



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**October 14, 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; 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

Board members absent: Vice Chair Ann Sparkman, RN/BSN, JD

2. General Public Comment

Susanna Farber, Teamsters 856 Representative; Chris Perrando, Teamsters 856 Shop Steward; Steven Batson, Anesthesia Technician; Lynn Warner, RN and Chief Nurse Representative; Marissa Mullins, RN; April Gorham, RN (NICU/Postpartum/Pediatrics); Josh Green, RN; and David Debruler, RN.

Speakers commented regarding labor negotiations between Teamsters 856 and MarinHealth Medical Center. Comments expressed concern regarding issues including employee healthcare costs under the hospital's proposal, affordability for staff living and working in Marin County, employee retention and morale, and workplace safety.

3. Approve Agenda

Director Rienks moved to approve. Director Su seconded.

Vote: all ayes.

4. Approve Minutes of the Regular Meeting of September 9, 2025

Director Su moved to approve. Director Rienks seconded.

Vote: all ayes.

5. Federal and State Impacts to Marin Community Clinics & Health Centers

Dr. Klein introduced Ms. Brenda Shipp, Chief Executive Officer of Marin Community Clinics, and welcomed her to the meeting. Ms. Shipp joined Marin Community Clinics (MCC) in May 2025, bringing over 18 years of experience in community healthcare leadership.



Ms. Shipp presented on significant federal and state policy changes affecting Marin Community Clinics and other community health centers. She discussed provisions of H.R. 1, a federal budget reconciliation bill signed in July 2025, which redirects funds toward immigration enforcement while cutting funding for Medicaid, Medicare, SNAP, and the Child Tax Credit, potentially leaving 3.4 million Californians without coverage. She noted that elimination of the MCO Provider Tax could reduce California's ability to subsidize Medi-Cal, resulting in automatic 4% federal spending cuts. Ms. Shipp also cited risks to federal 330 grants for community health centers, as well as new vaccine guidance and federal staffing reductions that may delay Medi-Cal and Medicare services.

At the state level, Ms. Shipp reported that California will reinstate the asset test for Medi-Cal eligibility, tighten enrollment for undocumented adults beginning in January 2026, and eliminate full-scope adult dental coverage by July 2026, emphasizing oral health care services are essential, especially for patients with chronic diseases. A Medi-Cal enrollment freeze is expected for certain age and immigration categories.

Regarding local impacts, Ms. Shipp highlighted that these combined policy changes could force many Marin families to choose between healthcare, rent, and food, increasing uninsured rates and emergency room utilization. Clinics may lose reimbursement for telehealth services and face cuts to case management and other enabling services. She noted that both staff and patients are feeling the strain of financial and social instability.

On operational challenges, Ms. Shipp explained that MCC anticipates decreased Medi-Cal and Medicare payments, more complex compliance demands, staffing shortages, and pressure on specialty care access. The organization is exploring operational efficiency measures, expanded fundraising, and stronger partnerships with hospitals and other providers to sustain services and maintain continuity of care. She concluded that these policy shifts are not only a community-clinic issue but a county-wide concern that will affect all residents, underscoring the need for collaboration and collective advocacy to sustain healthcare access in Marin County.

Director Rienks inquired about no-show rates, patient hesitancy to seek care, and strategies to maintain outreach and developmental screenings. Ms. Shipp responded that outreach and case management remain vital to maintaining patient engagement but are at risk if federal and state funding declines.

Director Su asked which services might need to be reduced should the funding cuts occur. Ms. Shipp explained that case management and other enabling services, as well as expanded dental procedures, would likely be the first to be curtailed.

Chair Alfrey emphasized the importance of strong transition-of-care coordination between hospital discharge and outpatient follow-up and suggested exploring the possibility of smaller clinic sites in the Canal area to serve patients who may be hesitant to travel. Ms. Shipp agreed and shared that MCC is considering reopening its Novato pharmacy to enable home medication

delivery for patients who face transportation or access barriers.

Director Reinks asked about partnerships with organizations such as Partnership HealthPlan to support post-discharge care and other enabling services. Ms. Shipp stated that MCC is actively engaging all potential partners to identify sustainable funding and collaborative opportunities.

Director Rienks also asked about trends in local philanthropy and community giving. Ms. Shipp noted that while community engagement and event attendance remain strong, donations have been modest due to economic uncertainty and the potential for a federal government shutdown. Board members expressed appreciation for Ms. Shipp's leadership and for the vital role Marin Community Clinics plays in ensuring access to care for vulnerable residents. The Board affirmed the importance of continued collaboration and advocacy to support the health needs of the Marin community.

6. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein reported that discussions surrounding H.R. 1 continue amid uncertainty during the federal government shutdown, with the primary concern being the potential reduction in patient access to care. He noted that proposed reductions in Medi-Cal eligibility could significantly limit coverage for vulnerable populations, and that questions remain regarding the continuation of federal tax subsidies for the Affordable Care Act (ACA). Should these subsidies expire, approximately 30% of individuals could lose ACA exchange coverage, resulting in a substantial increase in uncompensated care for hospitals and healthcare providers across the state.

Dr. Klein reported that sequestration could occur due to ongoing federal budget pressures, which could trigger an automatic 4% reduction in Medicare reimbursement. The California Medical Association (CMA), California Hospital Association (CHA), and Hospital Council continue to monitor these developments closely, and hospital leadership is evaluating strategies to manage potential financial impacts.

Dr. Klein reported that the California Legislature concluded its 2025 session in September and that Governor Newsome recently acted on several key healthcare-related bills. Among these were CMA-sponsored measures addressing prior authorization reform, the elimination of misleading AI chatbots, and protections for physicians, all of which were signed into law. Additional outcomes are expected to be reviewed during the upcoming CHA Board meeting.

Dr. Klein highlighted that inflationary pressures continue to drive significant cost increases across the healthcare sector. Hospitals are experiencing increases in supply and equipment expenses, and a significant rise in pharmaceutical costs. He also noted that reimbursement from insurers and Medicare has not kept pace with these costs and that recent changes to the 340B Drug Pricing Program have reduced eligibility for discounted pricing. In addition, proposed tariffs on imports are expected to further increase supply costs through 2026.

Dr. Klein reported on The American College of Surgeons-sponsored bill (AB 366), which



established California's first permanent, all-offender ignition interlock device law, replacing an existing pilot program that was set to expire. This expanded the use of ignition interlock devices for all DUI offenders, including first-time violators, bringing California in line with a majority of other states was signed by Governor Newsome.

He also reported that MarinHealth played a key role in shaping federal e-bike safety legislation (H.R. 5265) through contributions to the Mineta Transportation Institute Report, which supports the establishment of a national e-bike safety program under the U.S. Department of Transportation. Data from the report indicate that e-bike crash fatalities are twenty times higher than automobile deaths nationwide and thirty-seven times higher in Marin County, highlighting the importance of these advocacy initiatives.

Dr. Klein reported that the San Francisco Marin Medical Society, in partnership with the Town of Tiburon, is advancing a measure to end tobacco sales permanently, with the vote expected to pass.

7. **Committee Reports**

A. *Finance & Audit Committee*

Director Su reported that the Finance and Audit Committee met on September 16, 2025. The Committee reviewed the administrative support services provided by the Hospital to the District, as requested by Chair Director Alfrey. The Hospital currently provides services up to a capped amount of \$509,000, adjusted for CPI to \$697,000. A general cost summary—including expenses for the District Office, audits, IT support, security, and facilities—totaled \$770,000. Director Su requested a more detailed breakdown of staffing costs for future review.

The District currently pays \$177,000 annually to lease the District Office, and discussions are underway regarding the most effective use of those funds and review of related lease provisions.

Director Su also provided an update on the District's investment portfolio, which now has a 60% fixed income and 40% equity allocation and is earning approximately 9% returns. Efforts continue to consolidate all funds while maintaining three months' cash on hand, with one remaining account pending transfer.

B. *Lease, Building, Education and Outreach Committee*

Director Rienks reported the Growing Your Own Food Seminar will take place at the Falkirk Cultural Center in San Rafael October 23, 2025 at 5:30 p.m.

C. *Primary Care Task Force*

Director Rienks reported the Task Force continues to make progress. She and Director Sparkman are developing a set of interview questions for various individuals they plan to meet with, including practice managers, physicians, and other stakeholders involved in primary care.



The Task Force will work with Ms. Lee to schedule a series of interviews. The focus of these interviews will be to better understand challenges faced by primary care providers, identify barriers to access, and explore strategies to improve the availability and coordination of primary care services.

Director Rienks also noted that there are some positive anecdotal signs of improvement in primary care access and communication.

8. **Reports**

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

Dr. Klein reported MarinHealth experienced record volume in September, marking the highest census in hospital history, with continued elevated activity across nearly all service lines. He commended staff for their dedication in providing excellent patient care during this period of sustained demand.

Dr. Klein noted cardiology and cardiac surgery volumes have exceeded expectations. Echocardiography procedures have increased by 30%, and the cardiac surgery team achieved record procedure numbers. The TAVR program has also seen a 30% increase.

Laboratory utilization rose 17%, and turnaround performance improved from the 15th percentile to approximately the 90th percentile over two years.

Radiology volume increased 11% year-over-year, following a 20% rise in 2023–24, while MRI wait times decreased significantly.

Dr. Klein reported strong progress in primary care recruitment and access. Three new primary care providers (PCPs) began in September and October, with one starting in November, two additional offers extended, and ten strong candidates in the pipeline. He noted continued improvements in appointment access and highlighted the implementation of electronic outside referrals, which replaced faxed processes. In the first 18 days, 1,400 e-referrals were submitted, saving an estimated 200 staff hours.

Dr. Klein reported discussions with Marin County on seismic compliance for 2033 have progressed positively.

He also noted the Bloom Energy project will go before the Kentfield Planning Board next week and is expected to be operational by November 2026. The project will transition the hospital toward natural gas-generated electricity, ultimately transition to a zero-carbon hydrogen system within four to five years which will further decrease our carbon footprint.

Dr. Klein reported that Dr. Licht is the new Medical Director of Primary Care. Dr. Licht and

Dr. Lieb (Vice President of Medical Affairs) are working to strengthen provider engagement and quality of care.



He also reported ongoing IT improvements, including deployment of AI based Ambient Listening System to streamline documentation. He also reported the rollout of Epic Secure Chat to modernize real-time clinical communication and adhering to HIPAA privacy rules.

Dr. Klein reported MarinHealth will transition from Zoom to Microsoft Teams for video conferencing. He noted Teams integrates better with hospital IT systems and will generate cost savings, though some adjustment is expected.

Dr. Klein noted the Network continues to see system growth and improvement in employee engagement, with satisfaction scores increasing from 40% in year one to 77% in year three.

He reported that the primary care waitlist has decreased from more than 3,000 patients to a few hundred, and specialty care waitlists have improved significantly.

Dr. Klein reported on continued marketing and community engagement initiatives, including TV, radio, print, and social campaigns. A new marketing liaison has joined to strengthen relationships between physicians and hospital services.

Dr. Klein informed the Board that attorneys representing proponents of a citizen-led parcel tax initiative have submitted a notice of intent to circulate a petition. The District will review the documents and provide updates once additional information becomes available.

Dr. Klein reported on facility and security updates:

- The Joint Commission survey is anticipated in the coming weeks, and readiness efforts remain strong.
- Valet services are now accommodating more than 125 cars daily, but additional capacity and off-site options are being explored.
- 25 new beds targeted, allowing the cardiac care unit to relocate and improve throughput.
- Weapons management continues to function as designed, effectively identifying significant items that could cause harm.
- Visitor badging system will go live in November.

B. Chair's and Board Members' Reports:

Director Ramirez reported that she attended several community events during Latino Heritage Month, particularly at local schools noting that schools are an effective way to reach the community. She also participated in four West Marin health fairs, though attendance varied, and attended the Senior Fair, which she described as an excellent event for the senior community. Additionally, she joined the NAMI Walk and recommended MarinHealth consider participating next year, and she attended the Suicide Prevention Collaborative's five-year anniversary, recognizing the important work being done in mental health.



Director Su shared his appreciation to the MarinHealth staff expressing gratitude to those who have contributed to sustaining that work. Director Su stated that he and Dr. Alfrey could not do what they do without the collective efforts of the team and extended his sincere thanks to everyone for their dedication and support.

Director Rienks referenced a recent Marin Independent Journal article highlighting healthcare education programs in local schools sponsored by Kaiser, including learning lab initiatives. She noted that following the District's successful Career Day, there may be additional opportunities to collaborate with schools on career pathways and health education outreach, particularly in underserved communities. She suggested exploring partnerships with schools, such as those in the Canal area, to support pop-up activities and engagement events.

Chair Alfrey commented that he has had the opportunity to meet and work with Dr. Whitney Lieb on several occasions and described her as an outstanding addition to the Medical Center. He noted that while the organization already has many exceptional leaders, it is valuable to bring in someone from a large external medical center who can offer fresh perspectives and insights. Chair Alfrey emphasized his appreciation for the expertise and experience she brings to the team.

9. Agenda Suggestions for Future Meetings

No New agenda topics were proposed.

10. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:58 pm.