
6,466	6,600	6,500

BT Emergency Visits - YTD

Actual	Budget	Prior Year
32,878	34,430	33,911

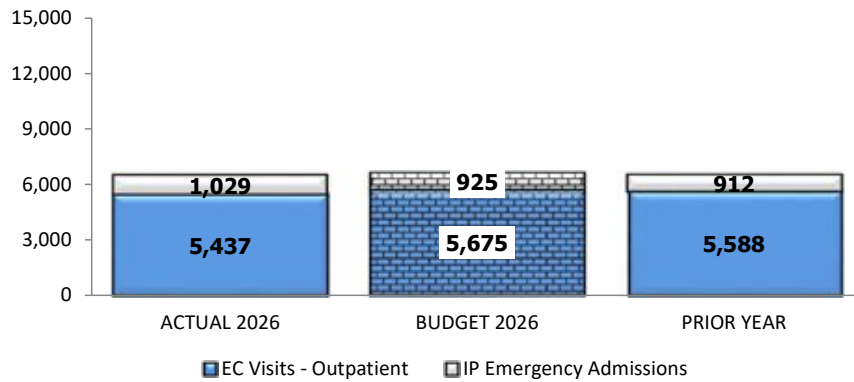
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
5,801	7,187	5,952

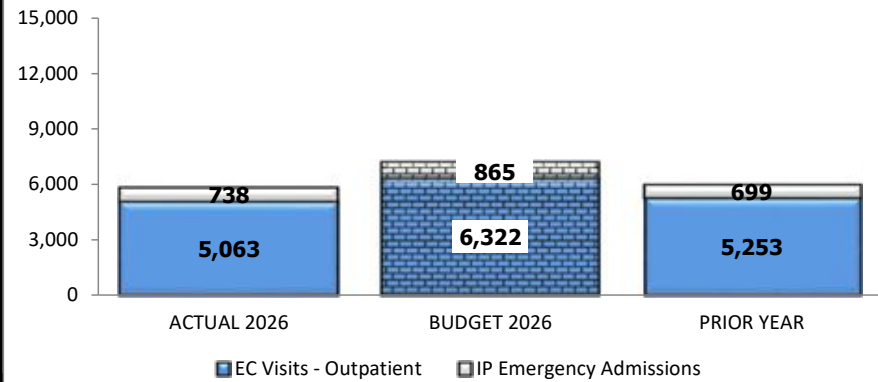
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
31,571	33,908	32,560

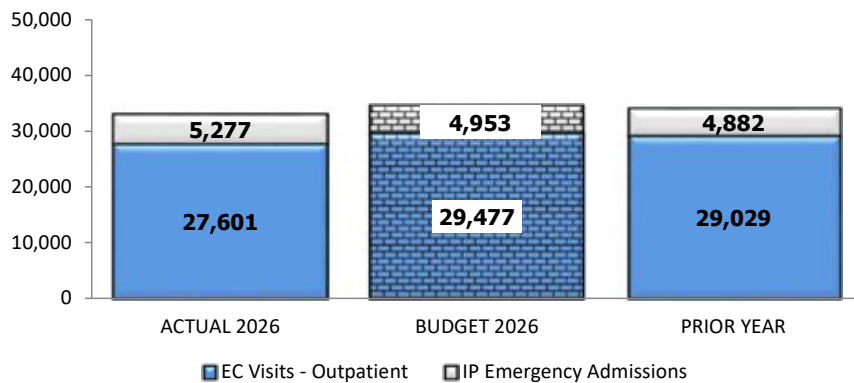
Ben Taub EC Visits - Current Month



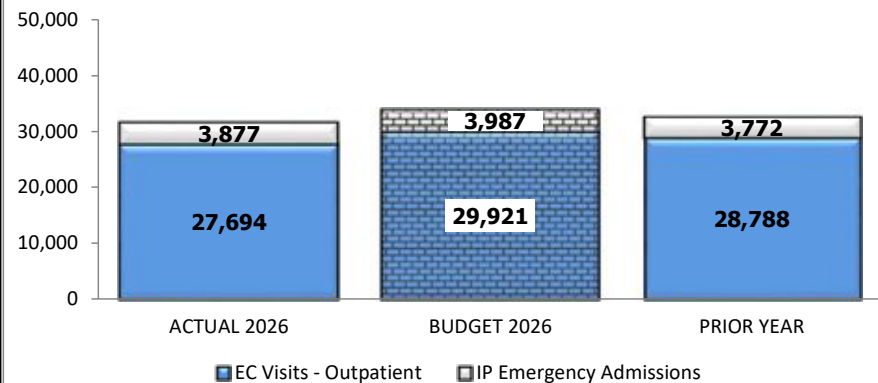
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

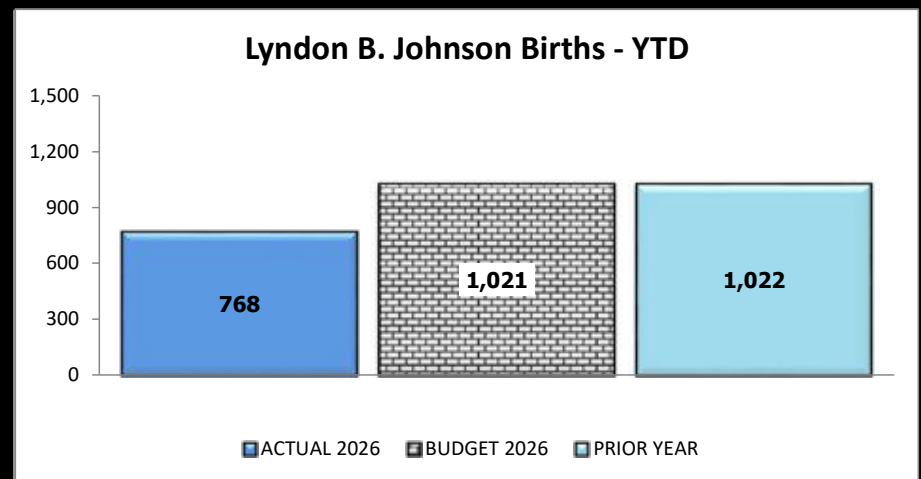
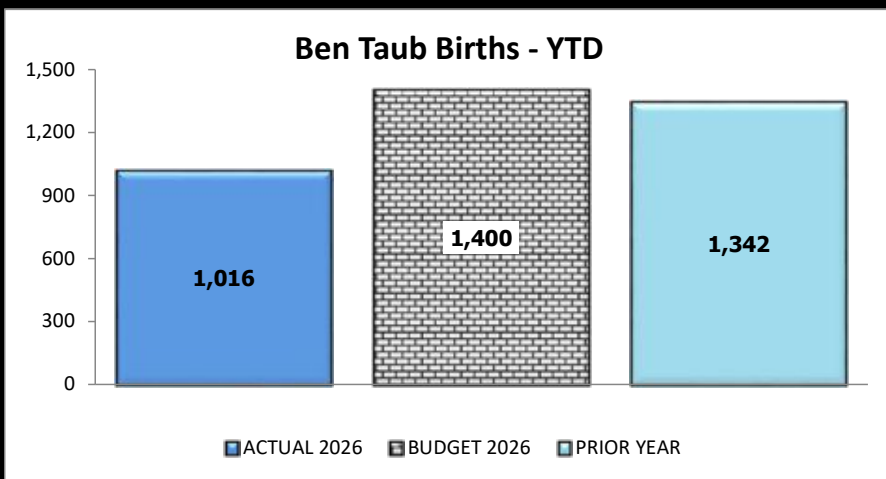
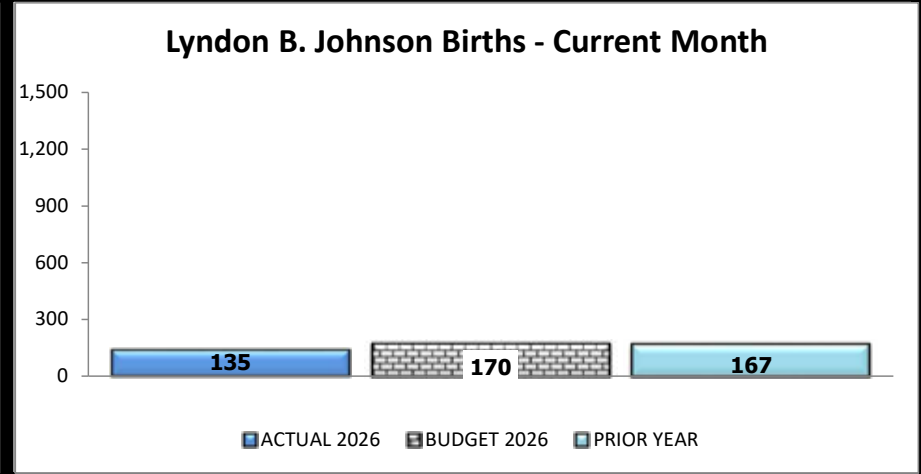
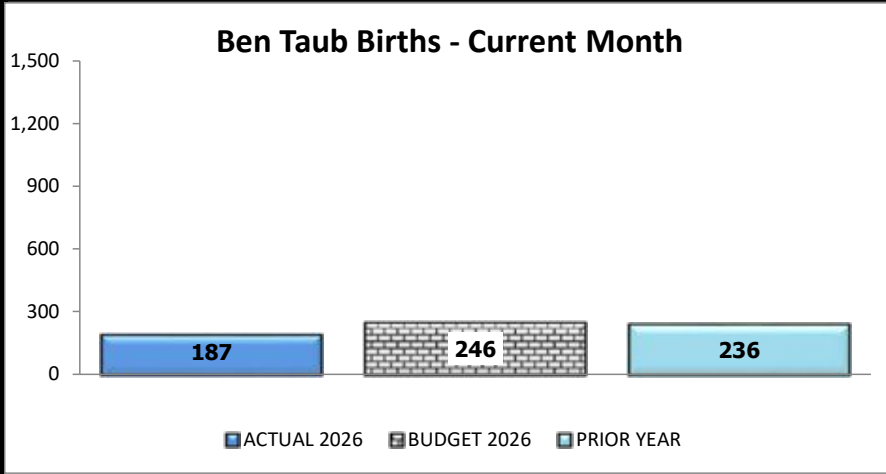


Harris Health

Statistical Highlights - Births

February FY 2026

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
187	246	236	1,016	1,400	1,342	135	170	167	768	1,021	1,022



Harris Health

Statistical Highlights - Adjusted Patient Days

February FY 2026

BT Adjusted Patient Days - CM

21,266

BT Adjusted Patient Days - YTD

107,817

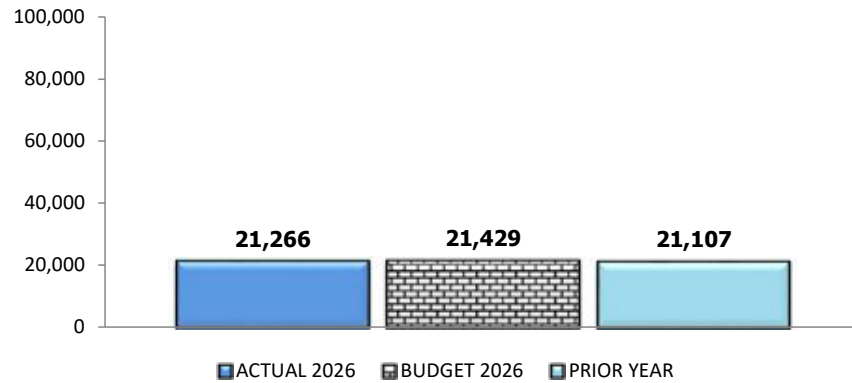
LBJ Adjusted Patient Days - CM

12,747

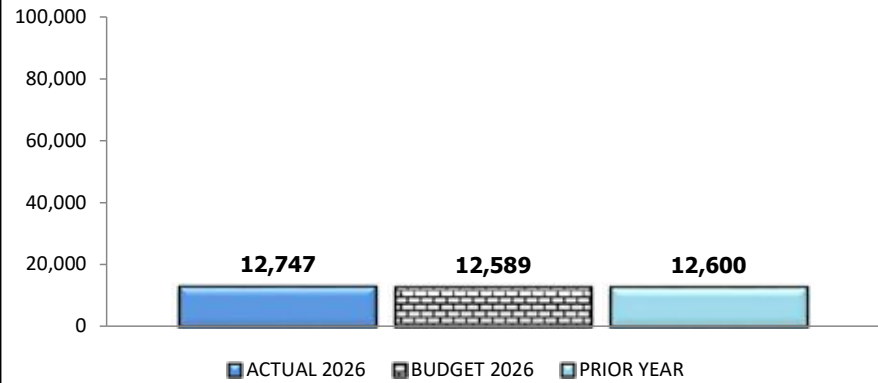
LBJ Adjusted Patient Days - YTD

66,413

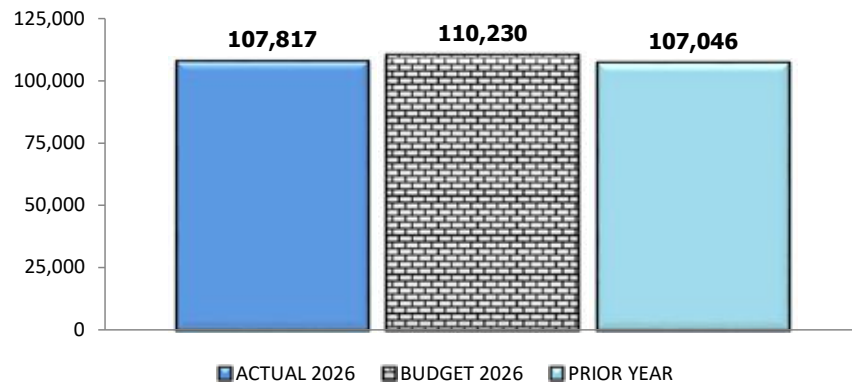
Ben Taub APD - Current Month



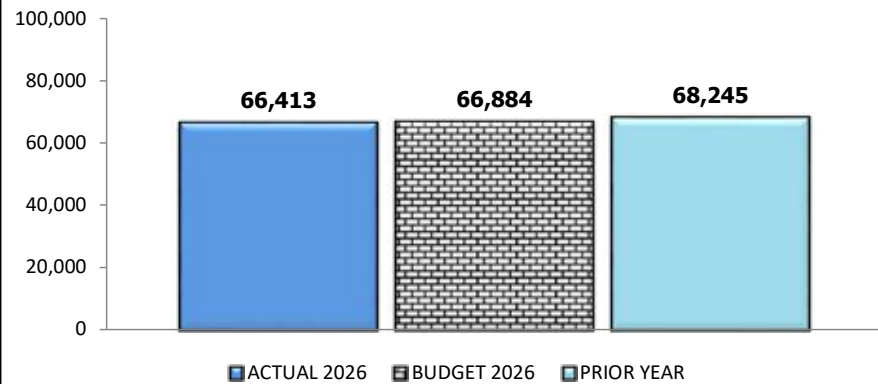
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health

Statistical Highlights - Average Daily Census (ADC)

February FY 2026

BT Average Daily Census - CM

446.2

BT Average Daily Census - YTD

420.2

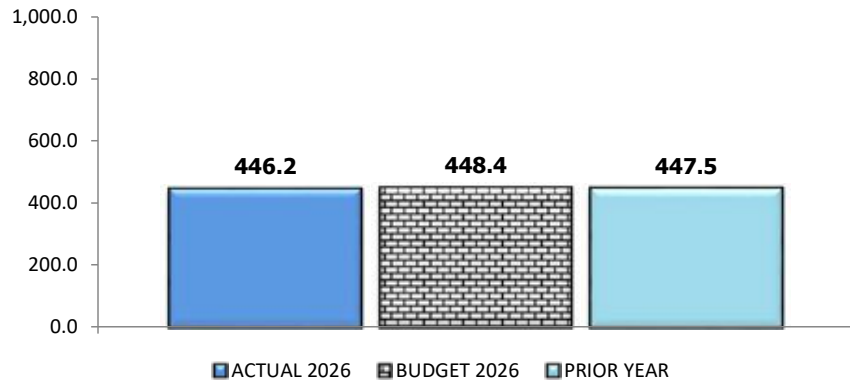
LBJ Average Daily Census - CM

237.3

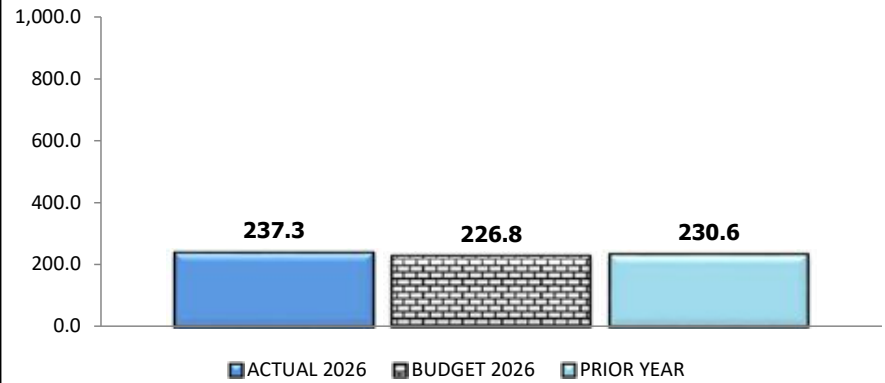
LBJ Average Daily Census - YTD

226.5

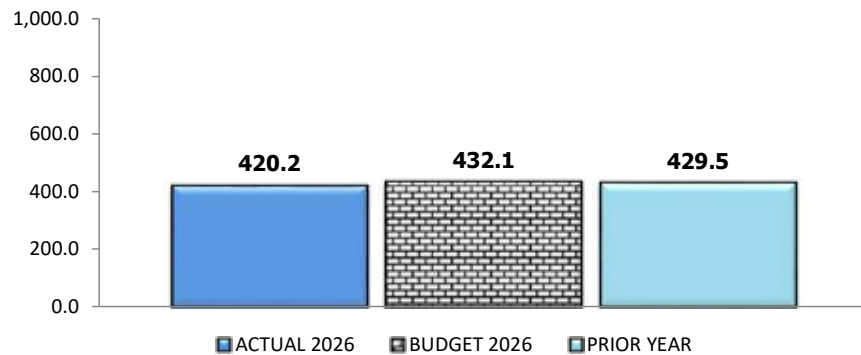
Ben Taub ADC - Current Month



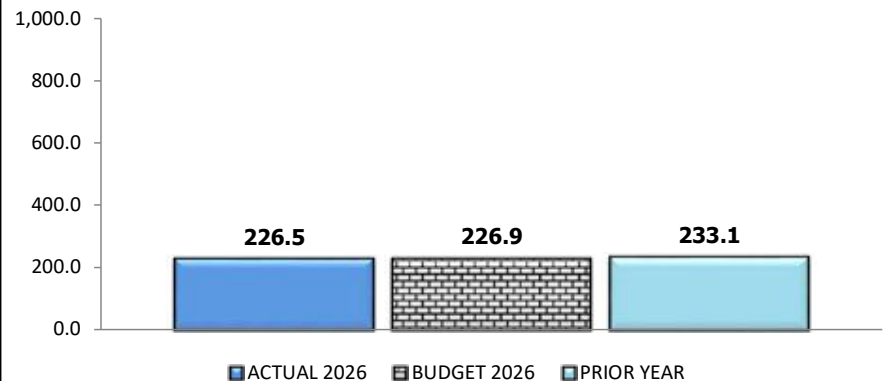
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

February FY 2026

BT Inpatient ALOS - CM

7.62

BT Inpatient ALOS - YTD

7.43

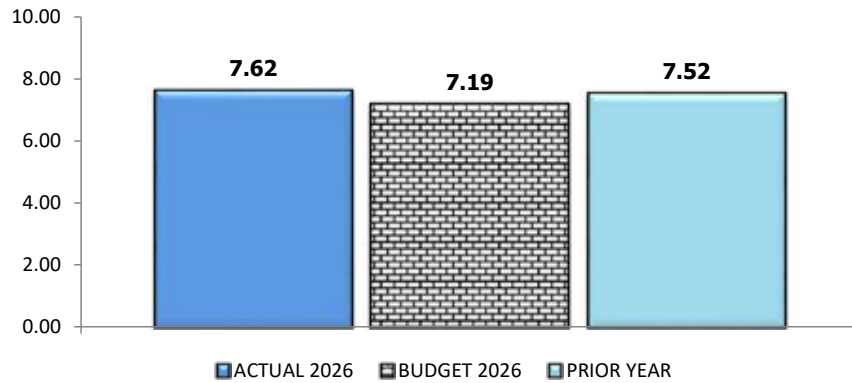
LBJ Inpatient ALOS - CM

5.74

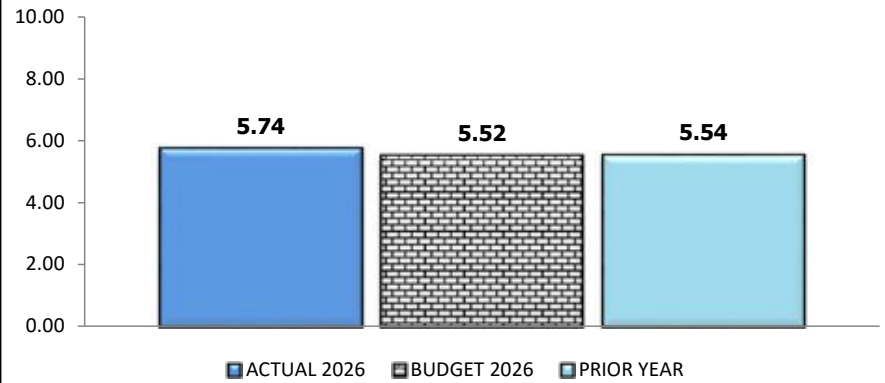
LBJ Inpatient ALOS - YTD

5.56

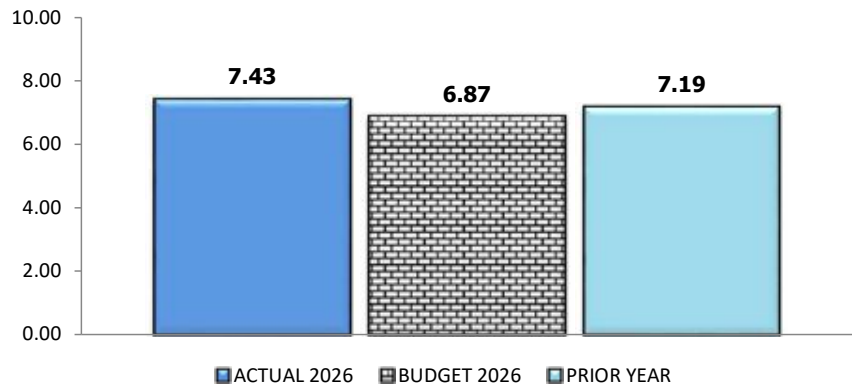
Ben Taub ALOS - Current Month



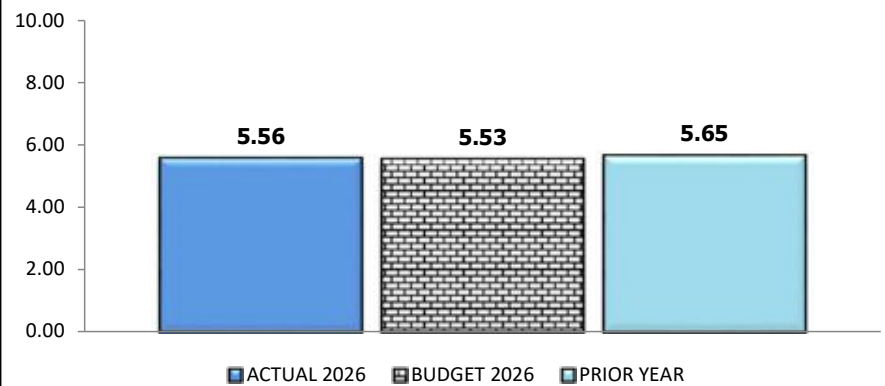
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health

Statistical Highlights - Case Mix Index (CMI)

February FY 2026

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.824	1.959

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.794	1.944

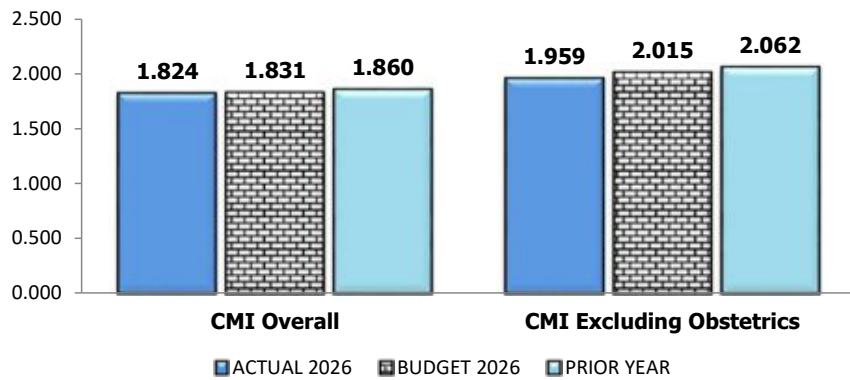
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.552	1.657

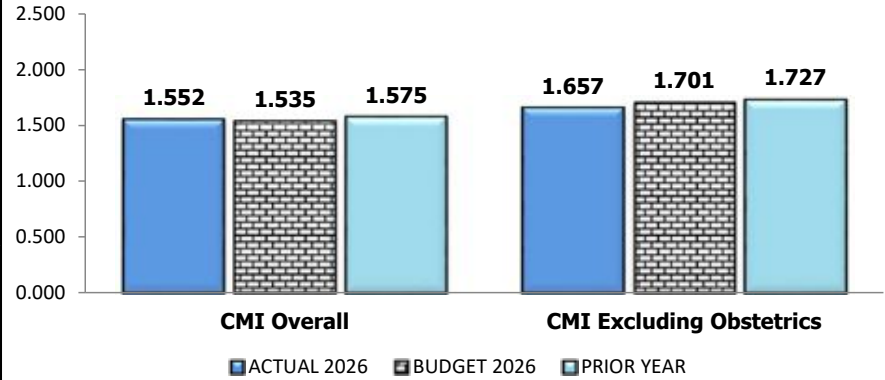
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.534	1.678

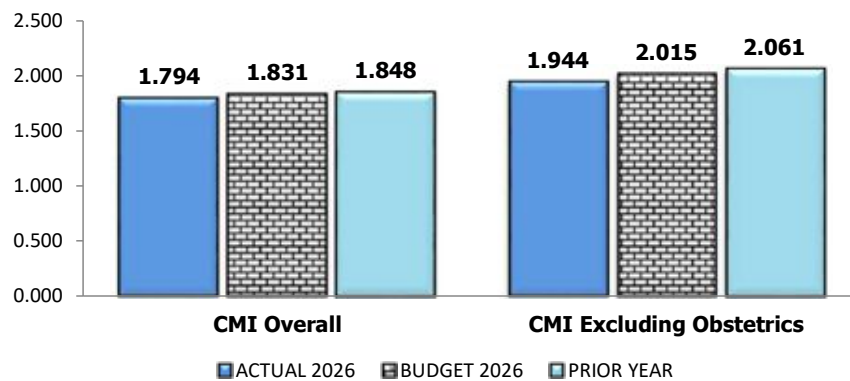
Ben Taub CMI - Current Month



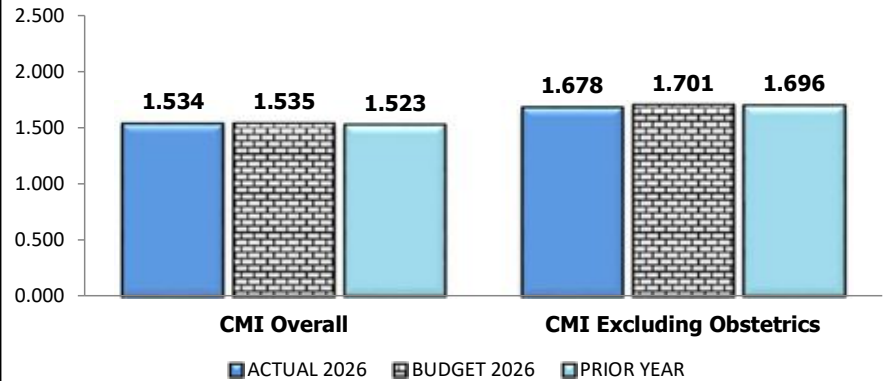
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD

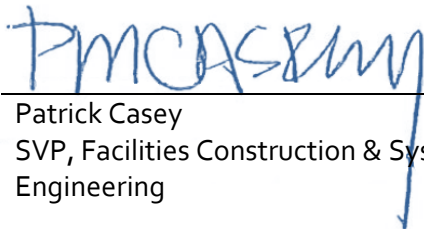


Meeting of the Board of Trustees

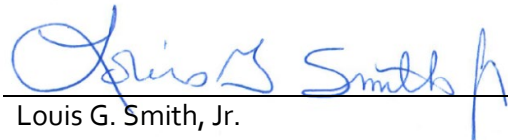
Wednesday, April 8, 2026

Consideration of Approval to Transfer Ownership via Warranty Deed of a Sanitary Sewer at
2525 Holly Hall Street to the City of Houston

Administration recommends Board of Trustees' approval of a Warranty Deed to transfer to the City of Houston ownership of the Sanitary Sewer line to be constructed at 2525 Holly Hall Street as a part of the Holly Hall Operations Center reconstruction project, as further set forth in the Deed and drawings submitted to the City of Houston for a permit to construct sanitary sewers.



Patrick Casey
SVP, Facilities Construction & Systems
Engineering



Louis G. Smith, Jr.
Sr. EVP/Chief Operating Officer

WARRANTY DEED FOR SANITARY SEWERS

KNOW ALL MEN BY THESE PRESENTS

THE STATE OF TEXAS,
COUNTY OF HARRIS

That _____
of _____, County of _____, and State of _____, for and in
consideration of their occupation and use of public property of the City of Houston, and in further consideration of
the granting a permit for their construction, and disposal of effluent sewage therefrom, have this day GRANTED,
SOLD AND CONVEYED and by these presents do GRANT, SELL and CONVEY unto the City of Houston, a
municipal Corporation, situated in the County of Harris, State of Texas, all those certain sanitary sewer lines, main
and laterals located in Houston, Harris County, Texas, described in the "Application for permit to construct main
or lateral sanitary sewers" on the reverse side hereof, which by reference is made a part hereof for all purposes,
together with all and singular the rights and appurtenances thereto in anywise belonging. And _____, the said
do hereby bind _____, _____ heirs, executors, administrators, legal representative and
assigns, to warrant and forever defend all and singular the title to said sanitary sewers, mains and laterals unto the
said City of Houston, its successors and assigns forever, against every person whomsoever lawfully claiming or to
claim the same or any part thereof. The right to receive payment from persons making connection from this sewer
to property not now owned by the undersigned, as provided by Ordinances of the City of Houston, is hereby
reserved to the undersigned, provided however that such reservations shall in no matter affect, condition or limit
the title of the sanitary sewers, mains and laterals hereby conveyed to the City of Houston.

EXECUTED AT HOUSTON, TEXAS, this _____ day of _____, A.D. 20 _____.

SINGLE ACKNOWLEDGEMENT

THE STATE OF TEXAS,
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that
he executed the same for the purposes and consideration therein expressed.
Given under my hand and seal of office, this the _____ day of _____, A.D. 20 _____.

Notary Public in and for Harris County, Texas

JOINT ACKNOWLEDGEMENT

THE STATE OF TEXAS,
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared

and _____, his wife, both known to me to be the persons whose names are
subscribed to the foregoing instrument, and acknowledged to me that they each executed the same for the purposes
and consideration therein expressed, and the said _____,
wife of the said _____, having been examined by me privately and
apart from her husband, and having the same fully explained to her, she the said _____
acknowledged such instrument to be her act and deed, and declared that she had willingly signed the same for the
purposes and consideration therein expressed, and that she did not wish to retract it.
Given under my hand and seal of office, this the _____ day of _____, A.D. 20 _____.

Notary Public in and for Harris County, Texas

THE STATE OF TEXAS,
COUNTY OF HARRIS

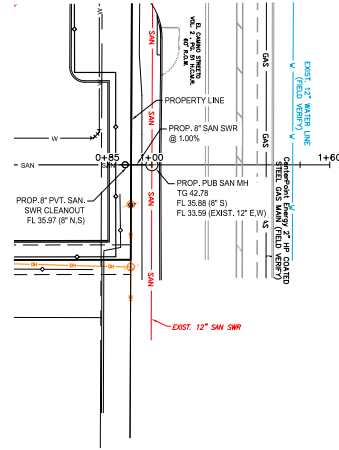
I HEREBY CERTIFY that the foregoing instrument of writing, with this certificate of authentication, was filed for
record in my office on the _____ day of _____, A.D. 20 _____ at _____ O'clock _____ M., and was
duly recorded by me on the _____ day of _____, A.D. 20 _____, in Vol. _____, Page _____, of the
Record of Deeds for said County.

WITNESS MY HAND and the Seal of the County Clerk of said County, at my office in Houston, Texas in the day
and year last above written.

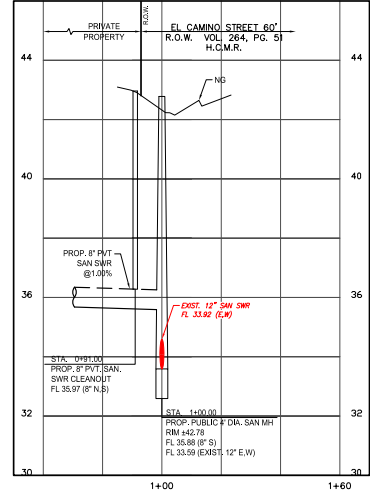
Clerk, County Court, Harris County, Texas

By _____, Deputy

0' 10' 20' 40'
SCALE: 1"=20' (HORIZONTAL)
1"=2' (VERTICAL)



PROPOSED 8 IN SANITARY SEWER CONNECTION



REFER TO CITY OF HOUSTON ILSM NO. 24073951 FOR PRIVATE PLAN SET.

NO.	DATE	REVISION

NOTICE:
FOR YOUR SAFETY, YOU ARE REQUIRED BY TEXAS LAW TO CALL 811 AT LEAST 48 HOURS BEFORE YOU DIG SO THAT UNDERGROUND LINES CAN BE MARKED. THIS SIGNATURE DOES NOT PALEFIFY YOUR OBLIGATION TO CALL 811

VERIFICATION OF PRIVATE UTILITY LINES

Mike Browne 03/12/25
Date

CenterPoint Energy natural gas utilities shown. (Gas service lines are not shown). This signature not be used for conflict verification.
Signature valid for six months.

Mike Browne 03/12/25
Date

CenterPoint Energy/UNDERGROUND Electrical Facilities Verification ONLY. (This signature verifies existing underground facilities - not to be used for conflict verification)
Signature valid for six months.

Jesse Rodriguez 05/01/2025
Date

Approved for AT&T underground conduit facilities only.
Signature valid for one year.

Dialy
+ ASSOCIATES
8800 Richmond Avenue, Suite 400
Houston, Texas 77042 | 713.337.6881
TEXAS REGISTERED ENGINEERING
IRM F-3429
D + A PROJECT No. C23-015-01

**HARRIS HEALTH SYSTEM
CENTRAL FILL RX
SANITARY PLAN AND
PROFILE**

CITY OF HOUSTON
HOUSTON PUBLIC WORKS

DRAWING SCALE: 1"=20'
SHEET NO. 05 OF 11
FOR CITY OF HOUSTON USE ONLY

Meeting of the Board of Trustees

Wednesday, April 8, 2026

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



R. King Hillier
SVP, Public Policy & Government Relations

April 2026**Board of Trustees Bi-monthly Legislative Report****FEDERAL UPDATE**

CONGRESSIONAL PRIMARY ELECTION: Texas primary turnout exceeded the 2022 records with 2.3 million in the Democratic primary and 2.2 million in the Republican primary out of 18.7 million registered voters. The Houston delegation lost a senior member of the Energy & Commerce Committee in Rep. Crenshaw, and the Texas delegation lost two senior members of the Ways & Means Committee in Reps. Arrington & Doggett, which represents a major setback for the State on committees with direct health care jurisdiction.

CONGRESSIONAL ACTIONS AND UPDATES: As of March 24, the House and Senate have one week remaining before the Easter break. However, President Trump has been prodding the Senate to stay in session over the break to pass his personal legislative priority, the Safeguard American Voter Eligibility (SAVE) America Act (H.R. 22), an expansive voter identification bill.

There are reports of progress toward an agreement on Department of Homeland Security (DHS) funding now that Sen. Markwayne Mullin (R-Okla.) has been confirmed as the new Secretary. The potential compromise would fund DHS except for certain Immigration and Customs Enforcement (ICE) functions, with additional details still being negotiated. The possible agreement as reported would increase the probability of a second reconciliation package to fund additional operations without requiring Democrat votes, which has been a goal of some Republican committee chairs. If a deal can be reached, the Senate will vote this week to reopen DHS prior to adjourning for the recess.

Amid the uncertainty over a funding deal, health care focused hearings are continuing, capping off a busy month of congressional activity regarding affordability, consolidation and transparency. The House Energy & Commerce committee has held several hearings on these topics with a general focus on hospital trades and insurers. The Ways and Means Committee hearing will most likely focus on individual providers.

ADMINISTRATIVE ACTIONS AND UPDATES: CMS and the Texas Health and Human Services Commission continue to be at odds over the allowability of IGT arrangements, including the Texas Local Provider Participation Fee (LPPF), which is fundamental to the financial viability of the Texas State Directed Payment programs for non-hospital district health systems. The State of Texas believes that there is a long-standing legal precedent supporting LPPFs. The Administration and outside groups such as Paragon Health Institute continue to post that these arrangements are rife with waste, fraud and abuse.

FRONT LINE HOSPITAL ALLIANCE UPDATE (FLHA): Dr. Porsa and the Government Relations team continue to advocate for federal designation initiatives and 340B drug pricing policy in Washington, D.C. with the congressional delegation, congressional leadership offices, the Paragon Health Institute, the Administration, CMS and the Health Resources Services Administration.

We have had two congressional fly-ins in January and February with others planned for April and May.

DESIGNATION: Two strategies were adopted in early January by the FLHA CEOs

- **Republican Designation Strategy:** With a trifecta governing majority for Republicans, there has been some discussion in both chambers of building a reform health plan, which would present an opportunity for designation language. Every year there is approximately \$1- \$1.5 billion in unspent State Medicaid DSH funds nationally, according to the Congressional Budget Office (CBO). FLHA has proposed a Health Safety Net Fund for High Needs Hospitals under a FLHA designation created in statute utilizing these unspent funds.
- **Democrat Designation Strategy:** With the possibility of Democrats controlling the House and possibly the Senate after the mid-term elections, a dual-track strategy was adopted to pursue designation and protections from future Medicaid cuts. Congressman Bennet and Congresswoman DeGette are planning to introduce legislation in April to accomplish this goal.

340B: In February we convened a very productive meeting with the HRSA Administrator and Commander Pedley regarding 340B reform to ensure the future viability of the program and achieve the goals and objectives of the Administration. Attached are the briefing papers used for that meeting. We also discussed the ramifications of the proposed 340B Rebate Model Pilot Program. The Administrator was grateful for our transparency and willingness to offer solutions, in contrast to other trade associations.

STATE UPDATE

TEXAS HEALTH AND HUMAN SERVICES COMMISSION LEADERSHIP MEETING: As part of a larger advocacy group, Harris Health executive and government relations leadership met with the new Commissioner of the state's Health and Human Services Commission to lay the groundwork for a productive and collaborative relationship moving forward.

Commissioner Stephanie Muth assumed the role of health commissioner at the beginning of 2026 pursuant to a gubernatorial appointment. Having served in state government for over 20 years, Muth is well familiar with health systems such as Harris Health in addition to the state's legal and regulatory healthcare landscape in general.

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

We discussed broadly the challenges and opportunities faced by our health systems, our patients, and the state's larger healthcare industry, and we committed to working with Commissioner Muth and her staff in facing these challenges and taking full advantage of these opportunities.

TEXAS HOSPITAL ASSOCIATION (THA) LEADERSHIP MEETING: Dr. Porsa and government relations staff met with the Texas Hospital Association's CEO and VP of advocacy to discuss strategy and issues ahead of the next Texas Regular Legislative Session.

We discussed several issues of importance to Harris Health, such as 340B drug discounts and facility fees.

The discussion will help inform THA's advocacy as interim activity heats up heading into session.

TEXAS CONSERVATIVE COALITION RESEARCH INSTITUTE – 340B PANEL: Government relations staff attended a policy panel in Austin hosted by TCCRI on the current state of 340B and what, if any, pieces of legislation state level lawmakers might consider on the matter in the 90th Legislature.

The panel was heavily tilted toward the pharmaceutical manufacturer point of view and included a senior lawmaker from north Texas active in health care policy—Rep. James Frank (R-Wichita Falls), chairs of the House Subcommittee on Disease Prevention and Women's and Children's Health. The Panel also included leadership from the Houston Business Coalition on Health.

Even though the panel was dominated by manufacturer representatives, all panelists agreed the 340B program has value and is well intended, but that some covered entities have figured out how to game the system, while others continue to use it in good faith. All further agreed meaningful reform needs to occur at the federal level, but the state can add transparency requirements for covered entities. In addition, panelists advocated for more PBM accountability.

Also critical of how some covered entities are using the program, there was general agreement true safety net systems—such as public hospital districts—exemplify good faith use of 340B and are truly using it to serve the underserved.

Government relations staff spoke to the panelist from the Houston Business Coalition on Health after the event, who confirmed Harris Health was one of those true safety nets acting in good faith within the 340B program—a message we will continue to communicate with policymakers and stakeholders as we move closer to the 90th Texas Legislature.

LT. GOV ANNOUNCES SENATE SELECT COMMITTEE ON RELIGIOUS LIBERTY: Lt. Gov. Dan Patrick recently announced a new Senate Select Committee on Religious Liberty with the following press statement:

“For the past year, I have had the honor of serving as Chairman of President Trump’s Religious Liberty Commission in Washington, D.C. Through the Commission’s important work, I have learned that many Americans, and Texans alike, do not fully understand their God-given religious liberty rights secured under the First Amendment. Today, I am appointing the Senate Select Committee on Religious Liberty to find ways to educate Texans on their religious liberty rights and to make sure Texans do not have those rights infringed upon.”

Committee appointees are as follows:

- Sen. Phil King (R-Weatherford) Chair
- Sen. Angela Paxton (R-McKinney) Vice Chair
- Sen. César Blanco (D-El Paso)
- Sen. Brent Hagenbuch (R-Denton)
- Sen. Adam Hinojosa (R-Corpus Christi)
- Sen. Bryan Hughes (R-Tyler)
- Sen. Charles Perry (R-Lubbock)

Although President Trump’s Religious Liberty Commission has yet to release any official recommendations on religious exemptions for vaccine requirements, the body has heard testimony on the matter, and it falls within the Commission’s purview of conscience protections.

We anticipate the new select committee to at least consider religious objections for vaccine mandates within the context of the healthcare workforce and so will work with our state delegation and similarly situated stakeholders to stress the importance of these requirements to ensure the safety of our workforce and our patients.

SENATE INTERIM CHARGES: The following Senate Interim Committee Charges are being monitored for possible impacts on Harris Health:

- **Senate Finance Committee:** Property Tax Cuts – Study and report on the effect of the continued increasing the Homestead Exemption. Assess the impact of reducing the senior homestead exemption from 65 to 55 years of age.
- **Business and Commerce Committee:** Securing Critical Infrastructure and Supply Chain Integrity: Evaluate the integrity of the supply chain for the Texas electric grid and other critical infrastructure.
- **Health and Human Services:** In support of Gov. Abbot’s call to action to eliminate fraud, explore and recommend ways to prevent fraud and abuse in Texas human service program including, but not limited to, Medicaid and Child Care Services.

HOUSE SELECT COMMITTEES AND CAUCUS: Speaker Burrows is anticipated to announce the creation of the following new select committees and a new caucus that may have impact on Harris Health:

- Joint Select Committee on Data Centers
- House Select Committee on Local Government
- House Select Committee on Healthcare Expenditures
- Healthcare Affordability Caucus that will look at healthcare costs and transparency.

GOV. GREG ABBOTT DIRECTS STATE INSTITUTIONS TO SCRUTINIZE MEDICAL DEVICES AS POTENTIAL CYBERSECURITY THREAT VECTOR:

Gov. Greg Abbott recently issued a letter instructing the Texas Health and Human Services Commission, Texas Department of State Health Services, Texas Cyber Command, and University System Chancellors to act regarding medical devices capable of transmitting data remotely. Specifically, the agencies have been directed to investigate, review, and catalog devices that may be vulnerable. This initiative follows a warning from the Food and Drug Administration and the Cybersecurity and Infrastructure Security Agency, which highlighted that certain patient monitors have vulnerabilities permitting unauthorized access, manipulation, and exfiltration of sensitive patient data—posing significant risks to patients, including unauthorized access to protected health information by remote users.

Agencies are expected to submit their reports and recommendations to the Office of the Governor by April 17. For a more detailed background and to understand the scope and types of review requested, please refer to the Governor’s letter to state agencies and Governor Abbott’s Press Release on the matter for further context.

Please see [here](#) for Gov. Abbott's Press Release on the matter.

Please see [here](#) for Gov. Abbott's official letter on the matter.

This subject is likely to become increasingly prominent during the interim period leading up to the next legislative session in January 2027, as well as during interim house and senate committee hearings. Given this, we strongly recommend Harris Health consider conducting a similar inventory and review of our medical devices. It is probable that the legislature will eventually require local governments and special districts—such as hospital districts—to comply with mandates like those imposed on state agencies. There’s also speculation that this requirement could be extended to all health care providers, though that may not be feasible in every case.

Harris Health’s government relations team will continue monitoring developments and sending updates as new information emerges.



A Targeted Solution to Strengthen the 340B Prescription Discount Program for Hospitals Serving High-Cost, High-Need Patients and Underserved Communities

Background on the Front Line Hospital Alliance and the State of the 340B Program Today

Super safety-net hospitals — including those who are members of the Front Line Hospital Alliance (FLHA) — operate on the slimmest of margins and face significant financial stresses. Our hospitals on the "Front Line" of treating patients—are characterized by high disproportionate share and tertiary services provided to the sickest, most impoverished and costliest of patients in our communities. Front Line hospitals care for a substantially higher volume of low-income patients than most other hospitals. We also provide the full continuum of primary through tertiary services, including complex critical and trauma care, and specialized services to patients with multiple comorbidities and other medical and social challenges. In addition, we train the next generation of physicians to care for these vulnerable patients.

When the 340B Drug Discount Program was created in 1992, it was intended to lower the cost of pharmaceuticals at covered entities dedicated to serving low-income and underinsured beneficiaries. Our hospitals are committed to providing life-saving medications at affordable prices, so that our low-income patients directly benefit from the 340B Drug Discount Program, depending on their income level. The U.S. Congress anticipated that there would be approximately 90 public or publicly equivalent hospitals that would qualify when the program was first created. We believe that Front Line hospitals — only 124 by our definition — are exactly the public and publicly equivalent hospitals originally intended by the Congress to benefit from 340B.

Front Line Hospital Alliance Supports Efforts to Improve the 340B Program

As changes to the 340B Program are considered — either by Congress or by the Administration —we believe that it is our duty as stewards of caring for the most vulnerable patients to come to the table with solutions. This way, we can ensure the 340B Program may continue to meet its original intent and allow us to continue serving patients in our communities. That is why the FLHA believes that public and publicly-equivalent hospitals like ours are the hospitals and healthcare entities that should be prioritized and accounted for when any changes to the 340B program are considered. We support policy changes to ensure Congress' original intent for the 340B program is met, including by: ensuring benefits reach the patients and hospitals most in need, enhancing transparency, improving program integrity, reducing program complexity, and providing sufficient time for stakeholders to implement required changes.

We believe each of these goals can be met by advancing policies such as:

- Instituting verification of patient eligibility for purposes of discounting medications at the time a patient purchases drugs from the contract pharmacy.
- Requiring covered entities to apply their financial assistance policy (FAP) at contract pharmacy locations and internal pharmacies.
- Establishing a robust clearinghouse to enable real time data exchange on 340B patient eligibility, address duplicate discounts, enable immediate identification of a 340B drug to address manufacturer concerns about other discounts, and improve program integrity.
- Redefining who may be considered as a "patient" and realign "child site" definition to better reflect the presence of primary hospital and secondary clinical locations and enable reporting and transparency.

Administration's Proposed Rebate Pilot Model

The Administration's proposed 340B Rebate Model Pilot Program—currently paused due to ongoing litigation—would devastate our hospitals as we simply don't have the cash flow to pay the up-front discount per the rebate model and wait for a post-purchase discount* As evidenced in the following chart, the up-front costs would be significant and DSH hospitals are prohibited from utilizing a GPO to lower the cost even to some degree, leaving many hospitals without options:

Hospital	Cost of Drug Using 340B Discount	Cost of Drug Using Group Purchasing Organization	Cost of Drug at Wholesale Acquisition Cost
Hospital #1 drug spend (over six months)	\$1,572,793	\$17,056,134	\$23,873,077
Hospital #2 (over 12 months)	\$2,051,113	\$48,469,716	\$87,945,164
Hospital #3 (over 12 months)	\$2,456,726	\$29,604,770	\$44,323,026

We hope to work with the Congress and Administration to develop and test a more workable pilot program, grounded in the reforms we have proposed* In addition, we urge Congress to direct the Congressional Budget Office (CBO) to perform new, comprehensive analysis to address questions following their September 2025 report on the program including:

- How much is attributable to growth of outpatient services in general, which is cheaper than inpatient?
- To what extent have services expanded, as intended by the 340B program? How do 340B and non-340B hospitals compare?
- What does the total American drug spend during these years? How much impact did COVID have on anti-infective drugs in 2020 and 2021? Other grantees don't provide expensive and specialized cancer care: how many new cancer drugs have been introduced, and what has been the resulting impact on 340B growth? Do 340B DSH hospitals treating more patients because many can't afford non-340B hospital care? Has there been an improvement in cancer outcomes? How much sicker and poorer are 340B DSH hospital patients?
- How much is attributable to Medicaid expansion, qualifying more hospitals? Has the aging baby boomer population created a higher demand in cancer drugs? How does 340B lead to higher prices for the federal government? How much does Medicaid save from hospitals using 340B versus their state rebate? How important are the savings for some financially struggling hospitals versus more profitable ones?



- **Who are we?**

- Super Safety-Net Hospitals: High DSH, Teaching, Tertiary, taking care of high need, high-cost patients
- We helped Trump Administration in 2020 with Safety-Net Tranches – 2/3 qualifying criteria and distribution formula came from us
- We innovate care on a shoestring for high need, high-cost patients - 5% pts = 50% spend

- **What is our priority?**

- Seeking definition in federal law, regulation – didn't have during COVID – only 124 hospitals qualify as Front Line – narrow group
- Protecting 340B for Front Line and other High Need Hospitals
- Different, better model of payment focus focused actual on patient need, not setting

- **What can we bring to you/HRSA?**

- Front Line Consistently Offers Solutions and Data over 6 Years:
 - 340B
 - Site Neutral
 - Health Safety-Net Fund in HR 1

High Need Hospitals Care for High Need, High Cost Patients

	Front Line Multimission	Vulnerable Community Hospitals	Endangered Small Rural	PPS Exempt High- Medicaid or Specialty Children's Hospital
Definition	Public urban teaching hospital ≥100 beds with CMI ≥1.3; IRB ≥0.17 (or ≥100 residents) and Medicare DPP ≥35%; or a nonprofit teaching hospital that meets the IRB and CMI criteria and if 100-1000 beds has a DPP ≥45%, or if ≥1000 beds, a DPP ≥55%.	Independent, public or nonprofit ≤500 with either beds ≥65% DPP or Medicare + Medicaid days ≥85%	Public or nonprofit rural hospitals with SCH, CAH, Low-Volume or MDH status ≤100 beds; and a provider-based physician adjustment as % of net patient revenue and a net loss from service to patients as % of net revenue of greater -20% combined;	PPS Exempt public or nonprofit children's hospital under Medicare that has either at least 45% Medicaid inpatient utilization, or is a specialty children's hospital
Explanation of Definition	These hospitals have high disproportionate patient percentages (DPP), high teaching, and high tertiary care, the combination of which renders them financially distressed. The nonprofit hospitals have higher thresholds to meet than public hospitals which are by their governance structure accountable to the people of their state or community.	These are independent community hospitals that have no other designation and are very high in either DPP or both Medicare and Medicaid combined, which are poor payers, particularly for outpatient services, rendering them financially vulnerable.	These are small rural hospitals that are especially endangered due to their high net patient revenue loss and for many, high cost of subsidizing physicians to serve in rural areas.	These are high-Medicaid children's hospitals disproportionately serving Medicaid/CHIP beneficiaries, or specialty children's hospitals dedicated to unique vulnerable population, such as children with cancer or major orthopedic medical conditions or requiring long term care.
Number of qualifying hospitals	124 of 3319 Urban Hospitals	87 of 1619 Independent Community Hospitals (5129 Community Hospitals)	598 of 1,810 Rural Community Hospitals	67 PPS Exempt Children's Hospitals

Rebate Model Threatens Front Line Hospitals

Cost of Drugs on Medicare Drug Price Negotiation List: Comparing Cost of Drug at 340B Discount vs. GPO vs. WAC

Hospital	Cost of Drug Using 340B Discount	Cost of Drug Using GPO	Cost of Drug at WC
Hospital #1 drug spend (over six months)	\$1,572,793	\$17,056,134	\$23,873,077
Hospital #2 (over 12 months)	\$2,051,113	\$48,469,716	\$87,945,164
Hospital #3 (over 12 months)	\$2,456,726	\$29,604,770	\$44,323,026



Request: Carve Out of Any Future Rebate Model, Pilot a Second Model for High Need Hospitals

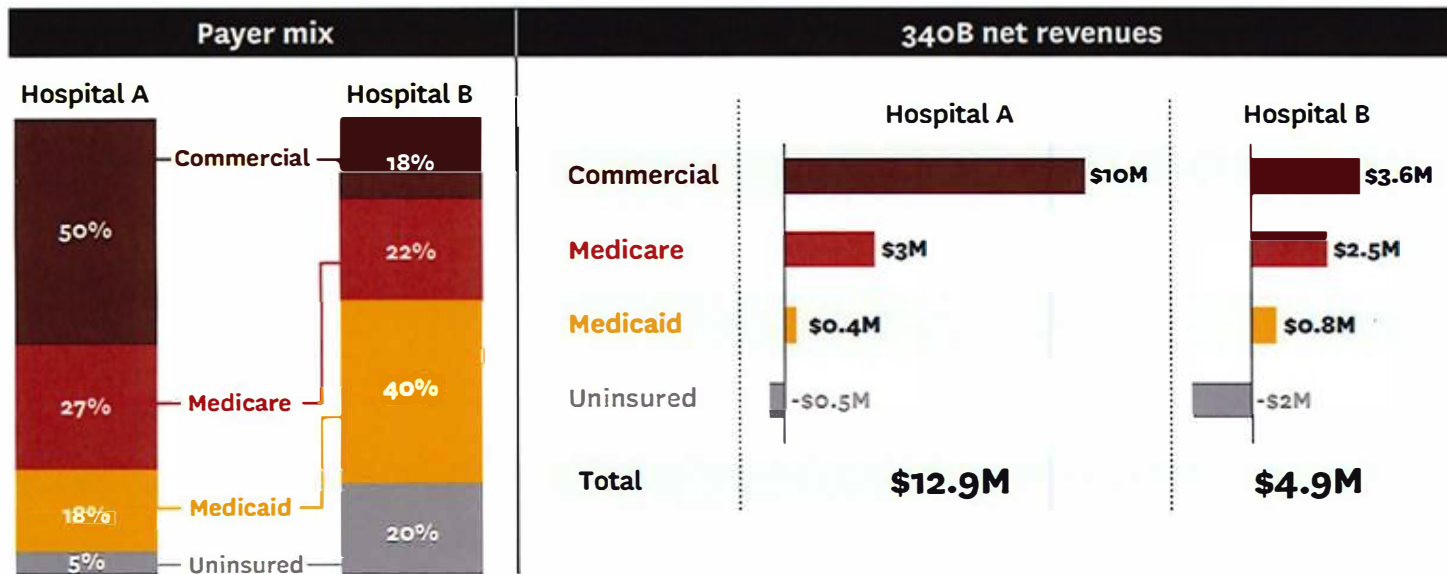
Fix 340B Pilot	Paragon Direct Subsidy	High Need Hospital Demo
<p data-bbox="464 829 558 854">Model 1</p> <ul data-bbox="289 873 730 1068" style="list-style-type: none">•Pilot Modernizing 340B for High Need Hospitals•Fix child sites, patient definition, transparency, ensure patient benefit, address misaligned incentives•Neutral Clearinghouse to address duplicate discounts (Medicare, Medicaid) and enable patient discount at pharmacy counter	<p data-bbox="1024 829 1119 854">Model 2</p> <ul data-bbox="863 873 1276 1000" style="list-style-type: none">•Pilot Paragon/USC Schaffer Model of Direct Pharma Subsidy for High Need Hospitals•Redesigns the entire 340B model•Pharma pays into fund and directly subsidizes drug purchase	<p data-bbox="1562 829 1656 854">Model 3</p> <ul data-bbox="1400 873 1814 1068" style="list-style-type: none">•Full Demonstration Program for High Need Hospitals with site-neutral supplemental payments decoupled from inpatient or outpatient setting•340B, Medicare DSH, IME, Medicaid DSH, UPL, SDP•Redesign total payment to focus on high need, high cost patients



Paragon Direct Subsidy Idea

Cui Bono? Misaligned Incentives in the 340B Program

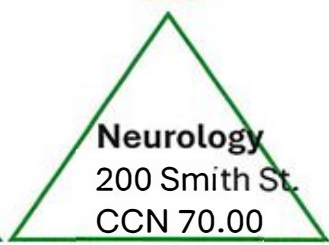
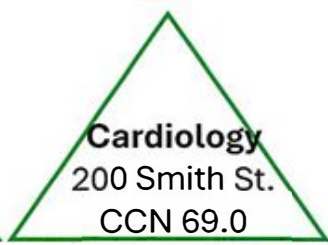
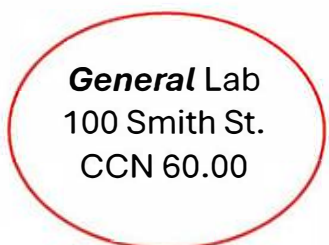
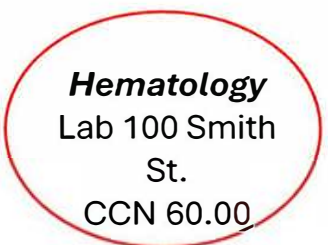
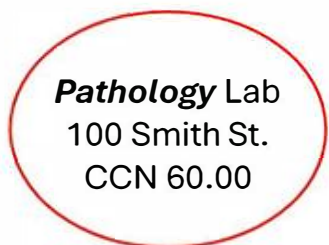
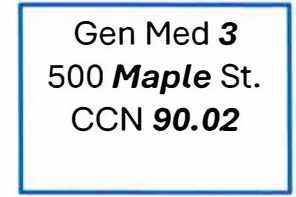
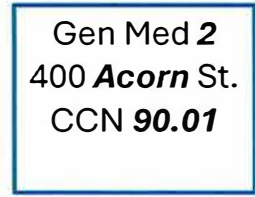
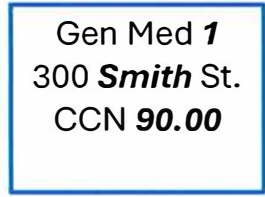
Figure 5. Comparison of Hypothetical Payer Mix and 340B Net Revenue





Most Consequential Changes to Modernize 340B:

- Change Child Site Definition to Physical Location for Transparency and Accountability
- Common Sense Patient Definition that Reflects Actual Clinical Practice
- Clearinghouse that is Robust, Neutral and Enables Real-Time Data Transfer and Patient Discounts at Contract Pharmacy Counter



Current HRSA Child Site

Definition



Parent Site (Depts located in main building not registered as Child Sites)



3 Different Child Sites b/c different locations and CCNs even though same General Medicine service line



1 Child Site b/c same location, 3 different departments within lab service line

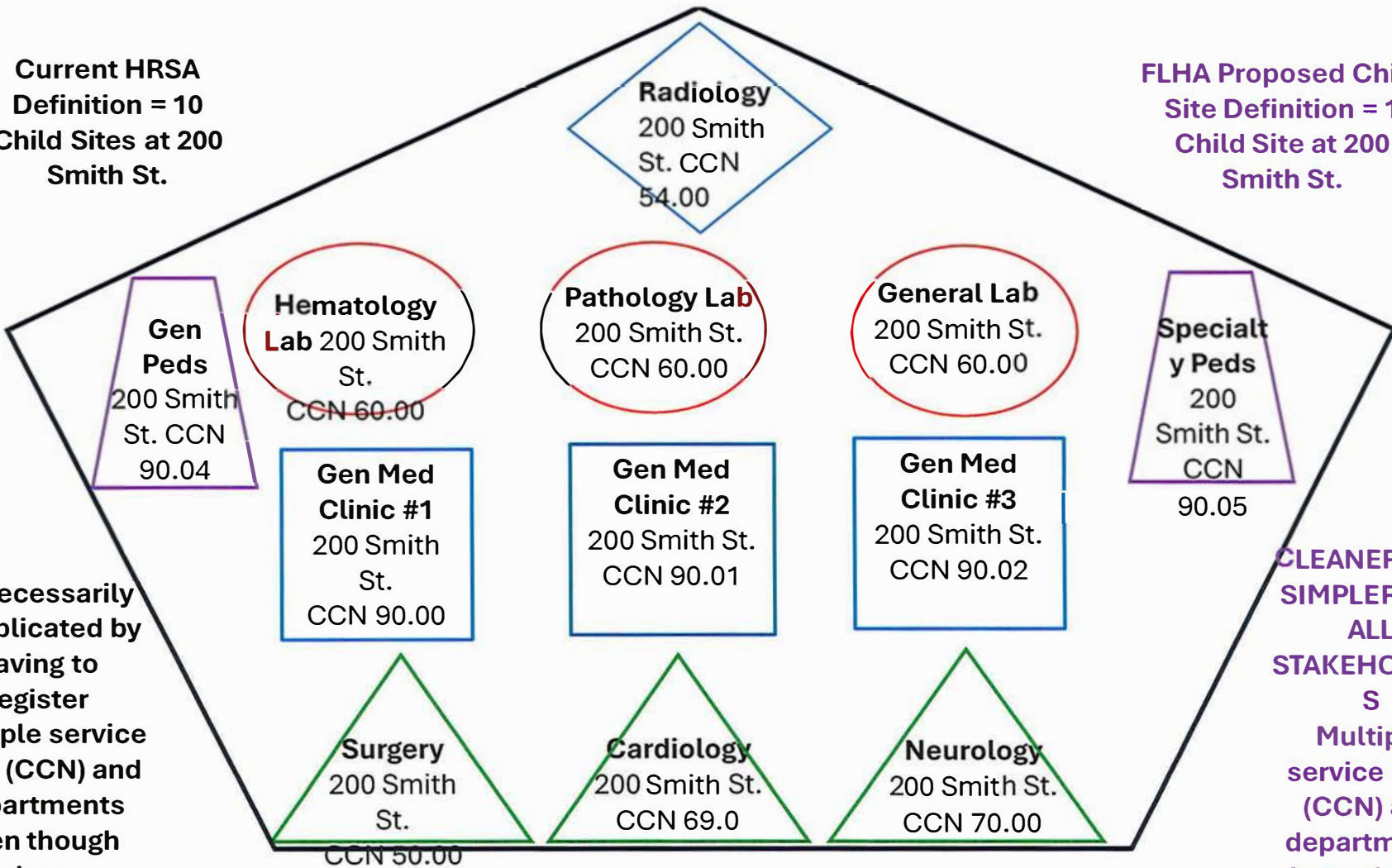


3 Different Child Sites b/c 3 different service lines and CCNs, even though same location

Medicare Cost Report Line (CCN) = Service Line (ortho, psych, lab)
 Department = Type of Service Line (gen lab, path lab, hem lab)
 Location = Physical Address

**Current HRSA
Definition = 10
Child Sites at 200
Smith St.**

**FLHA Proposed Child
Site Definition = 1
Child Site at 200
Smith St.**



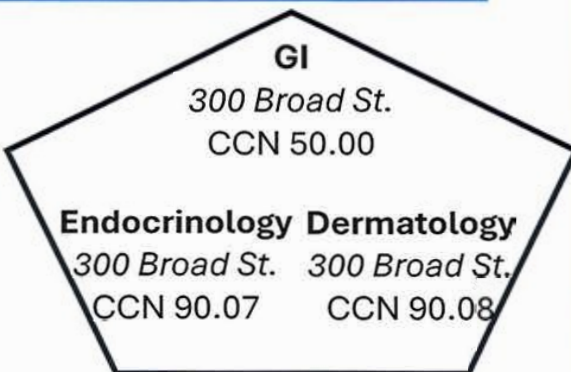
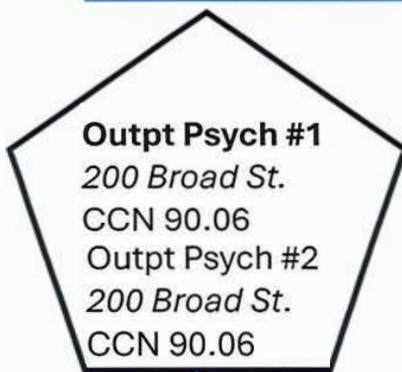
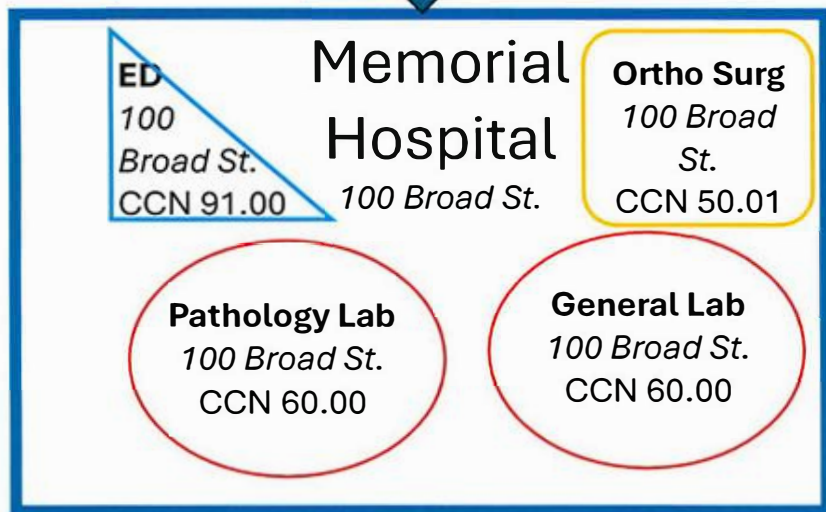
Unnecessarily complicated by having to register multiple service lines (CCN) and departments even though only one

**CLEANER AND SIMPLER FOR ALL STAKEHOLDERS
Multiple service lines (CCN) and departments but only one**

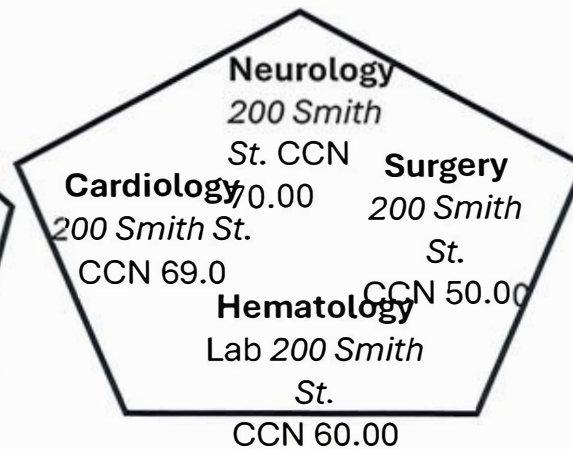
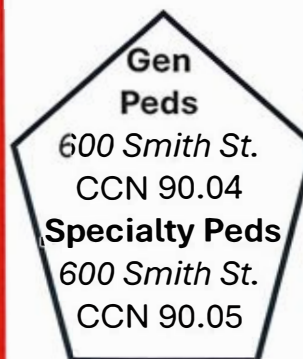
PARENT SITE (on campus)

FLHA Proposed Definitions

CHILD OFF-SITE LOCATIONS (off campus)



CHILD ON-SITE LOCATIONS (on campus)

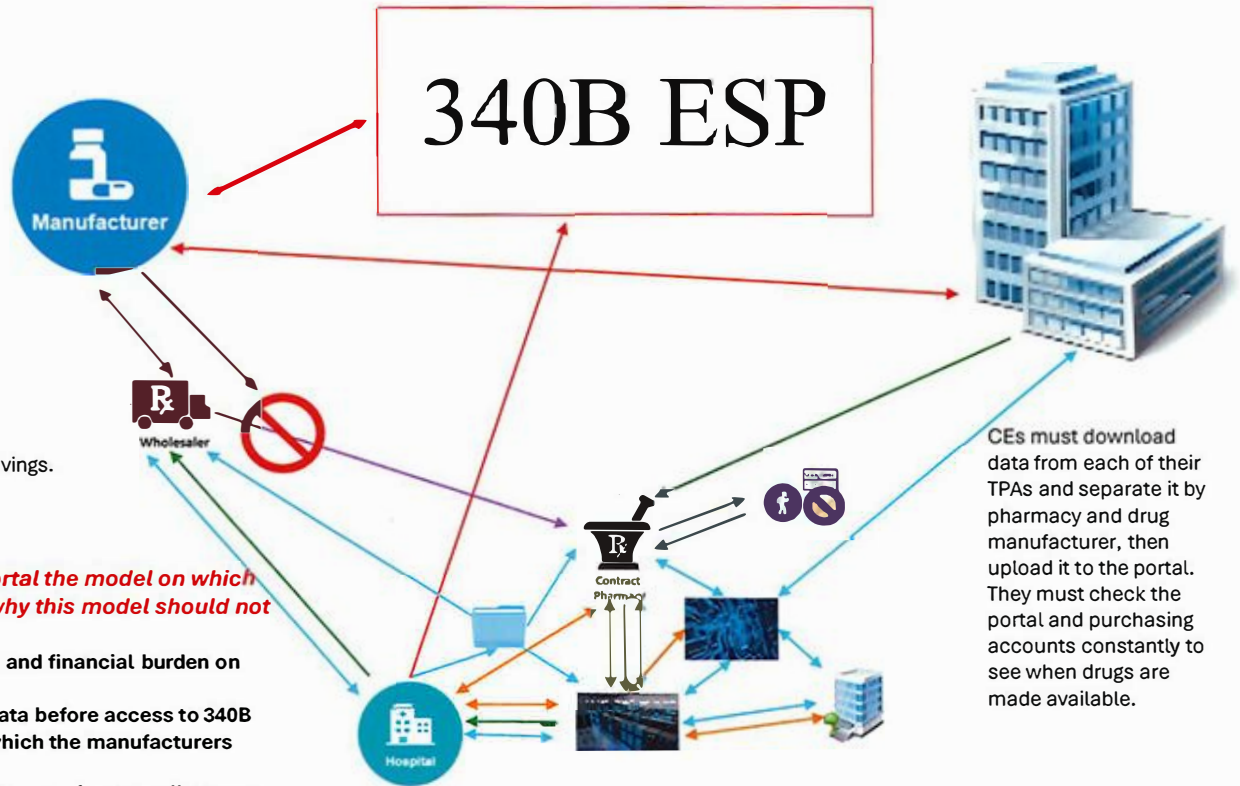


Every physical site – whether parent, child onsite or offsite – is verifiable on CMS Form 855

From Covered Entity to Contract Pharmacy to Clearinghouse

Legend:

- Covered Entity (CE)
- Patient
- ▲ Contractual Relationship
- Third-Party Administrator (TPA)
- ▼ Pharmacy
- ▲ Financial Relationship
- ▲ Prescription Medication
- ▲ Information Flow
- Drug Wholesaler
- The Switch
- The PBM/Payer
- Patient Insurance Information
- PBM of the TPA
- Patient discount card
- NCPDP SCRIPT standard file
- Drug Manufacturer
- ▲ Dispense information extorted for 340B cost savings.



Some drug manufacturers wish to make the 340B ESP portal the model on which a nationwide clearing house should be formed. Here's why this model should not be used:

1. **Uploading information to this portal is an administrative and financial burden on the CE.**
2. **CEs must wait on manufacturers to approve uploaded data before access to 340B drugs is granted; there is no timeframe established by which the manufacturers must abide.**
3. **There is no dispute resolution process if a drug manufacturer refuses to all access to 340B drugs after data is uploaded.**
4. **CEs without the specialized staff to manage data and monitor progress of access to 340B drugs lose critical cost savings that was meant to support the safety-net.**

From Covered Entity to Contract Pharmacy to Clearinghouse

Legend:

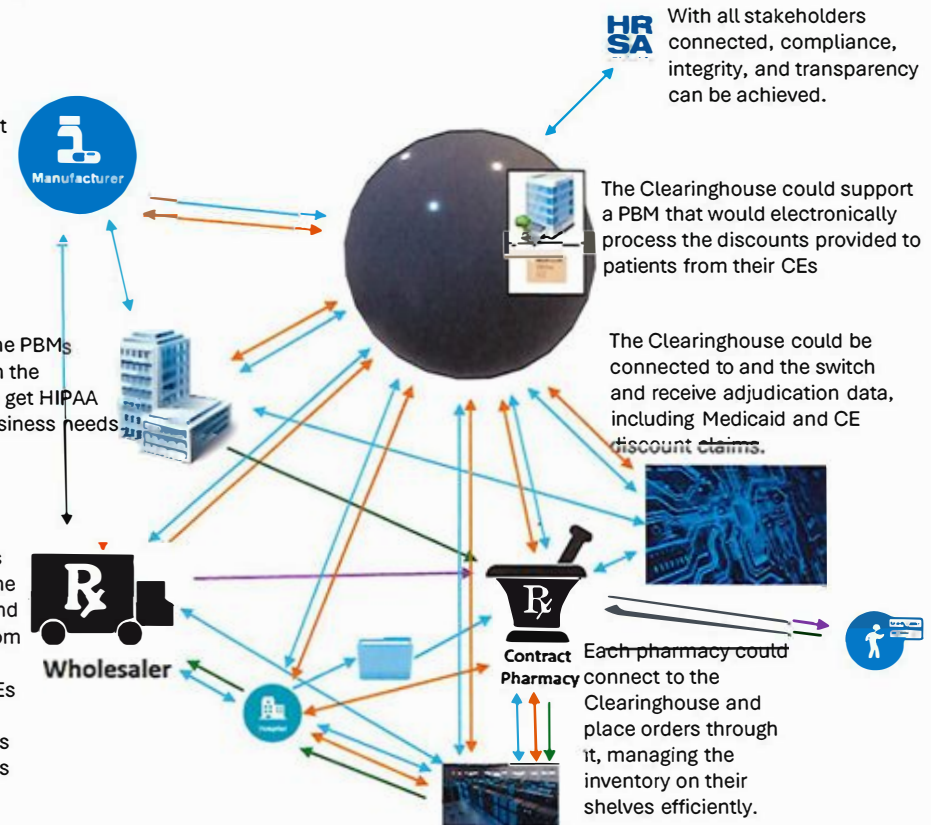
- Covered Entity (CE)
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- Patient discount card
- NCPDP SCRIPT standard file
- Drug Manufacturer
- ▲ Dispense information extorted for 340B cost savings.
- Clearinghouse
- HRSA – Health Resources and Services Administration

We have a better idea for a clearinghouse that serves patients, CEs, pharmacies, drug wholesalers, manufacturers, PBM's, HRSA, and TPAs.

The manufacturers could contract with the Clearinghouse, if they wish, and get reports of HIPAA compliant data to meet their business needs.

With the switches connected, the PBMs could adjudicate claims through the Clearinghouse. They could also get HIPAA compliant data to meet their business needs.

Drug wholesalers can connect to the Clearinghouse and receive orders from pharmacies who serve multiple CEs drawing from accumulations as well as purchases on their own accounts.



HRSA Current Patient Definition

- Current HRSA Patient Definition
 1. CE has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
 2. The individual receives health care services from a health care professional who is either employed by the CE or under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; and
 3. If the CE is not a DSH hospital, the individual receives a health care service or range of services which is consistent with the grant funding or FQHC/look-alike status provided to the entity.
- Problems with Current Patient Definition
 1. Provider relationship is undefined and not time limited.
 2. Relationship between HC professional and CE is overly vague.
 3. Fails to account for academic relationships (e.g. faculty practice plan and hospital), and HRSA has prohibited academic medical centers with separate faculty practice plans from utilizing 340B drugs, thus forcing higher copays for patients at HOPDs.
 4. Challenging to track with rotating residents.
 5. Some states ban hospital ownership of MD practices (CA, TX, TN – corporate practice of medicine)

Front Line Alliance Proposed Patient Definition

What is it?

Patient means an individual with whom the covered entity has established a provider-patient relationship as evidenced by the following:

1. The clinical provider of the **medical service** –
 - a. Is either contracted or employed by the CE hospital;
 - b. Is providing such service pursuant to an agreement for the covered entity to provide medical education with another hospital or a medical school; or
 - c. Has delivered the medical service pursuant to a referral by such clinical provider under (a) or (b) and the primary responsibility of care is retained by the referring CE, with such referral to and consultation by the clinical provider receiving such referral being evidenced in the medical record.
2. The provision of a **medical service** by the covered entity provider to the patient at a registered parent or child site of such hospital within 18 months of such service, including care provided remotely; and
3. A **medical record** of the hospital, thoroughly documenting the medical service received.

Medical service means medical evaluation, care, or treatment provided by the CE hospital via a clinical provider described in (1), regardless of whether a prescription is ordered.

Why these changes?

- This provides detail around the relationship between the CE, clinical provider, and the medical service being provided.
- This clarifies referral relationships and how to establish that the responsibility for care remains with the CE hospital because the medical record of the CE hospital shows the referral and the consultation notes from the clinical provider to whom the patient was referred.
- The 18 month time stamp from when a medical service is provided establishing 340B patient eligibility has a clear end date if there are no other services provided, and is easily ascertainable. 18 months allows sufficient time for patients who are late rescheduling their annual visits and is half the time that AHA says is a patient, which is 3 years.
- This recognizes the unique situation of academic medical centers and allows a relationship between the hospital and faculty group practice plan that doesn't require turning all those doctor offices into HOPD's with higher copays for patients and costs to insurers.
- The Congress should NOT impose additional requirements, such as tying the prescription to the reason for the service, as patients with comorbidities are seen for multiple reasons by providers, and this would be impossible to track and implement and shouldn't matter as long as within 18 months of the original service.

340B PROGRAM

Since 1992, the 340B Drug Pricing Program is a vital lifeline for safety-net healthcare providers, supporting critical health services in our communities. The program exists for hospitals that provide care to a large number of low income or Medicaid patients or hospitals that serve isolated rural communities. Hospitals qualifying for the 340B program disproportionately provide expensive life-saving care, such as trauma, labor and delivery, HIV/AIDS and immunizations to uninsured and low-income patient populations. Ensuring the viability of the 340B program is critical to maintaining the health of communities across the State of Texas.

IMPACT OF THE 340B DRUG PRICING PROGRAM

Savings from the 340B Drug Pricing Program are critical to sustaining medication access for Harris County's indigent patient populations. The 340B program allows Harris Health to provide life-saving treatments that would otherwise not be available to low-income uninsured residents in our community. Life-saving treatments include infusion therapy for cancer treatment, HIV care and much-needed medications to maintain a quality life for multiple sclerosis patients.

HARRIS HEALTH

Harris Health is a fully integrated healthcare system providing care to all residents of Harris County, Texas regardless of their ability to pay. Harris Health was the first accredited healthcare institution in Harris County designated as a Medical Home and today is still one of the largest in the country with this designation. Harris Health includes 16 community health centers, seven homeless shelter clinics, three same-day clinics, six multi-specialty clinic locations, a dental center, one urgent care clinic, mobile health units and two full-service hospitals - Ben Taub Hospital and Lyndon B. Johnson Hospital.

Ben Taub Hospital is a 402-bed acute care facility with a world-renown Level I trauma center and recognized as a Comprehensive Stroke Center. Lyndon B. Johnson Hospital is a 215-bed acute care facility with one of the busiest Level III trauma centers in the State. The hospital is also recognized as a distinguished regional center for neonatal intensive care for high-risk deliveries.

Savings from the 340B Drug Pricing Program increases Harris Health's efforts to provide cost effective and high quality care to low-income patients and their families. Harris Health has two initiatives to improve medication compliance, reduce hospital admissions and improve the overall health of patients - the Meds to Bed program and Home Delivery of medications. The Meds to Bed program delivers prescriptions to the patient at the bedside upon discharge. A clinical pharmacist visits with the patient prior to discharge to provide medication instructions and within 72 hours of discharge, patients receive a follow-up call from the clinical pharmacist. To address transportation challenges and to improve medication compliance, Harris Health offers home delivery of medications. Urgent prescriptions are available at one of the outpatient pharmacies, but for non-urgent medication needs, home delivery eliminates a trip to the pharmacy while promoting medication compliance and improved health outcomes.

340B BY THE NUMBERS

HARRISHEALTH



\$87M

Actual cost of outpatient pharmaceuticals with the 340B Drug Pricing Program

\$407M

Projected total pharmaceutical costs without the 340B Drug Pricing Program

\$320M

Projected cost avoidance because of the 340B Drug Pricing Program



80%

Projected percentage increase in outpatient pharmaceutical costs without the 340B Drug Pricing Program



1.95M

Number of outpatient prescriptions filled



74.2%

Patients on Medicaid, Medicare or Uninsured



43.4%

of Harris Health patients remain uninsured even with the implementation of the Affordable Care Act



\$713.5M

Total uncompensated care provided last year



144

Texas hospitals participating in the 340B Drug Pricing Program, 17 of which are teaching hospitals, including Harris Health

Impact Statement: HRSA Proposed Rebate Pilot Model for Harris Health Hospitals

that protect quality care and support for underserved communities. Specifically, we ask HRSA to consider: (1) excluding safety-net providers from the pilot and/or offering advance or interim payments to preserve cash flow; (2) providing flexibility for hospitals experiencing workforce shortages or financial distress; (3) evaluating prospective payment models for high-cost medications; (4) establishing standardized submission processes across all participating manufacturers; (5) simplifying data-matching requirements to reduce administrative burden; (6) extending implementation timelines to allow hospitals to adopt necessary technology; and (7) creating uniform audit criteria, documentation expectations, and dispute resolution pathways.

We also encourage HRSA to conduct additional stakeholder listening sessions, pilot impact modeling, and field testing with a diverse range of hospital types—including rural, urban, large academic medical centers, community hospitals, and federally designated safety-net providers—to ensure that the model achieves equitable and sustainable outcomes.

We appreciate HRSA's continuing engagement with providers in this important dialogue. Harris Health remains firmly committed to the mission of the 340B program and to ensuring that underserved patient populations continue to receive equitable access to life-saving medications and high-quality clinical care. We stand ready to collaborate further and welcome ongoing communication as the pilot evolves, so that the program's integrity, intent, and patient-centered impact are preserved for the long term.

Projected annual permanent monetary loss to Harris Health is \$11.8M, inclusive of additional staffing, technological support, consulting and legal fees and related costs. The annual amount under risk is \$85.9M. In other words, we have the potential to lose \$85.9M in rebates on monies already spent.

Estimated Impact Rebate Pilot	Harris Health	Notes
Total Float: Annual budgeted expenses will increase by this amount (Difference between 340B price & WAC price)	\$85,894,051	This is the annual impact of not receiving 340B discounts for the Pilot NDCs. This is the annual amount under risk of not receiving a rebate.
Cash Flow Impact: Additional cash needed to carry the increased costs until rebates are paid. This is additional upfront cash needed for rebate exposure	\$5,177,176	This is the monthly cash flow impact of not receiving the 340B discounts upfront.
Costs of Cash: 4% interest loss on the float for the timeframe between purchase & rebate	\$207,087	This is the value of interest lost due to not receiving the 340B discounts upfront. (Time value of money)
Loss of 340B Subprime Discounts (Due to loss of 340B discount pricing)	\$328,765	Additional wholesaler discounts that could be lost
Additional Administrative Costs (estimated minimums)	\$621,000	Estimate of costs to prepare for the Rebate Pilot, including new hires, consulting and legal
Permanent Loss of Funds & Additional Costs	\$1,156,852	
Additional Costs:		
Rebate Denials %	10%	Estimate Only
Wastage Loss %	2%	Estimate Only
Rebate Denials and Wastage Loss	\$10,596,599	Annual Rebate Pilot estimate of denials and wastage loss
Total Annual Estimated Permanent Loss including Additional Costs to Manage the Program	\$11,753,451	

Impact Statement: HRSA Proposed Rebate Pilot Model for Harris Health Hospitals

Comparative Analysis of Current Discount Model versus Proposed Rebate Pilot Model

This impact statement evaluates the operational, clinical, and financial consequences of transitioning Harris Health hospitals from the existing 340B upfront discount structure to the HRSA-proposed rebate-based pilot model. The analysis highlights how such a shift would affect hospital workflows, staffing, patient care, and financial sustainability, with particular focus on safety-net providers like Harris Health.

Comparative Table: Current State vs. Proposed Rebate Pilot Model

Aspect	Current Upfront Discount Model	HRSA Proposed Rebate Pilot Model
Operational Efficiency	<ul style="list-style-type: none"> Immediate savings applied at purchase Streamlined inventory and reconciliation Minimal administrative steps 	<ul style="list-style-type: none"> Complex, multi-step rebate process Requires new workflows, data extraction, validation, submission, tracking, and appeals
Staffing Requirements	<ul style="list-style-type: none"> Existing teams manage discounts with current resources Less labor-intensive 	<ul style="list-style-type: none"> Significant increase in administrative workload Permanent need for additional staff (data validation, rebate management, audit response)
Impact on Smaller/Safety-Net Hospitals	<ul style="list-style-type: none"> Accessible for providers with limited resources Supports vulnerable populations 	<ul style="list-style-type: none"> Disproportionate burden on smaller/rural/safety-net hospitals lacking specialized personnel
Clinical Outcomes	<ul style="list-style-type: none"> Enables consistent medication access Maintains inventory of high-cost drugs Supports continuity of care 	<ul style="list-style-type: none"> Delayed savings may restrict medication purchases Risk of supply interruptions and reduced patient access
Pharmacist Availability	<ul style="list-style-type: none"> Focus on direct patient care, stewardship, counseling, and care coordination 	<ul style="list-style-type: none"> Administrative burden may divert pharmacists from clinical duties, impacting quality of care
Financial Stability	<ul style="list-style-type: none"> Immediate reinvestment of savings into essential programs Predictable cash flow 	<ul style="list-style-type: none"> Delayed reimbursement creates cash-flow gaps Jeopardizes funding for critical services and programs
Budgeting and Planning	<ul style="list-style-type: none"> Predictable financial planning Stable support for patient-centered initiatives 	<ul style="list-style-type: none"> Unpredictable rebate timing and amounts May delay or reduce investments in care and infrastructure
Technology and Compliance Costs	<ul style="list-style-type: none"> Minimal need for new systems 	<ul style="list-style-type: none"> Requires substantial investment in software, data integration, and compliance tools, recurring operational costs
Risk of Disputes	<ul style="list-style-type: none"> Low risk Straightforward discount eligibility 	<ul style="list-style-type: none"> High risk of disputes, rejected claims, and protracted appeals due to manufacturer-controlled processes

Summary of Impact on Harris Health Hospitals

The transition to the HRSA rebate pilot model would introduce significant operational complexity, increase permanent staffing demands, and impose new technology and compliance costs. Clinically, it risks disrupting medication access for vulnerable populations and diverting pharmacists from patient care. Financially, delayed and unpredictable savings threaten the sustainability of essential programs and services, especially for safety-net hospitals operating on narrow margins. Harris Health hospitals urge HRSA to adopt mitigation strategies

Meeting of the Board of Trustees

Wednesday, April 8, 2026

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

Attached for review and acceptance:

- **HCHP April 2026 Operational Update**

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 – April 2026

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

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH

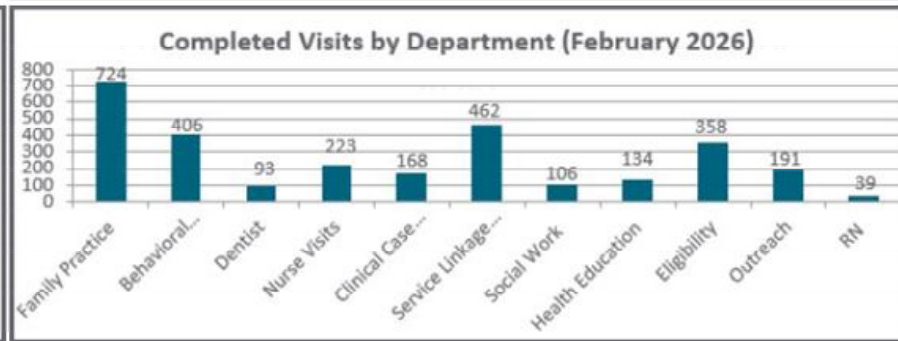
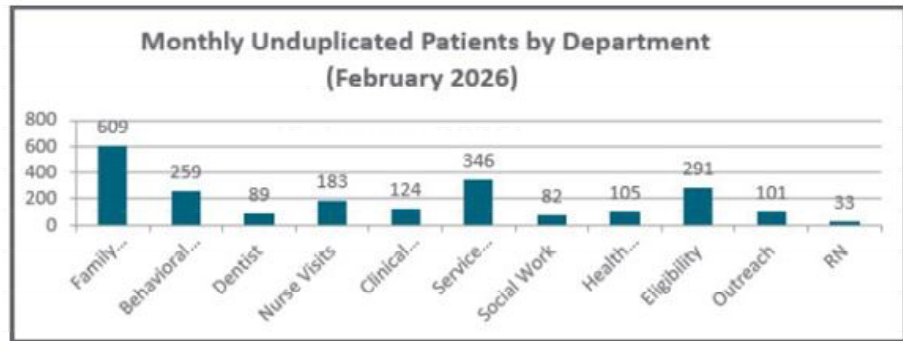
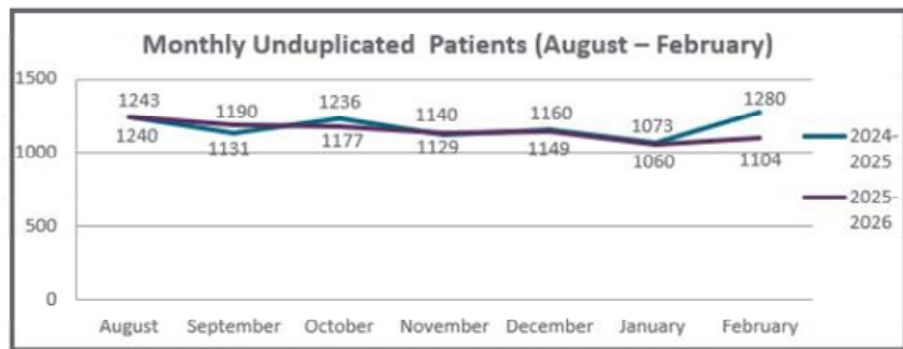


Agenda

- Operational Update
 - Productivity Report
 - Consumer Advisory Council Report
 - 2025 Annual Risk Management Report
 - Shelter Based Clinics
 - Deliverables

Patients Served – Operational Productivity Update (February 2026)

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients: 30,496
YTD Unduplicated Patients: 1,712	YTD Completed Visits: 4,108



Consumer Advisory Council – Key Updates

Reporting Period: November 2025 – January 2026

Program Operations



- Ongoing operational updates for Harris Health and HCHP services
- Staffing vacancies and recruitment progress reviewed
- Open Door Mission renovation project update

Service Delivery Changes



- Mobile dental unit currently non-operational
- Dental services temporarily provided at Harmony House dental operator
- Workstations on Wheels implemented to improve provider mobility and documentation efficiency

Strategic Initiatives



- Epic FQHC implementation updates shared
- City of Houston developing homeless services hub at 419 Emancipation Ave
 - Opportunity for HCHP clinic presence at new site

Compliance & Community Engagement



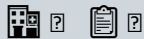
- Preparation underway for 2025 UDS report
- Monitoring HRSA proposed changes for 2026 reporting
- Outreach planning for 2026 FIFA World Cup community impact

HCHP Shelter-Based Clinical Services Locations

Clinical services delivered through shelter-based clinics and mobile outreach sites across Houston.

 Medical |  Dental |  Eligibility |  Lab |  Mobile Outreach

Open Access Clinics



- Harmony House
- Lord of the Streets
- Open Door Mission
- Navigation Center

Partner Shelter Clinics



- Star of Hope Cornerstone
- Star of Hope Mission Men's Development Center
- Salvation Army Adult Rehabilitation Center

Mobile Services



- Mobile Medical Outreach
- Mobile Dental Outreach

Operational Schedule

- Monday – Friday | 7:30 AM – 4:30 PM
- Eligibility services vary by site
- Sites closed 3rd Wednesday monthly (1:30 – 4:30 PM) for staff meeting



Deliverables



Patient Satisfaction



Community Initiatives & Collaboration

Patient Satisfaction Card

Thank you for letting us care for you today! **HARRISHEALTH**

We value your feedback. If you receive a survey by email or phone, please complete the survey and let us know how we are doing.

Our goal is to earn:

- 😊 "10" score on **Recommend This Facility** question (choose 10)
- 😊 "Yes, definitely" for **Listening and Courtesy** questions (choose 4)

If you have any concerns about your visit, please call _____

Your Healthcare Team

Your Registration Team	
Your Provider	
Your Nursing Team	
Lab, Radiology, Pharmacy	

Printed versions of this document are uncontrolled. Please go to Harris Health Document Control to retrieve an official controlled version. 285003108.2024

Standardized Patient Comment Card (English & Spanish) implemented across all sites

Program Actions Implemented

- Standardized patient comment card fully implemented across all HCHP sites
- Actively utilized at point of care across all clinics
- Feedback routinely reviewed by leadership to drive improvements

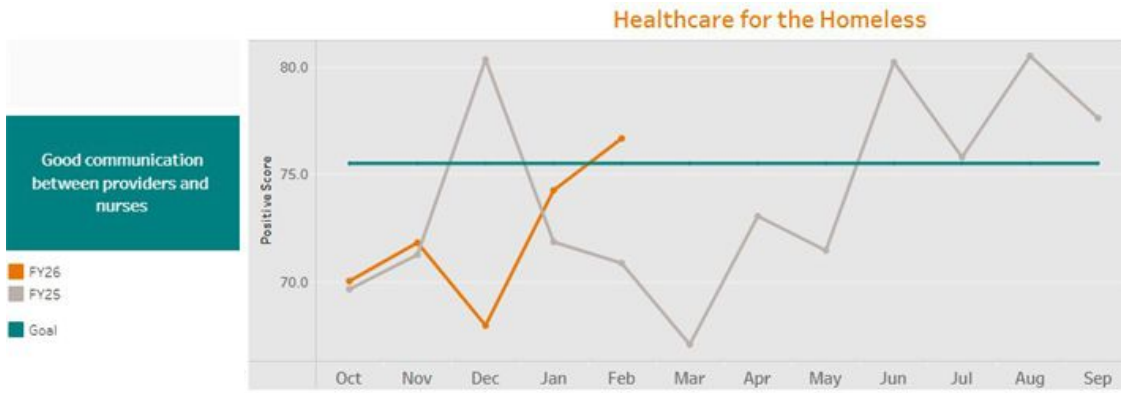
Impact to Program

- Provides real-time visibility into patient experience
- Enables rapid identification of service gaps across sites
- Drives targeted quality improvement initiatives
- Supports site-level performance accountability

Operational Approach

- Distributed at point of care during visits
- Real-time feedback collected from patients
- Regular leadership review to identify trends and gaps

Patient Satisfaction Performance



Patient Satisfaction Performance

- 72.3 FYTD Score

Site Distribution

- Above Goal: 3 sites
- Near Goal: 1 site
- Below Goal: 3 sites

What This Means

- Performance is approaching target goal
- Improvement observed following implementation of feedback process
- Continued focus needed on site-level consistency

Program Actions Implemented

- Standardized patient comment card implemented across all HCHP sites
- Point-of-care patient feedback collection established
- Ongoing leadership review supports service improvement and monitoring

Community Initiatives and Collaborations

Extreme Weather Collaborative

- Cross-agency collaboration (CFTH, City of Houston, Harris County, Harris Health, The Harris Center) coordinating response for individuals experiencing homelessness during severe weather events
- *Purpose:* Align planning, communication, and service delivery before, during, and after extreme weather events, a follow-up meeting will be scheduled for April.

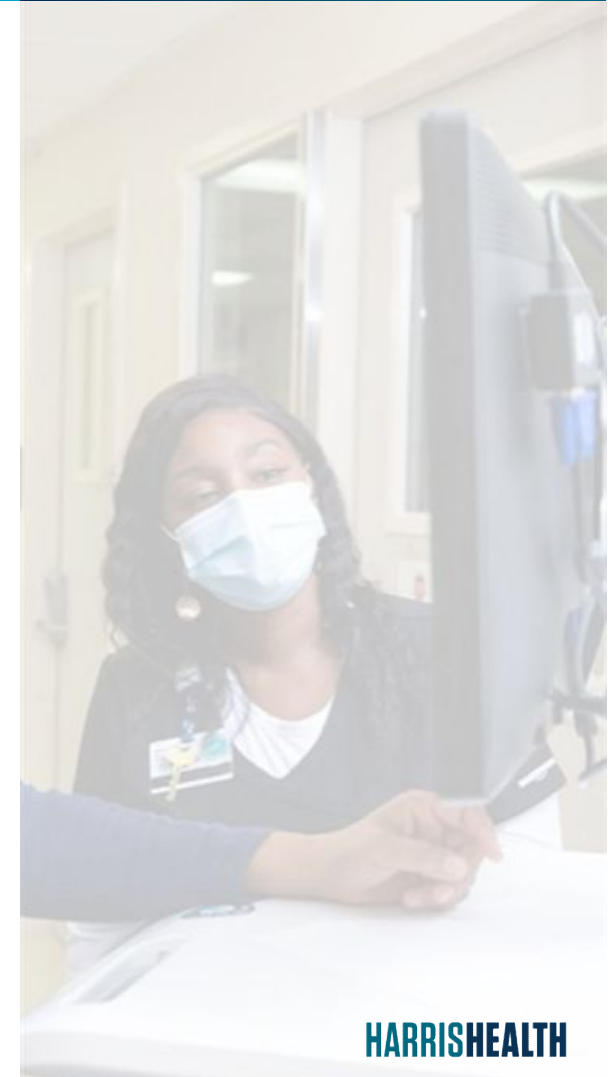
Key Focus Areas

- *Centralized Coordination:* Development of shared tools and resources to support unified response across agencies
- *Community-Informed Planning:* Incorporating feedback to improve effectiveness of warming centers and shelters
- *Early Event Activation:* Establishing notification processes to enable timely, coordinated response
- *Operational Alignment:* Defining roles, aligning services, and coordinating schedules across partner organizations
- *Post-Event Transition Planning:* Supporting safe and effective transitions out of shelters following weather events

Next Steps

- Finalize core workgroup and initiate ongoing coordination efforts

9



Community Initiatives and Collaborations

Proactive mobile triage strategy to reduce Emergency Department (ED) burden and maintain system capacity during coordinated outreach operations.

1960 Corridor Outreach Initiative: System Impact

- Multi-agency collaboration involving Harris County Sheriff's Office, Harris Health, Harris County Public Health, Metro, and partner agencies targeting the FM 1960 corridor (I-45 to SH-249)
- Phased approach: outreach followed by enforcement

Identified Risk

- Anticipated increase in low-acuity emergency department utilization
- Potential strain on hospital capacity
- Risk of reduced access for high-acuity patients

Operational Consideration

- Need for coordinated response to manage patient flow and resource utilization

HCHP Mitigation Strategy

Mobile Triage Deployment:

- On-site clinic at command post to assess individuals in real time

Care Routing Model:

- Direct individuals to appropriate level of care (shelter, clinic, hospital, or community resources)

System Impact Goal:

- Reduce unnecessary ED utilization
- Improve care coordination
- Support system-wide capacity management

Operational Support:

- HCHP providing staffing and mobile services to support initiative



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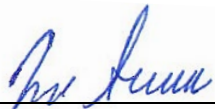
Wednesday, April 8, 2026

Consideration of Approval of the HCHP Consumer Advisory Council Report

Attached for review and approval:

- **HCHP Consumer Advisory Council Report**

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

Highlights of Council Activities from November 2025 – January 2026:

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- The council was updated on staff vacancies and changes.
- The council received updates regarding the Open Door Mission renovation project.
- The council was informed that the dental unit is no longer operable and that the program is seeking funding opportunities and is providing services at the Harmony House clinic dental operator.
- The council was informed that the City of Houston is opening a homeless super hub at 419 Emancipation Avenue and HCHP was invited to have a clinic at the site.
- The council was informed about the Epic FQHC grant.
- The council was informed of the incorporation of workstation on wheels.
- The council was informed that HCHP was working on the annual Uniform Data System (UDS) report for 2025 and about the Health Resources and Services Administration proposed changes for the 2026 UDS report.
- The council was informed about the financial audit.
- The council was informed of the World Cup outreach planning for the homeless community.


Wednesday, April 8, 2026

Consideration of Approval of the HCHP 2025 Annual Risk Management Report

Attached for review and approval:

- **HCHP 2025 Annual Risk Management Report**

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

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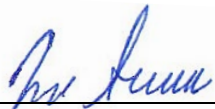
Wednesday, April 8, 2026

Consideration of Approval of the HCHP 2026 Shelter Based Clinics List

Attached for review and approval:

- **HCHP 2026 Shelter Based Clinics List**

Administration recommends that the Board accept the Healthcare for the Homeless Program Document 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 Program

SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
<p>Harmony House Respite Center 702 Girard St., Houston, Texas 77007-6218 713-929-4701 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays & Thursdays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	<p>Star of Hope Cornerstone 2575 Reed Rd., Houston, TX 77051-2216 713-497-0936 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 12:00pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p>Lord of the Streets 3401 Fannin St., Houston, Texas 77004-3806 713-929-4601 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Wednesdays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	<p>Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002-1321 713-227-8900 Medical Clinic Hours of Operation: TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 12:00pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p>Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011-4323 713-497-0961 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	<p>Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007-6137 713-929-4607 Medical Clinic Hours of Operation: MONDAYS & WEDNESDAYS (7:30am - 4:30pm) Eligibility: Wednesdays 7:30am - 12:00pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p>Navigation Center 2903 Jensen Drive Houston, Texas 77026-6019 713-497-0967 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays & Wednesdays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	<p>Mobile Dental Outreach 832-319-4180</p>	<ul style="list-style-type: none"> • Dental
		<p>Mobile Medical Outreach 832-547-4381</p>	<ul style="list-style-type: none"> • Medical
<p>* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.</p>		<p>ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING</p>	

Meeting of the Board of Trustees

Wednesday, April 8, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. unaudited financial performance for the two months ending February 28, 2026, 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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Meeting of the Board of Trustees

Wednesday, April 8, 2026

Executive Session

Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov't Code Ann. §551.071, Including Possible Action Upon Return to Open Session.



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

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