

MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904

www.marinhealthcare.org

Telephone: 415-464-2090

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TUESDAY, OCTOBER 14, 2025

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

Board of Directors:

Chair: Edward Alfrey, MD (Div. 5)
Vice Chair: Ann Sparkman, RN/BSN, JD (Div. 2)
Secretary: Jennifer Rienks, PhD (Div. 4)
Directors: Brian Su, MD (Div. 3)
Samantha Ramirez, BSW (Div. 1)

Staff:

David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Tricia Lee, Executive Assistant

Location:

MarinHealth Medical Center
Conference Center
250 Bon Air Road, Greenbrae CA

Public option: Zoom video:

<https://mymarinhealth.zoom.us/join>

Meeting ID: **987 7245 6255**

Passcode: **156223**

Or via Zoom telephone: 1-669-900-9128

AGENDA

5:30 PM: REGULAR OPEN MEETING

	<u>Presenter</u>	<u>Tab #</u>
1. Call to Order and Roll Call	Alfrey	
2. 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>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of September 9, 2025 (action)	Alfrey	#1
5. Federal and State Impacts to Marin Community Clinics & Health Centers	Shipp	#2
6. Healthcare Advocacy and Emerging Challenges and Trends	Klein	
7. Committee Reports		
A. Finance & Audit Committee (Met. Sept. 16)	Su	
B. Lease, Building, Education & Outreach Committee	Rienks	
C. Primary Care Task Force Report	Rienks/Sparkman	
8. Reports		
A. District CEO's Report	Klein	
B. Hospital CEO's Report	Klein	
C. Chair's and Board Members' Reports	All	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.
In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting.
Meetings open to the public are recorded and the recordings are posted on the District web site.

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9. Agenda Suggestions for Future Meetings

All

10. Adjournment of Regular Meeting

Alfrey

Next Regular Meeting: Tuesday, November 11, 2025 @ 5:30 p.m.

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.
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Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, September 9, 2025
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Alfrey called the Regular Meeting to order at 5:30 pm.

Board members present: Chair Edward Alfrey, MD; Vice Chair Ann Sparkman, RN/BSN, JD; Secretary Jennifer Rienks, PhD; Brian Su, MD; Samantha Ramirez, BSW

Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Tricia Lee, EA

2. General Public Comment

There was no public comment.

3. Approve Agenda

Director Sparkman moved to approve. Director Ramirez seconded.

Vote: all ayes.

4. Approve Minutes of the Regular Meeting of August 12, 2025

Director Sparkman moved to approve. Director Rienks seconded.

Vote: all ayes.

5. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein reported that analysis of the "One Big Beautiful Bill" / HR-1 is nearing completion, noting that the primary concern for MarinHealth, as with other hospitals, is the potential reduction in patient access to care. In particular, questions remain about the impact on Medi-Cal eligibility and coverage, which could leave many patients without needed services.

He also noted that sequestration may occur given the federal deficit level, which could trigger an automatic 4% reduction in government spending, including healthcare. Dr. Klein noted that the California Medical Association, California Hospital Association, and Hospital Council are closely monitoring these developments, and hospital leadership is already reviewing strategies to manage expenses in anticipation of reduced reimbursement.

Dr. Klein also addressed the likely expiration of federal tax benefits tied to the Affordable Care Act (ACA). This change is projected to cause approximately 30% of individuals to drop their

ACA exchange coverage, disproportionately affecting patients with more serious health conditions and increasing the burden of uncompensated care on providers. He added that several bills are moving through the legislature to expand insurance company accountability, and the Office of Healthcare Affordability is expected to clarify its authority to regulate hospital revenues, which could further affect access to care if hospitals are penalized for excess earnings.

Dr. Klein reported that the Governor has proposed retaining a significant portion of the Managed Care Organization (MCO) Tax revenue, originally designated to support Medi-Cal to help balance the state budget. There is also additional risk of reduction in federal matching opportunities and further limit support for Medi-Cal patients.

Dr. Klein reported that e-bike safety ordinances have now been uniformly adopted across the county of Marin. This achievement followed strong advocacy led by the District Board and Dr. Maa.

Dr. Klein reported the Town of Ross is considering a complete ban on tobacco sales, with the San Francisco Marin Medical Society issuing a strong letter of support for the measure.

6. Committee Reports

A. *Finance & Audit Committee*

No report given as Finance & Audit Committee did not meet.

B. *Lease, Building, Education and Outreach Committee (met August 18, 2025)*

Director Rienks provided the report on the Growing Your Own Food Seminar, confirming that it will take place at the Falkirk Cultural Center in San Rafael. The seminar will focus on fall gardening and indoor food cultivation. Attendees will receive seed trays to take home, providing a hands-on component. The event is scheduled for October 23 at 5:30 p.m.

Ms. Kinney is working with the MarinHealth Behavioral Health staff regarding their potential role in offering training for first responders on handling mental health crises.

Director Rienks also noted website updates are underway, including the implementation of cookie permissions to allow tracking of visitor engagement. While participation will require user opt-in, the collected data should provide useful insights into website traffic and community reach.

C. *Primary Care Task Force*

Directors Rienks and Sparkman reported they met with Dr. Klein to review ongoing initiatives to support the primary care workforce and improve patient access. The discussion covered burnout mitigation, recruitment and retention strategies, flexible care models, and access for diverse patient groups. They noted that a robust data dashboard is being used to track anticipated retirements, workforce retention, recruitment activities,

and patient access metrics.

They also noted improved progress with online scheduling and active management of primary care waitlists, with data showing many patients successfully moved into appointments. The availability of nurse practitioners was also noted as an option to improve timely access. Efforts are underway to align practice models and hours to improve physician satisfaction, as well as to strengthen collegial engagement through mixers and community events.

Director Su suggested meeting with physicians who have gone into concierge practice models. Director Rienks and Sparkman plan to explore this further.

As next steps, the Task Force will meet with the new Primary Care Medical Director, as well as other key stakeholders including practice managers and additional clinicians. They will develop a list of interview questions and begin outreach, with Board members likely to be contacted as part of the process. The Task Force will continue to review data, synthesize findings, and return to the Board with recommendations to strengthen workforce sustainability and improve primary care access.

7. **Reports**

A. *Hospital and District CEO's Report:*

Dr. Klein provided an update regarding the Civil Grand Jury report. He noted that the District is approaching the deadline for a formal response, due next week. The District will affirm that establishing a bi-directional exchange of information between EMS services and hospitals is critical, and will commit to providing quarterly updates beginning no later than December 31, 2025.

Dr. Klein shared MarinHealth is preparing for its annual strategic planning retreat of the Operating Board, scheduled for late October. This retreat will focus on growth, trajectory, service line additions, and geographic expansion.

Dr. Klein reported labor negotiations continue with the Teamsters and CNA unions.

Dr. Klein reported Emergency Department (ED) statistics, highlighting that ED volume in 2024 reached 45,000 visits and is projected to exceed 47,000 in 2025. Despite increased volume, the "Left Without Being Seen" rate declined to 0.95% in 2025, compared to 1.16% in 2024 and significantly lower than historic levels of 8–10%. This improvement was credited to new operational strategies such as doctors in triage.

Dr. Klein reported on facility and security updates:

- Rollout of healthy vending machines offering hot and cold meals, coffee.
- 25 new beds targeted for cardiac care patients.
- Pharmacy compounding suite nearing completion by end of year.

- Cypress Pavilion emergency generator replacement underway.
- Bloom Energy renewable project progressing, to be completed by October 2026.
- Weapons management system has launched and is actively identifying items of concern.
- Visitor badging system will go live in October. This system will track entry in real time, assign time-limited badges with color changes upon expiration.

He reported Marin County issued a respiratory health advisory in anticipation of a severe 2025 flu season and ongoing COVID-19 activity with new variants.

Dr. Klein reported Marinhealth is currently in the Joint Commission survey window, with the major survey expected in the coming months. Preparation efforts are ongoing.

Dr. Klein shared recent patient experience data, highlighting strong gains in patient satisfaction and “would recommend” scores, which now exceed state and national averages. These measures have shown consistent year-over-year improvement since the COVID-19 pandemic.

Dr. Klein noted Brenda Shipp, CEO of Marin Community Clinics will be speaking at the Marin Healthcare District Board meeting on October 14, 2025.

B. Chair's and Board Members' Reports:

Director Rienks raised the matter of the CEO evaluation, noting the process has remained incomplete. Ms. Lee will send an updated poll for meeting dates to the Directors.

Director Rienks also raised the topic of the hospital's size and the boundaries of the healthcare district. She questioned whether it might be possible to expand the district to include Novato, observing that the district operates several clinics there and serves many residents in the community. While it was acknowledged that the rules governing expansion would need to be reviewed, she felt that such an expansion could align more closely with the district's service area and potentially strengthen its community representation.

Director Sparkman reported on an event she attended at Marin Villages where Dr. Murthy was the guest speaker. Dr. Murthy's presentation focused on the issue of loneliness, particularly among the elderly, and highlights the significant medical consequences that can result. Director Sparkman noted that many physicians are not fully aware of or attentive to this issue, and she felt his presentation would be both timely and beneficial as a topic for a future seminar.

Director Sparkman also noted she met several individuals at the Marin Villages event and identified potential speakers for upcoming District Board meetings.

Director Sparkman also noted National Falls week is September 22 – 28th, 2025.

Director Ramirez announced that the Senior Fair will be held at the Marin Center Exhibit Hall on September 17, 2025. She noted that she plans to attend and that the District will also be participating.

Director Ramirez shared a professional accomplishment from her work facilitating a committee to better serve the Spanish-speaking community. As part of this initiative, the committee developed a culturally adapted Lotería game that incorporates mental health terminology such as depression, anxiety, therapy, medication, and healthy coping activities. Created in collaboration with a graphic designer, the game is vibrant and engaging, with 1,000 copies being printed for distribution to the community.

Director Su expressed appreciation for Vernon Moreno, recognizing his responsiveness to facilities requests, both large and small. He emphasized that Mr. Moreno consistently provides timely attention to issues, particularly in the operating room, and extended his gratitude for this dependable support.

Chair Alfrey reported on his recent presentation to the Marin County quarterly trauma meeting regarding geriatric trauma. He noted that data continues to show a sharp increase in fall-related injuries among elderly patients, which was highlighted by a recent case with an unfortunate outcome. He explained that current trauma activation protocols are largely based on injuries, and while the system strives to avoid under-activation, elderly patients remain disproportionately under-activated. National data indicates that as many as 50% of geriatric trauma patients who should have been transferred to a trauma center are not. Because outcomes for elderly patients are significantly improved when treated in a trauma center, the County is re-evaluating activation criteria to include age-related factors in order to reduce under-activation and improve care.

Chair Alfrey also noted a major focus will be on data collection related to falls, including both ground-level falls and falls from stairs or other hazards. The aim will be to identify injury patterns and prevention strategies, such as environmental modifications (e.g., toys, carpeting, stair design), that may reduce injuries. He also noted the opportunity for a meaningful research project, particularly around the finding that patients discharged with new diagnoses have a higher likelihood of being readmitted after a ground-level fall. The available database may be used to study these trends and advocate for preventative interventions at the policy level.

Chair Alfrey also provided an update on the Safe Streets for All grant. He reported that updated information was submitted to the Department of Transportation approximately three weeks ago. Currently the Marin Healthcare Districts Unique Entity ID is inactive, and needs to be updated for the application to proceed. The Department of Transportation confirmed that once the registration is renewed, approval can move forward. Ms. Lee will

work to update the districts Unique Entity ID.

Director Rienks requested to see a copy of the most recent grant submission. Chair Alfrey agreed to circulate the updated submission to the Committee, noting that the document has been revised since earlier drafts and continues to evolve as the project progresses.

8. Agenda Suggestions for Future Meetings

Director Sparkman suggested inviting Sarah Steenhausen, Deputy Director, California Department of aging and Loulie Sutro, founder of Marin Villages to present at a future board meeting.

Director Sparkman also suggest inviting Mary Sackett, Marin County Board of Supervisors to present at a future board meeting.

9. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:22 pm.

Tab 2

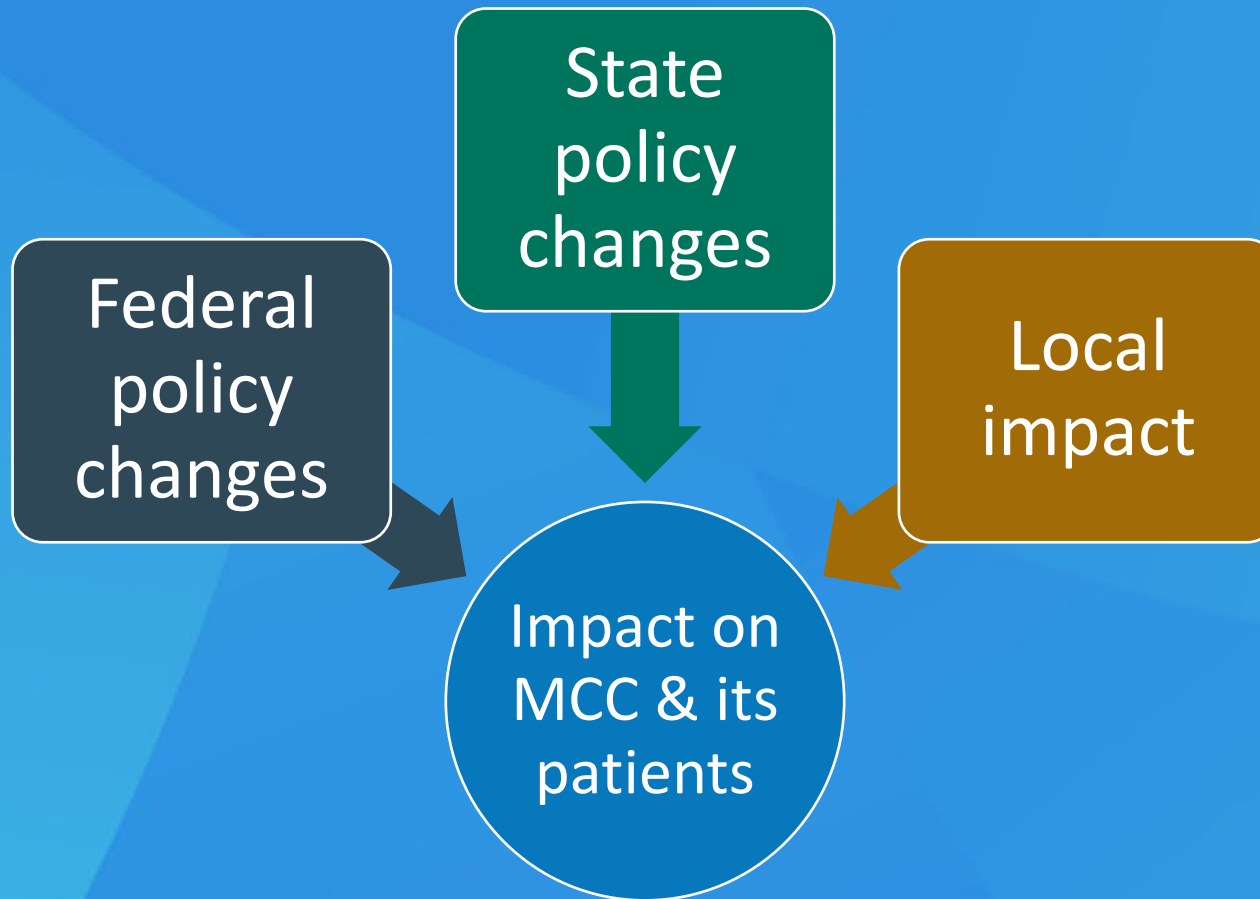
Federal and State Policy Impacts on Marin Community Clinics & Health Centers

Brenda Shipp, Chief Executive Officer
Marin Community Clinics

Touching Lives
Through Health™



Today's Discussion



We can only mitigate these challenges together!

Marin Community Clinic (MCC Overview)

- ❖ Largest FQHC in Marin County
- ❖ Founded in 1972
- ❖ Serves 40,000 patients annually across multiple sites
- ❖ Comprehensive services include Primary Care, Oral Health Care, Behavioral Health, Women's Health, Pediatrics, Specialty Care



Our mission is to promote health
and wellness through excellent,
compassionate care for all.

Federal Policy Changes

What is H.R.1?

Signed July 4, 2025 — a federal budget reconciliation bill.

\$170B for immigration enforcement: more raids, detentions, deportations.

Cuts to Medicaid, Medicare, SNAP, and Child Tax Credit for many immigrants.

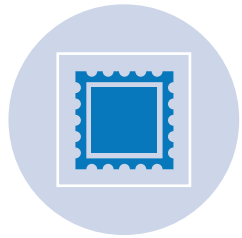
3.4M Californians could lose health coverage.



THE HOUSE OF REPRESENTATIVES
ADVANCES H.R. 1, THE ONE BIG
BEAUTIFUL BILL ACT

- MCO/Provider Taxes – \$30B less for CA to fund Medi-Cal
 - Work requirements for Medicaid
 - Increase frequency of Medicaid redeterminations
 - Deficit will trigger automatic 4% annual spending cuts to Medicare
 - ACA (Covered CA):
 - premium subsidies ending Dec 31, 2025
 - cost increases
 - fewer immigrants eligible
 - **More uninsured community members and patients**
- Together, 3.4 M in CA could lose coverage
- People will lose coverage or purchase lower coverage plans

Other Federal Impacts



CUTS TO FOOD
STAMPS
(SNAP/CALFRESH)



RESTRUCTURING &
STAFF REDUCTION AT
FEDERAL HEALTH
AGENCIES



VACCINE GUIDANCE



330 GRANT
PROGRAM EXPIRES
SEPT. 30



340B DISCOUNT
PHARMACY
PROGRAM

Federal Funding Update

- ❖ We are currently in a government shutdown, though hope for a Continuing Resolution (C.R.) or passage of an FY26 budget that extends Community Health Center 330 Grants, Telehealth reimbursement for Medicare, and Graduate Medical Education (GME) Programs, which all expired Sept. 30, 2025.
- ❖ We also support an extension of federal enhanced subsidies for Affordable Care Act plans that will expire Dec. 31, 2025 unless extended.



State Policy Changes

25-26 CA Budget includes:

- Reinstate Asset Test for Medi-Cal eligibility to 130k for individuals and \$195k for couples (Jan. 1, 2026)
- Freeze on undocumented (and some other immigration categories) of adult enrollments into Medi-Cal (Jan 1, 2026)
- Elimination of PPS rate for adult UIS (July 1, 2026)
- Eliminate full-scope dental for UIS (July 1, 2026)
- \$30 monthly premiums for UIS Medi-Cal (July 1, 2027)



Medi-Cal Eligibility Changes

Medi-Cal Enrollment Freeze after Jan. 1, 2026

- People (19+ years old) who are **undocumented**, without an immigration status, or who are unable to verify their status.
- People (21+ years old) with **Temporary Protected Status (TPS)**.
- People (21+ years old) who are **asylum applicants with work authorization**, who have **Pending Special Immigrant Juvenile Status**, or who have **Deferred Enforced Departure**.
- People (21+ years old) who are **Visitor/Student/Work Visa Holders**.

Removal of Full Dental Benefits after July 1, 2026

In addition:

- People who are **Green Card Holders** or **Battered Immigrants (non-VAWA categories)** who are **not exempt from or have not met the five-year waiting period**.
- People who are **Deferred Action for Childhood Arrivals (DACA)** recipients, **paroled into the U.S. for less than one year**, or are **U visa applicants**

EXEMPTIONS Children and pregnant people. Coverage is for the entire pregnancy and 1 year after the pregnancy ends.



So...who will be eligible?

Medi-Cal New Enrollment after Jan. 1, 2026

- U.S. Citizens
- Pregnant people *regardless of immigration status* including for the entire pregnancy and 1 year after the pregnancy ends.
- Youth (under 19) who are undocumented, without an immigration status or who are unable to verify their status
- Green Card Holders **regardless of whether they have met the five-year waiting period or not.**
- **Deferred Action for Childhood Arrivals (DACA) Recipients**

Full Dental Benefits after July 1, 2026

- U.S. Citizens
- Pregnant people *regardless of immigration status* including for the entire pregnancy and 1 year after the pregnancy ends.
- Youth (under 19) who are undocumented, without an immigration status or who are unable to verify their status
- Green Card Holders if they have met the five-year waiting period or are exempt.
- Refugees and Asylees
- U Visa Applicants only if they are a crime victim

Note: Red text indicates differences on eligibility for each change.

Timeline

July 1, 2025	Reductions in federal funding for Medi-Cal
January 1, 2026	Freeze on new Medi-Cal Enrollees who are undocumented or under certain immigration categories
July 1, 2026	Elimination of PPS rates for adult Medi-Cal UIS Elimination of routine dental care for adult Medi-Cal without SIS
October 1, 2026	Expanded federal definition for UIS
January 1, 2027	Medicaid work requirements 6 Month Medicaid redetermination Limiting Medicare coverage for immigrants

Local Impact

Real-Life Impact

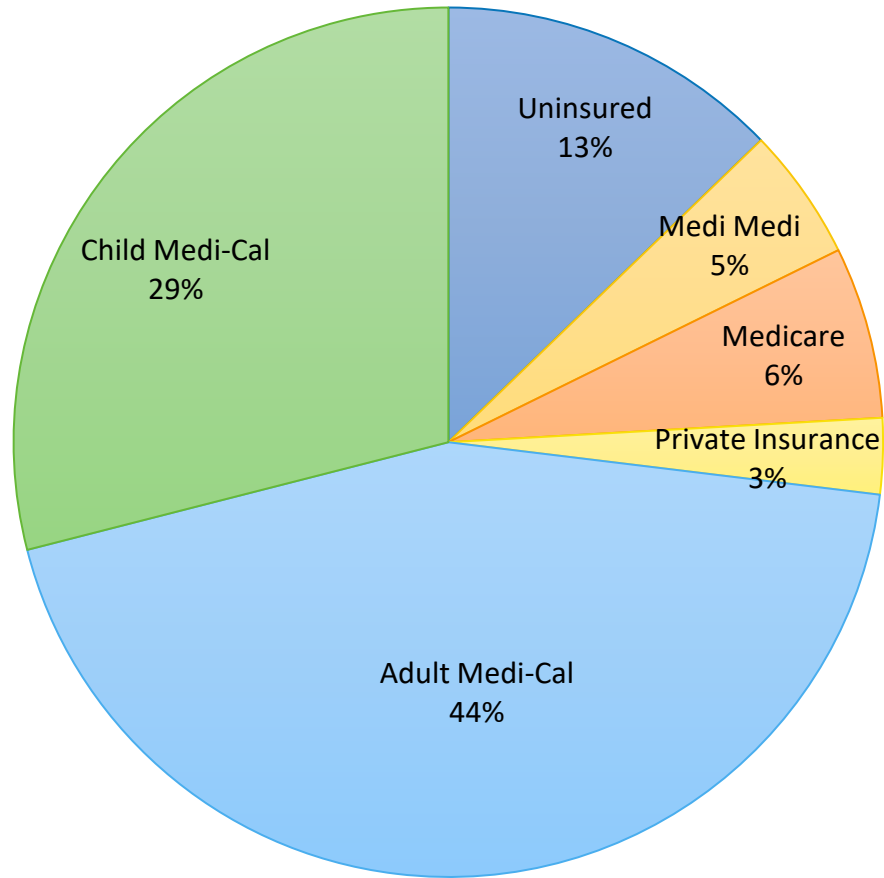
- Families must choose between rent, food, or health care.
- Mixed-status families lose tax credits — even if kids are U.S. citizens.
- More fear and instability due to increased ICE funding.
- Health care becomes harder to access, leading to worse outcomes.

Challenges for Marin County Patients & Health Centers

- ❖ Economic and social distress for patients
- ❖ More mental health needs
- ❖ Moral injury and burnout for staff and providers
- ❖ More complex/ambiguous demands for compliance
- ❖ Value and mission tensions



Threats to MCC



■ Uninsured ■ Medi Medi ■ Medicare ■ Private Insurance ■ Adult Medi-Cal ■ Child Medi-Cal

At risk over the
next 2-3 years:

~10,000
patients (18%)

\$11 million in
revenue

Impact to MCC

- ❖ Funding & Reimbursements:
 - ❖ Shifts in Med-Cal/Medicare payments
- ❖ Access and Coverage:
 - ❖ Complications on who can be insured and how.
 - ❖ Potential loss of enabling and specialty services.
- ❖ Compliance:
 - ❖ New reporting and audit requirements.
- ❖ Workforce:
 - ❖ Added requirements for staffing, training, and credentialing.



What Can We Do?

Contingency Planning & Risk Mitigation

- ❖ Support patients with obtaining/retaining health coverage
- ❖ Outreach to populations with coverage – seniors, children
- ❖ Expand in Medicare and private markets?
- ❖ Outreach to “assigned but not seen” members
- ❖ Inreach to patients with coverage that need:
 - ❖ Vaccines, well care and preventive visits
 - ❖ Follow-up care
 - ❖ Referrals to other service lines (e.g., dental)
 - ❖ Maintain workforce, access and quality!



Contingency Planning & Risk Mitigation

- ❖ Frequent communication: staff, patients, partners
- ❖ Stable and transparent leadership
- ❖ Responsible use of all available resources
- ❖ Expansive approach to fundraising
- ❖ Broad and deep partnerships
- ❖ Coordinated advocacy



What Can We Do?



Learn and share — knowledge is power!



Support local organizations groups.



Engage civically, advocate and vote.



Push for budgets that reflect our values.

Questions/Discussion

