

MARIN HEALTHCARE DISTRICT

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REGULAR MEETING AGENDA

TUESDAY, SEPTEMBER 9, 2014

7:00 PM

Board of Directors

Chair: Larry Bedard, M.D.
Vice Chair: Ann Sparkman, J.D.
Secretary: Harris Simmonds, M.D.
Directors: James Clever, M.D.
Jennifer Rienks, Ph. D.

Location:

Marin General Hospital, Conference Ctr.
250 Bon Air Road
Greenbrae, CA 94904

Staff:

Lee Domanico, CEO
Renee Toriumi, Executive Assistant to CEO
Colin Coffey, District Counsel

			Tab
1.	Call to Order	Bedard	
2.	Roll Call	Bedard	
CLOSED SESSION			
3.	Pending litigation pursuant to Government Code Section 54956.9(a): Remy v. Rice, et. Al., Marin County Superior Court case no. CV 1403309	Bedard	
PUBLIC SESSION			
4.	Approval of Agenda (action)	Bedard	
5.	Approval of Consent Agenda		
	a. Minutes of the Special Meeting of July 30, 2014 (action)	Bedard	1
	b. Minutes of the Regular Meeting of August 5, 2014 (action)	Bedard	2
6.	General Public Comment <i>Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a Maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.</i>	Bedard	
7.	Revision of the Conflict of Interest Code (action)	Bedard	3
8.	Optimizing Marin General (OMG) MedAssets Presentation	Friedenberg	
9.	MGH New Branch Launch - Presentation by Jamie Maites	Friedenberg	4
10.	Marin Healthcare District Brochure – Presentation by Jamie Maites (action)	Friedenberg	5
11.	MHD Budget for Printing & Mailing Expenses (action)	Friedenberg	6
12.	Measure R Ballot Arguments / Lease Campaign Update	Friedenberg	7
13.	California Proposition 46, Medical Malpractice Lawsuits Cap and Drug Testing of Doctors – Presentation by Katherine Gatfrand, CMA Trustee	Bedard	8
14.	Committee Meeting Reports		
	a. MHD Finance & Audit Committee (met on June 24, 2014)	Sparkman	
	b. MHD Lease & Building Committee (met on August 21, 2014)	Simmonds	
15.	Reports		
	a. District CEO's Report	Domanico	
	b. Hospital CEO's Report	Domanico	
	c. Chair's Report	Bedard	
	d. Board Members' Reports	All	
16.	Adjournment		
	Next Regular Meeting: Tuesday, October 14, 2014 @ 7:00 p.m.		

Tab 1



MARIN HEALTHCARE DISTRICT
100B Drakes Landing Road, Suite 250
Greenbrae, CA 94904

SPECIAL MEETING – MINUTES
Wednesday, July 30, 2014
San Rafael City Hall, 1400 5th Avenue, San Rafael, CA 94901

1. **Call to Order**

Vice Chair Sparkman called the meeting to order at 6:04 pm stating that Chair Bedard would be arriving late due to a meeting conflict with the time change.

2. **Announcement–Purpose of Special Meeting**

Vice Chair stated that the purpose of this meeting is to offer the last opportunity for the public to offer input and to ask questions about the MGH Lease Agreement (#5 of 5). Mr. Don Bouey would be providing a presentation of terms and conditions of the Lease.

3. **Roll Call**

BOARD MEMBERS PRESENT: Vice Chair Ann Sparkman, Secretary Harris Simmonds, MD, Director James Clever and Director Jennifer Rienks

Chair Larry Bedard, MD (arrived at 7:00 pm)

ALSO PRESENT: Donald Bouey of Bouey and Black, Renee' Toriumi, Executive Assistant to the CEO and Cheree Del Tessandro, Administrative Assistant

4. **Approval of Agenda**

Secretary Simmonds moved to approve the agenda as presented. Director Rienks seconded. Vote: all ayes.

5. **General Public Comment**

Mr. William Rothman (Asked for Clarification of “General Public Comment” and whether the District had the authority to abolish the Corporation at any time). Director Rienks responded that, as the parent organization, they would have the right to act in that process.

No further comment.

6. **Marin General Hospital (MGH) Lease Renewal Fifth Public Hearing on MGH Lease Renewal Agreement**

Mr. Donald Bouey, Legal Counsel, stated that copies of the lease and term agreements were located on the table in front of him and could also be viewed on the District Website. He added that this was the final public meeting prior to the final approval of the Lease, which will occur at the next meeting of the District Board on August 5, 2014.



Mr. Bouey reviewed his presentation noting that he had covered this material in the past and thought those in attendance had been present to hear it prior to tonight's meeting:

- Rent – rationale
- Rent – four components
- Triple Net Lease
- Permitted Use: as a non-profit, general acute care hospital and related ancillary uses
- New Improvements: MGH agrees to perform and pay for all District obligations to perform seismic requirements including construction of new Hospital wing, parking structures and related improvements
- Default/Remedies
- District approvals for improvements and capital expenditures
- Surrender of Hospital Premises, Assets and Operations at Expiration or Termination
- Amendment: the Parties may amend the Lease to the maximum extent permitted by law to address lender and bond issuer/holder concerns and other issues that may arise
- Dispute Resolution

Public comments:

Mr. Steve Lamb – (Community Benefit – Selection Process of Recipients)

Mr. Mike Whipple (Clarification of 1206b, Leases and Tangible Expenses)

Mr. Shaun Aguilar (Inspections by District, Maintenance Expenses, Appraisal)

Director Simmonds emphasized the excellent the relationship the District has had with the Hospital since 2010, but was interested to learn more about Mr. Aguilar's suggestions about inspections and expenditures. Mr. Aguilar referred to an email received from Director Rienks and said he would be happy to follow-up with more details from his counterpart. Mr. Bouey stated that the Lease Agreement did include a general statement granting the landlord the right to inspect the property. Vice Chair Sparkman asked if Mr. Aguilar was interested in serving on the Lease and Building Committee, to which he did not answer directly. After considerable discussion about various thoughts and concerns, Vice Chair Sparkman suggested that the Board return to the topic at hand.

Director Clever asked why no members of the Hospital board or administration were present at tonight's meeting. Mr. Bouey stated that they were not required to attend and that tonight's meeting was simply #5 of 5 meetings, just as previous meetings had been held where the CEO had excused himself from the Board table to eliminate any conflicts of interest in the discussion and dialog between District Board Members and the public.

7. **Adjournment**

Sparkman moved to adjourn the meeting at 6:50 pm. Simmonds seconded. Vote: all ayes.

Chair Bedard arrived at 7:00 pm.

Tab 2



MARIN HEALTHCARE DISTRICT
100B Drakes Landing Road, Suite 250
Greenbrae, CA 94904

REGULAR MEETING MINUTES
Tuesday, August 5, 2014
Marin General Hospital, Conference Center

1. Call to Order

Chair Bedard called the meeting to order at 7:00 pm.

2. Roll Call

BOARD MEMBERS PRESENT: Chair Larry Bedard, MD; Vice Chair Ann Sparkman; Secretary Harris Simmonds, MD; Director Jennifer Rienks

BOARD MEMBERS ABSENT: Director James Clever, MD

ALSO PRESENT: Lee Domanico, Chief Executive Officer; Donald Bouey, Counsel; Louis Weiner, Executive Assistant to the CAO

3. Approval of the Agenda

Director Simmonds moved to approve the agenda as presented. Director Sparkman seconded. Vote: all ayes.

4. Approval of the Consent Agenda

Director Simmonds moved to approve the consent agenda. Director Sparkman seconded. Vote: all ayes.

For the minutes from the July 8, 2014 meeting, Director Sparkman noted a correction: Page 1, last line “dialog” should be spelled “dialogue.” Chair Bedard asked that the entire final paragraph on page 2, “Director Rienks stated that the last time ... with the oversight of the Hospital Operations” be deleted. Director Simmonds moved to approve the minutes of the July 8, 2014 meeting, and Director Sparkman seconded, stipulating that these two changes be made. Vote: all ayes.

5. General Public Comment

There were no comments from the public.

6. Report from the Closed Session

The naming process for the new hospital’s buildings and facilities, including donation levels, was discussed.

7. Resolution #2014-004 to approve New Marin General Hospital (MGH) Lease to Affiliated Non Profit Corporation



Director Simmonds moved to approve Resolution #2014-004. Director Sparkman seconded. Vote: all ayes.

Counsel Bouey explained that the drafting of this Lease is the culmination of several years' work.

There were no comments from the Board. There were no comments from the public.

8. **Resolution #2014-005 to Call for November 4 Ballot Measure Election and Consolidation**

Director Simmonds moved to approve Resolution #2014-005. Director Sparkman seconded. Vote: all ayes.

This Resolution is required by the Health & Safety Code of the State of California.

There were no comments from the Board. There were no comments from the public.

Friday, August 15 is the deadline for filing with the Registrar of Voters for inclusion on the November 4 ballot.

9. **Resolution #2014-006 Designation of Affiliated Covered Entity for HIPAA Administration**

CEO Domanico explained that Protected Health Information (PHI) is shared between MHD Clinics and MGH, and this Resolution purposes HIPAA compliance.

Director Sparkman asked that the wording of paragraph 5 be corrected to read (corrections in **bold**): "WHEREAS, designation of an ACE between affiliated healthcare providers allows for shared use of patient data for the purposes of HIPAA administrative oversight programs, including implementation of joint **notice of privacy practice** and consent form practices, joint training, uniform business associate **agreements**, and patient healthcare access needs assessment; and ..."

There were no further comments from the Board. There were no comments from the public.

Director Simmonds moved to approve Resolution #2014-006. Director Sparkman seconded. Vote: all ayes.

10. **Marin Healthcare District Recruitment Arrangement for Internal Medicine Physician for 1206(b) Clinic (Christina Edwards, D.O.)**

Director Simmonds moved to approve the Recruitment Arrangement. Director Sparkman seconded. Vote: all ayes.

CEO Domanico explained that this would normally be presented first to the MGH Board of Directors (meeting later this same week) but this issue is time sensitive as this physician is



needed in the Novato office, the District's best-performing 1206(b) clinic. This is a normal recruitment, and details of compensation, reimbursement for moving, reimbursement for student loans, and incentive bonus are not unusual.

11. **Q1 Quarter 2014 Performance Metrics and Core Services Report**

Member Simmonds noted that all metrics and services are in compliance. This regular quarterly report, required by the MHD Bylaws, is advisory and no formal Board action is required.

CEO Domanico noted that challenges continue in HCAHPS scores: Though 70% of patients express satisfaction, this is scored as "average." Initiatives are now in place – to become culture-based and consistent – to improve patient satisfaction scores, including bedside discharging, increased and improved patient rounding, physician and executive incentives, and Emergency Department patient throughput improvements.

It was noted that the question "Would you recommend MGH to others?" is not included in the HCAHPS report. This question is not one of the required CMS metrics; however, its score is available and will be included in this quarterly report in the future.

Director Rienks asked if this quarterly report could be presented to this Board more frequently. CEO Domanico will review the reporting schedule, and he reminded that this report must be presented to the MGH Board first.

There were no further comments from the Board. There were no comments from the public.

12. **New Community Health Grant Policy, New Community Health Grant Application and New Community Health Grant Report Form**

The Policy states that MHD, though not a grants agency, from time to time may make discretionary grants to health care programs to enhance the provision of adequate health services to residents of the District. The grants are awarded only to nonprofit tax-exempt organizations and public agencies.

The Policy, the Application Form, and the Grant Report Form will be available on the MHD web site.

On the Policy, Director Sparkman proposed one correction. Under *Community Health Grant Criteria*, item #1 is changed to read, "The project/organization should address an identified medical/health-related need."

There were no further comments from the Board. There were no comments from the public.

Director Simmonds moved to approve, with the above correction. Director Sparkman seconded. Vote: all ayes.



13. **Committee Meeting Reports**

There were no reports, as the Finance and Audit Committee and the Lease and Building Committee did not meet in July.

14. **Reports**

a. **District CEO's Report**

California Senate Bill 785 (Wolk), to enable the process of public works “design-build” procurement, is currently in Legislative process.

The recommendation for approval to begin construction of the parking structure will be presented the MHD Board of Directors at the October meeting.

The new hospital's design development stage is in process now and should be final by the end of 2014.

The G.O Bond financing plan is in process and being prepared for approval within 6 months.

There were no comments from the Board. There were no comments from the public.

b. **Hospital CEO's Report**

The monthly CEO Report to the Boards is not yet complete, and will be presented to the MGH Board later this week.

May's financials were below budget. July's revenues were strong and volume has increased. Budget YTD is holding strong. Fund-raising is up to date and on target.

There is now a formal process in place to control expenses and improve productivity. The “Optimize Marin General” (“OMG”) initiative's goal is a 3% improvement in productivity.

There were no comments from the Board. There were no comments from the public.

c. **Chair's Report**

Chair Bedard and Director Rienks attended the recent American Hospital Association (AHA) national conference in San Diego and it was productive for them.

The Lease & Building Committee will discuss the Lease Renewal campaign at its next meeting. He suggested a special meeting of that Committee to include all 5 MHD Board members as a study session in advance of the election.

Also on the November 4 ballot will be California Proposition 46, the Medical Malpractice Lawsuits Cap and Drug Testing of Doctors Initiative. He suggests that MHD formally oppose it, along with the Association of California Healthcare Districts.



d. Board Members' Reports

Director Rienks has materials from the AHA conference available to share.

15. Adjournment

Director Simmonds moved to adjourn the meeting at 8:21 p.m. Director Sparkman seconded. Vote: all ayes.

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Tab 3

**CONFLICT OF INTEREST CODE
FOR THE
MARIN HEALTHCARE DISTRICT**

(Incorporating by Reference 2 Cal. Code of Regs. 18730, "FPPC Model Code")

Adopted: December 29, 1976
Revised: May 30, 1989
Revised: August 25, 1992
Reviewed: October, 2000
Revised: October, 2004
Revised: October, 2012
Revised: September, 2014

Section A. PURPOSE AND APPLICATION:

1. Introduction: The Marin Healthcare District (the "District") is a subdivision of the State of California. As a governmental agency, the District and members of its Board of Directors (the "Board"), its officers and employees are subject to California laws regulating conflicts of interest and requiring certain financial disclosures. The Political Reform Act of 1974 (California Government Code §81000, et. seq.) (the "PRA") requires, among other things, each state and local government agency to adopt and promulgate its own conflict of interest code (§87300). Section 18730 of the California Code of Regulations, "Regulations of the Fair Political Practices Commission," provides that incorporation by reference of the terms of that regulation constitutes the adoption and promulgation of a conflict of interest code as required by the PRA. The District has therefore adopted by reference Section 18730 as its own Conflict of Interest Code, including as that regulation may be hereinafter be amended or modified by the FPPC.

2. Purpose: It is the purpose of this Conflict of Interest Code (the "Code") to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees should be disqualified from acting in order that conflicts of interest may be avoided.

Section B. CONFLICT OF INTERESTS LAWS:

This Code shall be in addition to, and shall not be construed to supercede or limit in any way, the application of (i) any policies and procedures adopted by the District pertaining to conflicts of interest that are not otherwise codified herein or (ii) other laws and regulations pertaining to conflicts of interest of public officials, including but not limited to Government Code Sections 1090 (financial interest in contracts), 87100 (financial interest in governmental decisions) and 1126 (employment-based conflicts of interest), and Health and Safety Code Section 32110 (service to a competing hospital), each of which is hereby incorporated by reference into the Code.¹ Following is a summary of the prohibitions of those statutes:

¹ In determining whether there is a conflict of interest in violation of any of the foregoing statutes, reference should be made to each of their related provisions, limitations and exceptions, if any, which also are hereby incorporated into the Code by this reference.

1. Government Code Section 1090 prohibits any member of the Board, officer or employee of the District from participating in the making of any District contract in which he/she has a financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract, or influencing or attempting to influence another member of the Board as to his/her vote on the contract. [NOTE: A violation of Section 1090 carries with it the risk that the District contract in question will be declared void under Government Code Section 1092.)

2. Government Code Section 87100 prohibits any member of the Board, officer or employee of the District from making, participating in making or in any way attempting to use his official position to influence a District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in District decision making includes but is not limited to discussing or voting upon the matter, or influencing or attempting to influence another member of the Board as to the District's decision or vote on the matter.

3. Government Code Section 1126 prohibits any member of the Board, officer or employee of the District from engaging in any employment, activity, or enterprise for compensation that is inconsistent, incompatible or in conflict with, or inimical to his/her duties for the District.

4. Health and Safety Code Section 32110 prohibits any member of the Board, officer or employee of the District from serving as a director, policy making management employee or medical staff officer of any hospital serving the same area as the area served by the hospital owned by the District, nor may he/she possess any ownership interest in any such hospital. For the purposes of this Code, a hospital shall be considered to serve the same area as the District when more than five percent (5%) of the other hospital's inpatient admissions are residents of the District.

Section C. DISCLOSURE STATEMENTS:

1. Designated Officials and Employees: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, Health Care Facility Relationships, Interests in Real Property Within the Jurisdiction, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of the District in a manner different from the public generally or a significant segment thereof.

2. Time of Filing Statements: As provided in Section 18730, California Code of Regulations.

3. Forms: Forms will be supplied by the District.

4. Place of Filing: Designated employees, except members of the Board of Directors, shall file their Statements of Economic Interests (Form 700) with the District administration, who will make the statements available for public inspection and reproduction (Gov. Code Section 81800). Statements of designated employees will be retained by the District. Members of the elected Board will file their original statements with the Marin County Elections Department and will provide copies to be retained by the District.”

APPENDIX

DESIGNATED EMPLOYEES

The following is a list of the positions which the Board of Directors of Marin Healthcare District has determined will entail the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest:

1. Members of the Board of Directors of Marin Healthcare District, elected or appointed;
2. District Chief Executive Officer, District Chief Financial Officer, and District Chief Administrative Officer;
3. General Counsel for Marin Healthcare District.

The Board of Directors of Marin Healthcare District has determined that the disclosure requirements of this Code shall be equally applicable to each of the above-listed "designated employees", i.e., each of said designated employees will be subject to all disclosure requirements of this Code.

Consultants to the District may also be subject to the disclosure requirements of this Code, as determined on a case-by-case basis by the District Board. This decision shall be based upon the determination of whether the Consultant participates in the making of decisions on behalf of the District.

DISCLOSURE

TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of his or her official position. Financial interests are reportable only if located within the Healthcare District or if the business entity is doing business or planning to do business within the District (and such plans are known by the designated employee) or has done business within the District at any time during the two years prior to the filing of the Statement.

Furthermore, pursuant to Government Code Section 87302(a), the District Board has determined that the following, but not by way of limitation, specific Business Entities in which a Designated Official or Employee has an Investment, Business Position, an Interest in Real

Property, or derives Income therefrom are reportable:

- (1) Bank, Savings and Loan or other Thrift Associations;
- (2) Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers);
- (3) Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors and officers liability and other types of insurance maintained by or on behalf of the District);
- (4) Real Estate Companies;
- (5) Ambulance Services Companies;
- (6) Health Care Providers / Facilities (including hospitals, skilled nursing homes, home health agencies, medical groups, ambulatory care centers, clinics, etc.);
- (7) Consulting Firms (architectural, legal, accounting); and
- (8) Any other Business Entity which supplies materials and/or supplies to the District, or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

**CONFLICT OF INTEREST CODE
FOR THE
MARIN HEALTHCARE DISTRICT**

REDLINE COPY

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2. Purpose: It is the purpose of this Conflict of Interest Code (the "Code") to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees should be disqualified from acting in order that conflicts of interest may be avoided.

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¹ In determining whether there is a conflict of interest in violation of any of the foregoing statutes, reference should be made to each of their related provisions, limitations and exceptions, if any, which also are hereby incorporated into the Code by this reference.

1. Government Code Section 1090 prohibits any member of the Board, officer or employee of the District from participating in the making of any District contract in which he/she has a financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract, or influencing or attempting to influence another member of the Board as to his/her vote on the contract. [NOTE: A violation of Section 1090 carries with it the risk that the District contract in question will be declared void under Government Code Section 1092.)

2. Government Code Section 87100 prohibits any member of the Board, officer or employee of the District from making, participating in making or in any way attempting to use his official position to influence a District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in District decision making includes but is not limited to discussing or voting upon the matter, or influencing or attempting to influence another member of the Board as to the District's decision or vote on the matter.

3. Government Code Section 1126 prohibits any member of the Board, officer or employee of the District from engaging in any employment, activity, or enterprise for compensation that is inconsistent, incompatible or in conflict with, or in inimical to his/her duties for the District.

4. Health and Safety Code Section 32110 prohibits any member of the Board, officer or employee of the District from serving as a director, policy making management employee or medical staff officer of any hospital serving the same area as the area served by the hospital owned by the District, nor may he/she possess any ownership interest in any such hospital. For the purposes of this Code, a hospital shall be considered to serve the same area as the District when more than five percent (5%) of the other hospital's inpatient admissions are residents of the District.

Section C. DISCLOSURE STATEMENTS:

1. Designated Officials and Employees: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, Health Care Facility Relationships, Interests in Real Property Within the Jurisdiction, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of the District in a manner different from the public generally or a significant segment thereof.

2. Time of Filing Statements: As provided in Section 18730, California Code of Regulations.

3. Forms: Forms will be supplied by the District.

4. Place of Filing: Designated employees, except members of the Board of Directors, shall file their Statements of Economic Interests (Form 700) with the District administration, who will make the statements available for public inspection and reproduction (Gov. Code Section 81800). Statements of designated employees will be retained by the District. Members of the elected Board will file their original statements with the Marin County Elections Department and will provide copies to be retained by the District.”

APPENDIX

DESIGNATED EMPLOYEES

The following is a list of the positions which the Board of Directors of Marin Healthcare District has determined will entail the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest:

1. Members of the Board of Directors of Marin Healthcare District, elected or appointed;
2. District Chief Executive Officer, District Chief Financial Officer, and District Chief ~~Fund & Business Development~~ Administrative Officer;
3. General Counsel for Marin Healthcare District.

The Board of Directors of Marin Healthcare District has determined that the disclosure requirements of this Code shall be equally applicable to each of the above-listed "designated employees", i.e., each of said designated employees will be subject to all disclosure requirements of this Code.

Consultants to the District may also be subject to the disclosure requirements of this Code, as determined on a case-by-case basis by the District Board. This decision shall be based upon the determination of whether the Consultant participates in the making of decisions on behalf of the District.

DISCLOSURE

TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of his or her official position. Financial interests are reportable only if located within the Healthcare District or if the business entity is doing business or planning to do business within the District (and such plans are known by the designated employee) or has done business within the District at any time during the two years prior to the filing of the Statement.

Furthermore, pursuant to Government Code Section 87302(a), the District Board has determined that the following, but not by way of limitation, specific Business Entities in which a Designated Official or Employee has an Investment, Business Position, an Interest in Real

Property, or derives Income therefrom are reportable:

- (1) Bank, Savings and Loan or other Thrift Associations;
- (2) Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers);
- (3) Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors and officers liability and other types of insurance maintained by or on behalf of the District);
- (4) Real Estate Companies;
- (5) Ambulance Services Companies;
- (6) Health Care Providers / Facilities (including hospitals, skilled nursing homes, home health agencies, medical groups, ambulatory care centers, clinics, etc.);
- (7) Consulting Firms (architectural, legal, accounting); and
- (8) Any other Business Entity which supplies materials and/or supplies to the District, or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

Tab 4

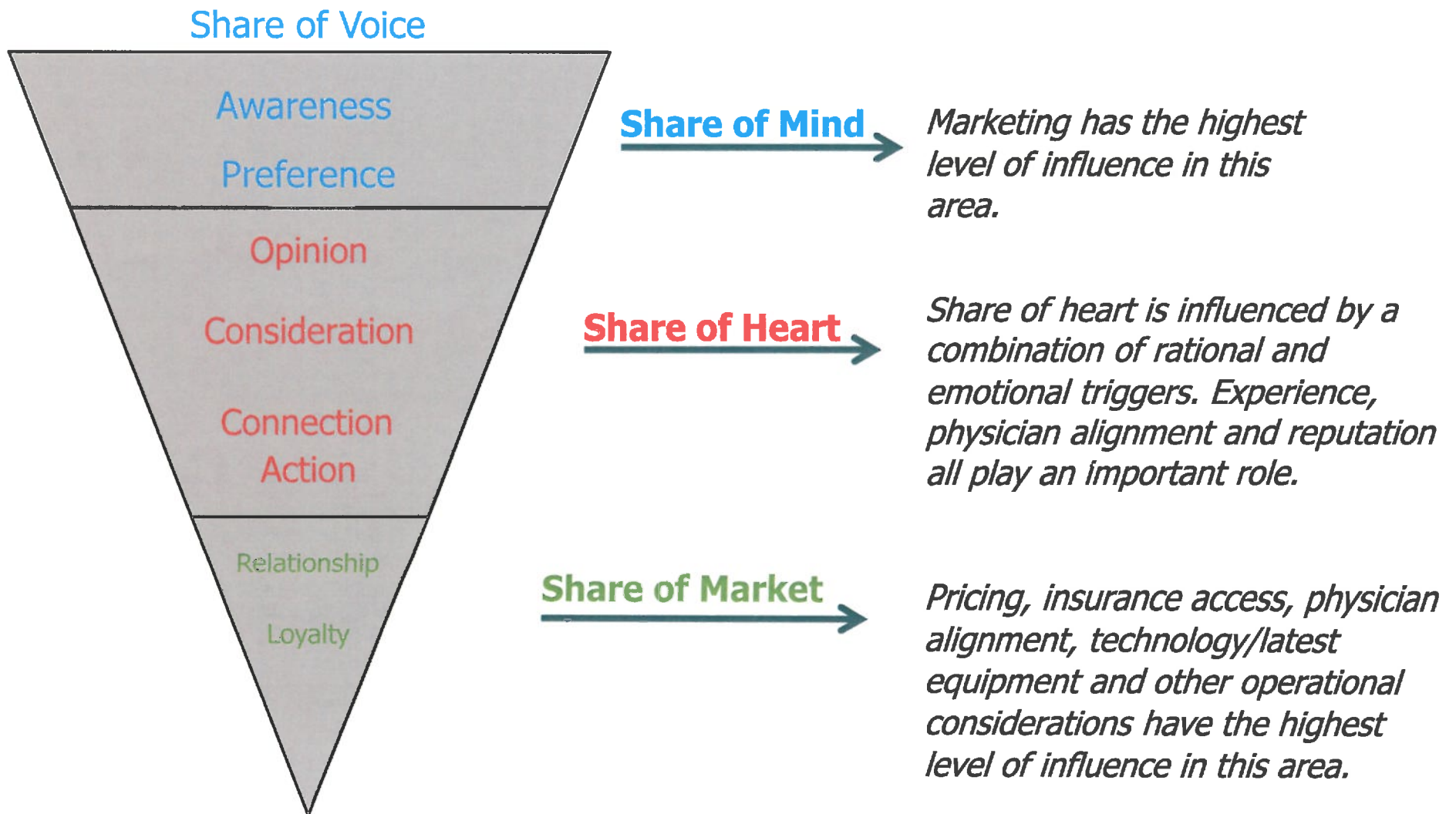


New MGH Brand Launch

Jamie Maites
Director of Communications

July 22, 2014

Role of Marketing & Communications



Primary Research

- Core-Target Consumer Workshops
 - 6 mini-groups of 5-6 women
 - 3 younger groups (30-45 yrs.), 3 older groups (46-64 yrs.)
 - All insured, none to be using Kaiser

- Employee/Physician Online Survey
 - 407 completed surveys
 - Representative of employee base (demographics, job function)

- Executive Interviews
 - 30-60 minute executive team interviews

Consumer Choice

Key Drivers for Hospital Choice

1. Personal Need
2. Best Physicians
3. Overall Reputation

Poor Perceptions → Poor Reputation → Outmigration

Marin County Health Statistics

- Healthiest County in California for the 5th year in a row*
- Men in Marin live an average of 81.6 years
- Women in Marin live an average of 85.1 years
- A physical and social environment for those seeking a healthy lifestyle



**Robert Wood Johnson Foundation March 2014*

Align MGH Brand with Marin County Attributes



Ill Health

Scared
Alone
Anxiety
Unbalanced
Vulnerable

Marin County

At one with self
Community
Calm
Balanced
Safe

Good Health

In control
Powerful
Restful
Stable
Inspired

New Brand Positioning

**Medical expertise enhanced
by a natural healing environment**



Print Ad Examples



I'm Annie, and this is my healing place.

I never thought I'd get back here after my knee replacement.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquap ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit



MARIN GENERAL HOSPITAL



I'm Doug, and this is my healing place.

Hard to believe it's only been nine months since my stroke.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquap ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit




MARIN GENERAL HOSPITAL

Print & Outdoor Examples




I'm Joelle, and this is my healing place.

I'm living proof the best breast cancer care is right here in Marin.
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea



I'm Julie, and this is my healing place.



I'm Emma, and this is my healing place.
See my story at maringeneral.org/stories.



Marketing Evolution

2014 COMMUNICATIONS TRANSITION	Service Line (SL) Focused Marketing	Brand Focused Marketing
GOALS	Build Volume	Build Awareness & Preference
TARGET	Service Line Target Profiles	Adults 25+ Female Skew
CREATIVE	Maternity, Ortho, Robotic	Brand Message w/Service Line as support/proof
MEDIA	Service Line Target Focus	Broader High-profile Media
INTERNAL COMMUNICATIONS	RISE, Operation Safety, IT, Intranet	Extension of Campaign, Alignment of internal programs, Celebration of expertise, Employee Wellness
PHYSICIAN COMMUNICATIONS	Tactical Physician & Service Line Support	Thought Leadership – Messaging, Brand Messaging - Sharing Medical Expertise
PUBLIC RELATIONS	Service Line News & Health Months	Thought Leadership – Trends and Healthcare News supported by expertise
PARTNERSHIPS	Support as needed	Pro-actively co-brand
ONLINE	SEO, SEM, Online Advertising	Search Engine Optimization, Social Media, Content Marketing
COMMUNITY EVENTS	Health Month/Service Line Topics	Target focused (example - Women's Health Fair)
SPONSORSHIPS	Selected to reach service line targets	Broader community coverage
CRM & CALLS TO ACTION	Service Line Event & Physician Referral	Consumer Relationship Program
METRICS	Service Line Calls & Web Hits	Awareness & Preference Research, Market Share (Long-term), Relationship Program Members

MARIN GENERAL HOSPITAL

Paid Media

- Broadcast
 - Cable Television
 - Over-the-air Radio
 - Pandora – MGH Branded Radio Station



- Out of Home
 - Bus Shelters
 - Bus Kings



- Print
 - Newspaper
 - Magazine
 - Consumer & Physician

Marin Independent Journal
marinij.com

SMITHS PUBLISHING | ADVERTISING DIRECTOR | P. 415.551.4000 x238

Marin
MAGAZINE
3 HARBOR DR, SUITE 208
SALISBURY, CA 94961
© 415.422.4800
P. 415.551.4000
www.marinmagazine.com

- Online
- Sponsorships



Media Detail

- Broadcast – All Launching the week of 9/7
 - Cable Television
 - KCBS Radio
 - Pandora – MGH Branded Radio Station
- Outdoor – All Launching the week of 9/15
 - Bus Shelters
 - Bus Kings
- Print
 - Marin IJ & SF Chronicle North Bay Edition (starting 9/11)
 - Marin Magazine (October Issue)

Internal Roll-out

- Involve employees in identifying healing places on-and-off-campus
- Highlight campaign digitally
 - NEW Intranet (August)
 - MGH Website
 - Social Media
- Launch Event (August)
- Share healing stories from patients
- Continue to introduce healing recommendations and services
 - Employee endorsed library selections

New Intranet Homepage

MARIN GENERAL HOSPITAL

INTRANET Home & Information About Us Hospital Portal Help Desk Meetings & Events

Departments & Programs Employee Central Forms IT Applications Policies & Procedures Directors About Us

TODAY'S DATE: THURSDAY, FEBRUARY 28, 2014

ANNOUNCEMENTS **EVENTS**

A message from Les
Four's Quarter Thoughts (cont.)

Effective Date Oct 21 (cont.) (cont.)
 401k Enrollment ends Oct 21, 2014 ends Tuesday, temporarily, employees are
 advised to enroll in the plan as soon as possible. (cont.)

Effective Date: Ongoing (cont.) (cont.)
 Fitness Center Discounts will maintain the same. (cont.)

Effective Date Oct 21 (cont.) (cont.)
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Effective Date: Ongoing (cont.) (cont.)
 Fitness Center Discounts will maintain the same. (cont.)

More Announcements >>

TODAY AT THE Greenbrae Grill

Help Desk
 To report problems, including WebStation issues, please click below or call x43598 or x7462

Help Desk

Question? Comment? Contact the WebStation

Name

Email

Message

Submit

Important Numbers

Code Calls
x4444 Rapid Response Team
 Security Emergency

x7475 Confidential Safety Hotline

Dial 0 Security non-emergency

Departments & Programs | Employee Central | Forms | IT Applications | Policies & Procedures | Directors | About Us


Questions?

Tab 5

Brochure Update – Original with Minor Modifications



“A Marin General Hospital we can trust with our lives.”



The District is a state-chartered agency, accountable to Marin County's voters. Its mission is to contribute to Marin residents' health and well-being, and owning Marin General Hospital is one of its responsibilities. The following pages outline what the District is doing to meet this responsibility—to make sure Marin General continues to be a hospital you can trust with your life.



One. Make sure that Marin General Hospital delivers superb care—compassionately.

This has been the Marin Healthcare District's foremost reason-for-being ever since it was chartered in 1946. And it's more important than ever today, with the transformations afoot in U.S. healthcare.

Four years ago, Marin General Hospital celebrated its independence four days before the nation did. At 12:01 AM on July 1, 2010, the District installed a new management team; and created an operating board of Marin County residents to monitor the hospital's performance on a daily basis.

Given that you elect the Marin Healthcare District's directors, Marin General is in fact your hospital.

Two. Make sure that the District Board and the Hospital Operating Board work effectively together.

Both boards approved a comprehensive set of bylaws in the run-up to "independence day," and agreed to amend them if circumstances warrant. You can read them at www.marinhealthcare.org/bylaws.

The two boards have committees that deal with specific issues like finances, strategy and patient safety.

Three. Oversee Marin General Hospital's modernization to make certain it continues to deliver superb care—compassionately.

Marin General Hospital served its first patients in 1952—at a time when the care it provided was far less sophisticated—and complicated—than it is today...or will be tomorrow.

And there has been another important change: California's legislators have made hospitals' seismic standards far more stringent.

Serendipity! These new requirements have created a marvelous opportunity for the District to create a new, state-of-the-art hospital, a Marin General Hospital 2.0, if you will.

The "MGH 2.0" project is well underway. A project team is in place. The Environmental Impact Report has been approved. Permits have been issued.

The hospital of tomorrow is taking shape today



Four. Support access to primary care.

A persistent shortage of primary care doctors is even more acute now that the Affordable Care Act has taken effect. To minimize it in Marin, the District actively recruits primary care physicians to relocate here. (The prospect of practicing at a state-of-the-art, 21st century MGH 2.0 is a compelling inducement.)

The District also owns medical centers in Greenbrae, Larkspur, Mill Valley, Novato, West Marin, San Rafael, and Sonoma that provide easy-to-access health care to residents of these areas.

Five. Support physician recruitment to Marin County.

The District's recruiting activities also include attracting specialists whose expertise adds to the depth and breadth of Marin General Hospital's capabilities. This is especially important given that Marin General is the county's only full-service acute care hospital.

(Here, too, the prospect of practicing at an MGH 2.0 is enticing.)

Six. Work with—and provide support to—Marin's other health care providers.

Marin residents are blessed with an array of public and private non-profit organizations that focus on healthcare issues, and the

District works closely with them. The challenge, of course, is to coordinate activities in ways that add to their effectiveness...and avoid duplication.

Seven. Be a sounding board and advocate for community healthcare access and support.

One of the District's most important functions is to listen. This is one reason why its monthly meetings always include time for public comment. It's also why you're apt to encounter members of its board of directors at public gatherings.

You can also contribute your views (and hear the views of others) by attending a District board meeting. To access their schedule, go to www.marinhealthcare.org/meetings or call 415-464-2090.



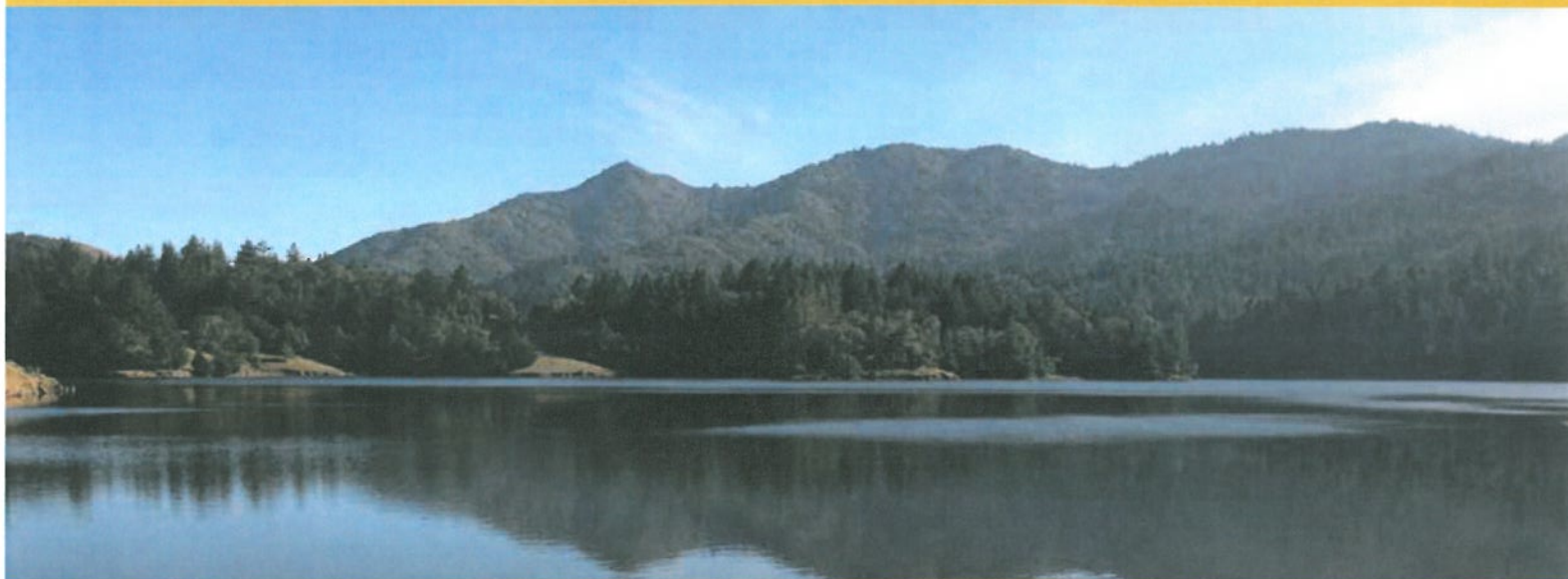
The Marin Healthcare District
Your health is our reason for being



100 B Drake's Landing Road, Suite 250 Greenbrae, CA 94904 415-464-2090 www.marinhealthcare.org

Suggested Revisions – More Significant Updates

Marin Healthcare District



*Marin: The healthiest county in California.
We're working to keep it that way.*

the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a vision of a new mental health system, which will be based on the following principles:

- People with mental health problems should be treated as individuals, with their own needs and wishes.
- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

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- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.



The Marin Healthcare District is a state-chartered agency, fully accountable to the voters and residents we serve. Our mission is to foster the health and wellbeing of our community, and we work diligently to do that in a variety of important ways. In addition to owning the hospital, we are responsible for providing primary and specialty care, and supporting access to key health care resources. Marin County has actually been named the “Healthiest County in America for Kids” by *US News & World Report*, and the “Healthiest County in California” by several independent sources. We consider it our responsibility — and our honor — to help keep it that way. On the following pages, you’ll learn more about our specific efforts to maintain and improve the health of our community.

One. Make sure that Marin General Hospital delivers expert care — compassionately.

Ensuring a high quality of care and an exceptional healing environment at Marin General Hospital is our first priority. The hospital is a vital resource for comprehensive medical services from disease prevention to diagnosis to treatment and beyond. Given that the voters elect the District's directors, Marin General is in fact your hospital. And we take our responsibility to you very seriously.

When the hospital came back to District ownership in 2010, we installed a new management team and created an operating board of local residents to monitor the hospital's performance on a daily basis. Under their stewardship, the hospital has raised the level of quality and been recognized for excellence and award-winning care by multiple independent sources. Most notably, Marin General Hospital received the Healthgrades Distinguished Hospital Award for Clinical Excellence for 2014. This award is given out to only 260 hospitals nationwide (the top 5%). The hospital has earned many other accolades and awards as well, which can be viewed at www.maringeneral.org/awards.



Two. Make sure that the District Board and the Hospital Operating Board work effectively together.

Both boards approved a comprehensive set of bylaws and agreed to amend them if circumstances warrant. You can read them at www.marinhealthcare.org/bylaws.

The two boards have elected committees to deal carefully with specific issues like finances, strategic direction, and patient safety. They work hand in hand to shepherd the operation and growth of vital health care resources

Three. Oversee Marin General Hospital's advancement to make certain it continues to deliver expert care — compassionately.

Marin General Hospital served its first patients in 1952—at a time when treatments and technology were far less sophisticated and complicated than they are today... or will be tomorrow.

We need a facility that can help us keep pace with advancements in medicine in order to deliver leading-edge care to our community. And there has been another important change: California's legislators have made hospitals' seismic standards far more stringent, and the current building simply does not measure up. These new requirements have created a marvelous opportunity for the District to create a new, state-of-the-art hospital, a "Marin General Hospital 2.0," if you will.

Plans for this "MGH 2.0" project are well underway. A project team is in place. The Environmental Impact Report has been approved. Renderings are being drawn up. And excitement is building.

New Hospital Plan Rendering

The hospital of tomorrow is taking shape today



Four. Support access to primary care.

A persistent shortage of primary care doctors is even more acute now that the Affordable Care Act has taken effect. To minimize it in Marin, we actively recruit primary care physicians to relocate here. We have expanded the network of medical practices throughout the area, and now operate medical centers in) Greenbrae, Larkspur, Mill Valley, Novato, West Marin, San Rafael, and Sonoma to provide easy-to-access health care to residents of these areas.

Five. Support physician recruitment to Marin County.

Our recruiting activities also include attracting specialists whose expertise adds to the depth and breadth of Marin General Hospital's capabilities. This is especially important given that MarinGeneral is the county's only full-service acute care hospital.

The prospect of practicing at a state-of-the-art "MGH 2.0" is a compelling inducement.



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You can also contribute your views (and hear the views of others) by attending a District board meeting. To access the schedule, go to www.marinhealthcare.org/meetings or call 415-464-2090.

The Marin Healthcare District
Your health is our reason for being.



100 B Drake's Landing Road, Suite 250 Greenbrae, CA 94904 415-464-2090 www.marinhealthcare.org

Cover Options – Additional Lines for the Front Cover

Marin Healthcare District



Your health is our reason for being.

Marin Healthcare District



Working hard for the health of Marin

Marin Healthcare District



Our Mission: The Health of Marin

Tab 6



Brochure Printing Quotes

- 1) Print 8-page brochure
 - a. Mail with cover letter via First Class US Mail
 - i. 100,000 Qty. \$188,373(\$1.89 each)
 - ii. 50,000 Qty. \$97,363 (\$1.95 each)
 - b. Print Brochure Only for Events
 - i. 500 Qty.: \$1,400 (\$2.80 each)
- 2) Re-design as 4-page newspaper insert for the Marin IJ
 - a. Subscriber Papers qty. 25,000 \$3,500
 - b. Subscriber + Newsstands qty. 50,000+ \$7,000

Tab 7

MARIN HEALTHCARE DISTRICT MEASURE R

<p>R MEASURE R: To allow Marin General Hospital to remain a non-profit, locally governed hospital and to require that revenues from the hospital be reinvested into improving patient care, equipment, advanced programs for heart disease, stroke, diabetes, cancer and seismic upgrades, shall Marin Healthcare District continue to lease Marin General Hospital to the non-profit Marin General Hospital Corporation for an annual rent of \$500,000 in accordance with the Hospital Lease Agreement dated August 6, 2014, and Resolution 2014-04 adopted August 5, 2014 ?</p>	YES
	NO

COUNTY COUNSEL'S IMPARTIAL ANALYSIS OF MEASURE R

MARIN HEALTHCARE DISTRICT

This measure was placed on the ballot by the Board of Directors of the Marin Healthcare District.

If this Measure is approved by a majority of the vote, Marin Healthcare District will continue to lease Marin General Hospital to the non-profit Marin General Hospital Corporation for an annual rent of five hundred thousand dollars (\$500,000) in accordance with the Hospital Lease Agreement dated August 6, 2014, and Resolution 2014-04 adopted August 5, 2014. Marin General Hospital will remain a non-profit, locally governed hospital and will require that revenues from the hospital be reinvested into improving patient care, equipment, advanced programs for heart disease, stroke, diabetes, cancer and seismic upgrades.

s/STEVEN M. WOODSIDE
County Counsel

The above statement is an impartial analysis of Measure R. If you desire a copy of the measure, please call the elections official's office at 415-473-6437 and a copy will be mailed at no cost to you.

ARGUMENT IN FAVOR OF MEASURE R

Of all the measures Marin voters will vote on this November, Measure R may have the broadest support. Measure R does not raise your taxes nor does it have any impact on your tax bill.

Measure R requires:

- Marin General remains a locally governed, community-owned hospital.
- Marin General operates on a non-profit basis, with all profits reinvested in our community hospital to improve healthcare services, medical equipment, and facilities.

Virtually all Marin County community and civic organization and elected officials support Measure R; as do medical professionals including doctors and nurses.

Marin General Hospital opened in 1952 to provide acute health care services to local residents and is the County's designated Trauma Center. MGH offers a wide range of high quality medical, trauma and psychiatric health care services and is now recognized as one of the best independent, publically owned medical centers/hospitals in the Bay Area. Just this past November, voters overwhelmingly supported a bond measure to modernize the hospital.

The Marin Healthcare District currently leases the hospital to the non-profit Marin General Hospital Corporation to manage the day-to-day operations of the hospital. Members of this non-profit corporation are Marin residents with financial and medical experience and serve without compensation.

California law requires that voters periodically approve the lease (operating) agreement. This agreement requires that revenues from the hospital be reinvested in our hospital to improve healthcare services including patient care, new medical equipment and advanced programs for heart disease, stroke, diabetes, cancer and improved medical facilities.

The lease agreement also requires that the Hospital pay Marin Healthcare District rent sufficient to cover annual District expenses to eliminate any burden on taxpayers.

Approval of Measure R guarantees that the hospital will operate on a non-profit basis and that Marin General Hospital will remain a locally governed, community-owned hospital to serve all residents of Marin County.

s/KATIE RICE

Marin County Supervisor

s/PATRICK BENNETT, MD

Chief of Medical Staff, Marin General Hospital

s/MICHELLE TRACY, RN

Director of Emergency and Trauma Services, MGH

s/JOANNE WEBSTER

President & CEO, San Rafael Chamber of Commerce

REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE R

Do not be duped – vote “no” on Measure R. The 1985 decision privatizing Marin’s most valuable public asset – Marin General Hospital – was bad for healthcare and cost taxpayers hundreds of millions. Renewing this failed model will continue to benefit private interests over public wellbeing and accountability – for a long 30-year lease!

The public had to pass the \$675M bond (\$394M principle, \$276M interest) to modernize MGH after private interests stole hundreds of millions under the 1985 lease. Bondholders require **GOOD** management, not **PRIVATE** management.

When lease proponents say “community-owned”, they mean “unelected Board picked by CEO controlling MGH.” To them, “locally-governed” means “people who can have financial conflicts (contracts), meet in secret, spend public funds, and set the CEO’s salary (already \$1.3M).” Not good management.

Marin residents own MGH. We expect elected Directors to oversee it, as do other Districts. All public agencies hire competent executives and delegate day-to-day responsibility. The District owns MGH Corporation. The elected Board should become the private board, as El Camino District did at its hospital.

Public governance is our best hope for re-investing hospital returns to promote public wellbeing. When both elected and private Boards tolerate patient satisfaction in the 50th percentile nationally, voters recognize that privatization failed. Again.

INSIST THAT HOSPITAL OVERSIGHT RETURNS TO ELECTED DIRECTORS. Do not give away voter control again. We do not need this lease.

We were right to oppose the 1985 lease and we are again. Visit www.911mgh.com. Vote NO against Measure R.

s/DIANA D. PARNELL, MD

Former Elected Director, Marin Healthcare District

s/ESTHER BLAU, RN

Former Elected Director, Marin Healthcare District

s/LINDA L. REMY, MSW/PhD

Former Elected Director, Marin Healthcare District

s/FRANK EGGER

Former Mayor, Town of Fairfax

s/LAWRENCE ROSE, MD

Former Senior Medical Officer, CAL-OSHA

ARGUMENT AGAINST MEASURE R

Vote against leasing our publicly-owned Marin General Hospital again. This measure permits:

- Inadequate oversight of patient care
- Inadequate rent
- Loss of transparency and accountability
- Self-dealing private contracts to insiders without public disclosure (MGH CEO salary \$1.3 million)

The 1985 lease conflicts were about quality of care. Before Sutter left, MGH had 500 Health and Safety violations. The District Board was unable to do anything. Since July 2010, California investigated MGH 54 times, levying \$175,000 for safety violations including deaths. Patient satisfaction rank is below national 50th percentile; physicians rank care quality 66th percentile. The second multi-million dollar computer system in four years is in shambles. Nurses again are coming to the District Board with serious safety concerns. The District Board can do nothing about care if voters approve the lease.

Our 1985 MGH lease was so bad that the Legislature outlawed leasing District hospitals without a public vote. Few leases have passed since then and only after \$1 million campaigns by self-interested vendors and administrators. After Eden District leased their hospital, services and facilities began closing, and Eden lost a valiant fight to get it back. Don’t risk losing MGH again.

Voters recently approved a bond to rebuild MGH with no increase in behavioral health beds. The 1985 lease conservatively cost taxpayers \$500 million. That could have rebuilt MGH without the bond that our children’s children will be paying. The proposed tenant-friendly rent represents 0.023 of capital value.

No private entity would sign this document. It is bad business and bad medicine. We do not need this lease. It will bind us for 30 long years. The District Board should manage MGH, like most District Boards. Do not give away control again.

We were right to oppose the 1985 lease. We are right again. Learn more at www.911mgh.com. Vote “No.”

s/DIANA D. PARNELL, MD

Former Elected Director, Marin Healthcare District

s/ESTHER BLAU, RN

Former Elected Director, Marin Healthcare District

s/LINDA L. REMY, MSW, PhD

Former Elected Director, Marin Healthcare District

s/FRANK EGGER

Former Mayor, Town of Fairfax

s/LAWRENCE ROSE, MD, MPH

Former Senior Public Health Medical Officer,
CAL-OSHA

**REBUTTAL TO ARGUMENT AGAINST
MEASURE R**

The opponents of Measure R deliberately mislead voters with inaccurate, untruthful statements.

Here are the facts:

- Measure R guarantees that Marin General Hospital remains a non-profit, locally governed, independent, publically owned hospital.
- Measure R requires that all profits are reinvested into improving patient care, hospital facilities and providing advanced medical technologies in our community.
- Measure R guarantees that the management of the hospital is managed, not by politicians, but by a non-profit board. The members of the non-profit board serve without compensation and have expertise in finance and medicine.
- The opponents' statement that the hospital is in some way failing is just wrong. The hospital recently received national recognition for **outstanding quality** in numerous fields including cancer, heart, stroke and orthopedics.
- Just this year Marin General received the Distinguished Hospital Award from Healthgrades. This award is given to hospitals in the U.S. that produce **clinical quality** outcomes that are at or above the 95th percentile.
- Measure R does not raise your taxes.
- Measure R is supported by members of the Marin Board of Supervisors, the San Rafael Chamber of Commerce, doctors, nurses and members of the city councils throughout Marin County.

Marin General Hospital is Marin County's designated Trauma Hospital and serves the entire community, including Kaiser members. Passage of Measure R will allow our hospital to remain independent and continue to provide critical healthcare services to our entire community.

Please vote YES on Measure R.

s/STEVE KINSEY

Marin County Supervisor

s/MARY JANE BURKE

Marin County Superintendent of Schools

s/TOM PETERS

President and CEO, Marin Community Foundation

s/MIKE GIANNINI

Emergency Medical Services Battalion Chief,
Marin County Fire

s/HEIDI KHUN

Founder and CEO, Roots of Peace

**BEFORE THE BOARD OF DIRECTORS OF THE
MARIN HEALTHCARE DISTRICT
RESOLUTION 2014-005
CALL FOR NOVEMBER 4 BALLOT MEASURE
ELECTION AND CONSOLIDATION**

The Board of Directors of the Marin Healthcare District does hereby resolve as follows:

RESOLVED, that pursuant to the authority contained in Section 32121(p) of the Health & Safety Code of the State of California, the Board of Directors of the Marin Healthcare District does hereby call for an election of the voters of the District to be held November 4, 2014, to approve a measure, by a majority of the voters voting on the measure, proposing the transfer of all the real and personal property associated with Marin General Hospital and its campus and operations by long term lease pursuant to the Hospital Lease Agreement dated as of August 6, 2014, and does hereby determine and fix the date of the election as of the 4th day of November, 2014, which date being the first Tuesday after the first Monday in November, 2014. "Full text" is not required to appear in the Sample Ballot Pamphlet.

The ballot measure shall read and appear on the ballot as follows:

Measure R

"To allow Marin General Hospital to remain a non-profit, locally governed hospital and to require that revenues from the hospital be reinvested into improving patient care, equipment, advanced programs for heart disease, stroke, diabetes, cancer and seismic upgrades, shall Marin Healthcare District continue to lease Marin General Hospital to the non-profit Marin General Hospital Corporation for an annual rent of \$500,000 in accordance with the Hospital Lease Agreement dated August 6, 2014, and Resolution 2014-04 adopted August 5, 2014 ?"

Yes _____ No _____

BE IT FURTHER RESOLVED, pursuant to Section 32121(p)(2) of the Health & Safety Code the appraised fair market value range of the Hospital assets being leased is \$21,050,000 to \$23,680,000, based on the report by Value & Information Group, an independent expert on valuation of such facilities, and the consideration received by the District from the tenant, Marin General Hospital Corporation, a California nonprofit public benefit corporation, ("MGH") in exchange for the 30 year Hospital Lease consists of those considerations set forth in the Board's Resolution 2014-04, incorporated herein, and in particular:

- The District Board has determined that the form of operations that will produce the optimal chance for long term successful provision of nonprofit, community based, hospital and related healthcare services for Marin County is the continued operation of the Hospital by the District's affiliated tax exempt nonprofit corporation under the proposed new 30 year Lease Agreement with MGH, without the burden of significant rent, as opposed to a sale or lease at

full market value to an outside entity without District oversight

- The District will receive base cash rent of \$500,000 per year plus an annual CPI increase
- MGH provides District administrative and secretarial support services, office space, furniture, computer hardware and software and equipment as required for District to conduct its affairs, along with other overhead expenses, including insurance, subject to an annual ceiling of \$509,000, plus an annual CPI increase
- Additional contingent rent paid will be paid if Marin General Hospital achieves both of the following: (a) 150 days of cash on hand, and (b) earnings before interest, depreciation and amortizations ("EBIDA") that is in excess of the higher of (i) 10% of MGH's Net Revenue (as determined under GAAP), or (ii) the then-current level of EBIDA as a percentage of Net Revenue required for MGH to achieve an "A" category credit rating (the "Additional Rent Triggers"). When MGHC achieves both of the Additional Rent Triggers, it shall pay Additional Rent in the amount of 2% of any amount of MGH's EBIDA that is in excess of the second Additional Rent Trigger set forth above
- Marin General Hospital will continue to fund any deficits in the operations of the Marin Healthcare District Medical Care Centers, providing needed physician access for the residents of Marin

BE IT FURTHER RESOLVED, that pursuant to Section 1002 of the California Elections Code, and Section 32121(p) of the Health & Safety Code, this Board does hereby notify the Marin County Board of Supervisors, and the Marin County Elections Department, that this Board chooses to hold such election on the first Tuesday after the first Monday in November, 2014, and requests consolidation with any election that may be held on the same day, in the same territory or in territory that is in part the same.

BE IT FURTHER RESOLVED, that pursuant to Elections Code section 10002 and 10400, the Board of Directors of the Marin Healthcare District hereby requests the Board of Supervisors of the County of Marin to authorize the Marin County Elections

Official to render all services otherwise required to be performed by the Secretary of the District for the election to be held on November 4, 2014. Said services include, but are not limited to:

- Publication of Notices calling the election
- Publication of Notices calling for ballot arguments
- Provision of voter lists
- Preparation, printing of ballots
- Conducting polling place election
- Counting of ballots

- Certification of election

- All aspects of election not specified above that may be agreed upon by the County Clerk or County Registrar of Voters and the Secretary of the District

BE IT FURTHER RESOLVED, that the Chief Executive Officer or Chair of the Board or his/her designee(s) are hereby authorized to execute any other document and to perform all acts necessary to place the measure on the ballot, and to comply with requirements of law and election officials.

BE IT FURTHER RESOLVED, that the Board of Supervisors is hereby authorized and directed to canvass the returns of the election and to certify the results of the election to the District as required by law.

BE IT FURTHER RESOLVED, that the Marin Healthcare District shall reimburse the County of Marin for all costs and expenses incurred by the County in conducting said election upon presentation of a bill to the District.

BE IT FURTHER RESOLVED, that the District Secretary is hereby authorized and directed to file a copy of this Resolution with the Board of Supervisors and the County Clerk upon its adoption by the Board of Directors of the Marin Healthcare District, and contingent upon the approval and execution of the Hospital Lease by the Marin General Hospital corporation on or before August 6, 2014.

PASSED AND ADOPTED this 5th day of August, 2014, by the following votes:

AYES: 4

NOES: 0

ABSENT: 1

s/HARRIS SIMMONDS, M.D., Secretary
Board of Directors of the Marin Healthcare District

s/LARRY BEDARD, M.D., Chair
Board of Directors of the Marin Healthcare District

CERTIFICATE OF SECRETARY
MARIN Healthcare District,
a California Special District

The undersigned, Harris Simmonds, M.D., being the Secretary of Marin Healthcare District (the "District"), hereby certifies for and on behalf of the District that the foregoing and attached Resolution is a true and correct copy of this Resolution of the District, as adopted by the Board of Directors at a properly noticed meeting at which a quorum was present, and that the same is in full force and effect.

DATED this fifth day of August, 2014.

s/HARRIS SIMMONDS

Secretary, Board of Directors

Tab 8

The Marin Healthcare District is pleased to invite you to an informative presentation on Proposition 46

WHO: Dr. Catherine Guitfreund
Trustee, California Medical Association

WHAT: Proposition 46-A Malpractice Trojan Horse!

WHEN: Tuesday September 9, 2014

TIME: 7:30 PM

WHERE: Marin General Hospital Conference Room
250 Bon Air Road, Greenbrae, CA 94904

California Proposition 46, Medical Malpractice Lawsuits Cap and Drug Testing of Doctors (2014)

California Proposition 46, the Medical Malpractice Lawsuits Cap and Drug Testing of Doctors Initiative, is on the [November 4, 2014 ballot](#) in California as an [initiated state statute](#).

If approved by voters, the initiative will:^[1]

- Increase the state's cap on damages that can be assessed in medical negligence lawsuits to over \$1 million from the current cap of \$250,000.
- Require drug and alcohol testing of doctors and reporting of positive tests to the California Medical Board.
- Require the California Medical Board to suspend doctors pending investigation of positive tests and take disciplinary action if the doctor was found impaired while on duty.
- Require health care practitioners to report any doctor suspected of drug or alcohol impairment or medical negligence.
- Require health care practitioners to consult the state prescription drug history database before prescribing certain controlled substances.

Supporters of the initiative refer to it as the **Troy and Alana Pack Patient Safety Act of 2014**, after two children who were killed by a driver under the influence of abused prescription drugs.^[2]

The measure, if approved, would create the first law in the United States to require the random drug testing of physicians.^[3]

Supporters of Proposition 46 argue that medical negligence is too common and pain and suffering damage awards are too low. Opponents say the Initiative isn't about protecting patients, but increasing medical lawsuit payouts to trial lawyers.

Text of measure

See also: [Ballot titles, summaries and fiscal statements for California's 2014 ballot propositions](#)

Ballot title:

Drug and Alcohol Testing of Doctors. Medical Negligence Lawsuits. Initiative Statute.

Official summary:

"Requires drug and alcohol testing of doctors and reporting of positive test to the California Medical Board. Requires Board to suspend doctor pending investigation of positive test and take disciplinary action if doctor was impaired while on duty. Requires doctors to report any other doctor suspected of drug or alcohol impairment or medical negligence. Requires health care practitioners to consult state prescription drug history database before prescribing certain controlled substances. Increases \$250,000 cap on pain and suffering damages in medical negligence lawsuits to account for inflation."

Contents (hide)

- 1 Text of measure
 - 1.1 Controversy
- 2 Background
 - 2.1 MICRA
- 3 Support
 - 3.1 Supporters
 - 3.1.1 Officials
 - 3.1.2 Organizations
 - 3.1.3 Individuals
 - 3.2 Arguments
 - 3.3 Donors
 - 3.4 Campaign advertisements
- 4 Opposition
 - 4.1 Opponents
 - 4.1.1 Organizations
 - 4.1.2 Unions
 - 4.2 Arguments
 - 4.3 Donors
 - 4.4 Campaign advertisements
- 5 Media editorial positions
 - 5.1 Other opinions
- 6 Polls
- 7 Path to the ballot
- 8 See also
- 9 External links
 - 9.1 Basic information
 - 9.2 Support
 - 9.3 Opposition
- 10 Additional reading
- 11 References

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Live chat with a Ballotpedia Writer!

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Proposition 46



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Quick stats

Type: Initiative
Topic: Healthcare
Status: On the ballot

2014 propositions



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November 4

[Proposition 1](#)

[Proposition 2](#)

[Proposition 45](#)

[Proposition 46](#)

[Proposition 47](#)

[Proposition 48](#)

[Donations](#) • [Vendors](#)

[Endorsements](#) • [Full text](#)

[Ballot title](#) • [Fiscal impact](#)