



## MEETING AGENDA FINANCE COMMITTEE OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

**Friday, November 7, 2025 – 12:00 pm**

El Camino Health | 2500 Grant Road Mountain View, CA 94040 | Sobrato Board Room 1

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 935 0887 5379#**. **No participant code.**  
**Just press #**

To watch the meeting, please visit: [Finance Committee Meeting Link](#)

Please note that the livestream is for meeting viewing only and there is a slight delay; to provide public comment, please use the phone number listed above.

**NOTE:** In the event that there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Board member is participating in the meeting via teleconference.

**TIME ESTIMATES:** Except where noted as TIME CERTAIN, listed times are estimates only and are subject to change at any time, including while the meeting is in progress. The Committee reserves the right to use more or less time on any item, to change the order of items, and/or to continue items to another meeting. Particular items may be heard before or after the time estimated on the agenda. This may occur in order to best manage the time at a meeting.

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	<b>CALL TO ORDER / ROLL CALL</b>	Don Watters, Chair	Information	<b>12:00 pm</b>
2.	<b>CONSIDER APPROVAL OF AB 2449 REQUEST</b>	Don Watters, Chair	<b>Possible Motion</b>	<b>12:00 pm</b>
3.	<b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Don Watters, Chair	Information	<b>12:00 pm</b>
4.	<b>PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Correspondence <i>Comments may be submitted by mail to the Finance Committee of the El Camino Hospital Board of Directors at 2500 Grant Road, Mountain View, CA 94040. Written comments will be distributed to the Committee as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i>	Don Watters, Chair	Information	<b>12:00 pm</b>
5.	<b>CONSENT CALENDAR</b> <i>Items removed from the consent calendar will be considered separately.</i> a. <a href="#">Approve Minutes of the Open Session of the Finance Committee Meeting (08/25/2025)</a> b. <a href="#">Approve Minutes of the Open Session of the Special Finance Committee Meeting (10/16/2025)</a> c. <a href="#">Approve FY2026 Period 2 Financial Report</a>	Don Watters, Chair	<b>Motion Required</b>	<b>12:00 – 12:11</b>

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
	<ul style="list-style-type: none"> <li>d. <a href="#">Receive FY2026 FC Pacing Plan</a></li> <li>e. <a href="#">Receive Progress Against FY2026 FC Goals</a></li> <li>f. <a href="#">Receive Article(s) of Interest</a></li> </ul>			
6.	<b><u>FY2026 PERIOD 3 FINANCIAL REPORT</u></b>	Carlos Bohorquez, CFO	<b>Motion Required</b>	<b>12:11 – 12:16</b>
7.	<b><u>FC ASSESSMENT RESULTS &amp; ACTION PLAN</u></b>	Don Watters, Chair	<b>Motion Required</b>	<b>12:16 – 12:26</b>
8.	<b><u>COMMUNITY BENEFIT FY2027 POLICY GUIDANCE AND FY2026 GRANT PROGRAM UPDATE</u></b>	Jon Cowan, Executive Director, Government Relations and Community Partnerships	<b>Discussion</b>	<b>12:26 – 12:31</b>
9.	<b>RECESS TO CLOSED SESSION</b>	Don Watters, Chair	<b>Motion Required</b>	<b>12:31 – 12:32</b>
10.	<b>APPROVE MINUTES OF THE CLOSED SESSION OF THE FINANCE COMMITTEE</b> <ul style="list-style-type: none"> <li>a. 08/25/2025 – Regular Finance Committee Meeting</li> <li>b. 10/16/2025 – Special Finance Committee Meeting</li> </ul> <i>Report involving Gov't Code Section 54957.2 for closed session minutes</i>	Don Watters, Chair	<b>Motion Required</b>	<b>12:32 – 12:33</b>
11.	<b>LOS GATOS CAMPUS REDEVELOPMENT – PROJECT UPDATE</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Carlos Bohorquez, CFO Tracey Lewis Taylor, COO	Discussion	<b>12:33 – 12:53</b>
12.	<b>STRATEGIC ACQUISITION UPDATE – RADIATION THERAPY JOINT VENTURE</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Omar Chughtai, CGO Tracey Lewis Taylor, COO	Discussion	<b>12:53 – 1:03</b>
13.	<b>OAK PAVILION, MOUNTAIN VIEW ONCOLOGY EXPANSION</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Tracey Lewis Taylor, COO	Discussion	<b>1:03 – 1:13</b>
14.	<b>PROPERTY ACQUISITION OPPORTUNITY – LOS GATOS</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Ken King, CASO	Discussion	<b>1:13 – 1:23</b>
15.	<b>REAL ESTATE STRATEGY – AMBULATORY / MEDICAL NETWORK EXPANSION (CUPERTINO AND MILPITAS)</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	A.J. Reall, VP of Strategy	Discussion	<b>1:23 – 1:33</b>
16.	<b>FY2026 Q1 FINANCIAL AND STRATEGIC UPDATE</b> <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Carlos Bohorquez, CFO	Discussion	<b>1:33 – 1:48</b>
17.	<b>RECONVENE TO OPEN SESSION</b>	Don Watters, Chair	<b>Motion Required</b>	<b>1:48 – 1:49</b>

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
18.	<b>CLOSED SESSION REPORT OUT</b> To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	1:49 – 1:50
19.	<a href="#"><u>APPROVE CAPITAL REQUEST – OAK PAVILION, MOUNTAIN VIEW</u></a>	Don Watters, Chair	<b>Motion Required</b>	1:50 – 1:51
20.	<a href="#"><u>RECOMMEND BOARD APPROVAL CAPITAL REQUEST - LOS GATOS REDEVELOPMENT</u></a>	Don Watters, Chair	<b>Motion Required</b>	1:51 – 1:52
21.	<a href="#"><u>RECOMMEND BOARD APPROVAL CAPITAL REQUEST – MOB BUILD OUT – CUPERTINO</u></a>	Don Watters, Chair	<b>Motion Required</b>	1:52 – 1:53
22.	<a href="#"><u>RECOMMEND BOARD APPROVAL CAPITAL REQUEST – MOB BUILD OUT – MILPITAS</u></a>	Don Watters, Chair	<b>Motion Required</b>	1:53 – 1:54
23.	<b>CLOSING COMMENTS</b>	Don Watters, Chair	Information	1:54 – 1:59
24.	<b>ADJOURNMENT</b>	Don Watters, Chair	<b>Motion Required</b>	2:00 pm

**Upcoming Meetings:** February 2, 2026, Joint FC-IC March 9, 2026, March 23, 2026, May 26, 2026



**Minutes of the Open Session of the  
Finance Committee of the  
El Camino Hospital Board of Directors  
Monday, August 25, 2025**

**El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Don Watters, Chair**  
**Wayne Doiguchi**  
**Peter Fung, MD, MBA**  
**Bill Hooper**  
**Christina Lai**  
**Cynthia Stewart**

**Staff Present**

**Carlos Bohorquez**, Chief Financial Officer  
**Dan Woods**, Chief Executive Officer  
**Mark Adams, MD**, Chief Medical Officer  
**Theresa Fuentes**, Chief Legal Officer  
**Tracy Lewis Taylor**, Chief Operating Officer  
**Anne Yang**, Executive Director, Governance Services  
**Gabriel Fernandez**, Coordinator, Governance Services

**Members Absent**

None

\*\*via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. AGENDA ITEM 1: CALL TO ORDER/ ROLL CALL</b>	The open session Regular Meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 5:33 p.m. by Chair Don Watters. A verbal roll call was taken. All Committee members were present at roll call and attended in person, constituting a quorum.	<b><i>The meeting was called to order at 5:33 p.m.</i></b>
<b>2. AGENDA ITEM 2: CONSIDER APPROVAL OF AB- 2449 REQUEST</b>	All members participated in person—no consideration of AB-2449 requests was needed.	
<b>3. AGENDA ITEM 3: POTENTIAL CONFLICT OF INTEREST</b>	Chair Watters asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>4. AGENDA ITEM 4: PUBLIC COMMUNICATION</b>	No public members joined the session, and no written correspondence was received from the public.	
<b>5. AGENDA ITEM 5: CONSENT CALENDAR</b>	<p><b>Motion:</b> To approve the consent calendar.</p> <p><b>For Approval:</b> (a) Minutes of the Open Session of the 05/27/2025 Finance Committee meeting, (b) Minutes of the Open Session of the 07/30/2025 Special Finance Committee meeting, (c) FY2025 Period 11 &amp; 12 Financials</p> <p><b>For Information:</b> (d) Committee Governance Policy, (e) Committee Member Class Assignments, (f) FY2026 Pacing Plan, (g) Receive Progress Against FY2026 FC Committee Goals, and (h) Receive Article(s) of Interest.</p> <p><b>Movant:</b> Hooper  <b>Second:</b> Stewart</p>	<b><i>Consent Calendar Approved</i></b>



	<p><b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<p><b>6. AGENDA ITEM 6:          APPROVE FY2026          PERIOD 1 FINANCIAL          REPORT</b></p>	<p>Carlos Bohorquez, Chief Financial Officer, presented the FY2026 Period 1 Financial Report and highlighted the following:</p> <p><b><u>Period 1 – July 2025 Results</u></b></p> <ul style="list-style-type: none"> <li>• <b>Average Daily Census:</b> 304 which is 12 / 4.0% favorable to budget and 16 / 5.6% higher than the same period last year.</li> <li>• <b>Adjusted Discharges:</b> 4,019 which are 324 / 8.8% favorable to budget and 475 / 13.4% higher than the same period last year.</li> <li>• <b>Emergency Room Visits:</b> 6,718 which are 40 / 0.6%unfavorable to budget and 328 / 5.1% lower than the same period last fiscal year.</li> <li>• <b>Outpatient Visits / Procedures:</b> 14,541 which are 1,688 / 13.1% favorable to budget and 2,260 / 18.4% higher than the same period last fiscal year.</li> <li>• <b>Total operating revenue</b> of \$148M is favorable to budget by \$0M / 0.1% and \$14M / 10.2% higher than the same period last fiscal year.</li> <li>• <b>Operating EBIDA</b> of \$19M is unfavorable to budget by \$2M / 7.4%, but \$0.2M / 1.2% higher than the same period last fiscal year.</li> <li>• <b>Net income</b> of \$26M is favorable to budget by \$11M / 69.4%, but \$5M / 15.9% lower than the same period last fiscal year.</li> </ul> <p><b>Motion:</b> To approve the FY2026 Period 1 Financial Report.</p> <p><b>Movant:</b> Stewart  <b>Second:</b> Fung  <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><b><i>FY2026          Period 1          Financial          Report          Approved</i></b></p>

<p><b>7. AGENDA ITEM 7: RECESS TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:41 p.m. <b>Movant:</b> Doiguchi <b>Second:</b> Fung <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>Recessed to closed session at 5:41 p.m.</i></b></p>
<p><b>8. AGENDA ITEM 13: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Mr. Fernandez reported that, during the closed session, the Finance Committee approved the closed session minutes from the May 27<sup>th</sup> Regular Meeting and the July 30<sup>th</sup> Special Meeting.</p>	<p><b><i>Reconvened to Open Session at 7:07 pm</i></b></p>
<p><b>9. AGENDA ITEM 14: PHYSICIAN CONTRACTS – ENTERPRISE MEDICAL DIRECTOR</b></p>	<p><b>Motion:</b> To approve the continuation of the Utilization Management – Enterprise Medical Director (the “Agreement”), which expires on August 31, 2025, for a new term of up to two years. <b>Movant:</b> Fung <b>Second:</b> Doiguchi <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>Utilization Management – Enterprise Medical Director Agreement Approved</i></b></p>
<p><b>10. AGENDA ITEM 15: PHYSICIAN CONTRACTS – ENT CALL PANEL (MV)</b></p>	<p><b>Motion:</b> To approve the ENT call coverage agreements for the Mountain View campus. <b>Movant:</b> Fung <b>Second:</b> Doiguchi <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>ENT Call Panel Agreements for the Mountain View Campus Approved</i></b></p>
<p><b>11. AGENDA ITEM 16: CLOSING COMMENTS</b></p>	<p>Chair Watters thanked the Committee for a lively discussion and expressed appreciation for the work the Committee conducted in the meeting.</p>	
<p><b>12. AGENDA ITEM 21: ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at 7:09 pm. <b>Movant:</b> Hooper <b>Second:</b> Stewart <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>Meeting adjourned at 7:09 pm.</i></b></p>

**Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:**

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**Don Watters**  
**Chair, Finance Committee**

Prepared by: Gabriel Fernandez, Coordinator, Governance Services  
Reviewed by: Carlos A. Bohorquez, Chief Financial Officer

*DRAFT*



**Minutes of the Open Session of the  
Special Finance Committee Meeting  
Thursday, October 16, 2025**

**El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040**

**Members Present**

**Don Watters, Chair**  
**Wayne Doiguchi**  
**Peter Fung, MD**  
**Bill Hooper**  
**Christina Lai**  
**Cynthia Stewart**

**Members Absent**

None

**Staff Present**

**Carlos Bohorquez**, Chief Financial Officer  
**Dan Woods**, Chief Executive Officer  
**Theresa Fuentes**, Chief Legal Officer  
**Ken King**, Chief Administrative Services Officer  
**Tracy Lewis Taylor**, Chief Operating Officer  
**Victor Cabrera**, Sr. Dir. Decision Supp & Business Analytics  
**Jeff Missad**, Vice President, Facilities Development & Real Estate  
**Gabriel Fernandez**, Coordinator, Governance Services

\*\*via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. AGENDA ITEM 1: CALL TO ORDER/ ROLL CALL</b>	The open session Special Meeting of the Finance Committee of El Camino Hospital (the "Committee") was called to order at 4:05 p.m. by Chair Don Watters. A verbal roll call was taken. Committee members Watters, Doiguchi, Fung, Hooper, Lai, and Stewart were present at roll call and attended in person, constituting a quorum.	<b><i>The meeting was called to order at 4:05 p.m.</i></b>
<b>2. AGENDA ITEM 2: CONSIDER APPROVAL OF AB- 2449 REQUEST</b>	All members participated in person—no consideration of AB-2449 requests was needed.	
<b>3. AGENDA ITEM 3: POTENTIAL CONFLICT OF INTEREST</b>	Chair Watters asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
<b>4. AGENDA ITEM 4: PUBLIC COMMUNICATION</b>	Chair Watters called for public comment on items not listed on the agenda. No public comments were made, and no written correspondence was received.	
<b>5. AGENDA ITEM 6: RECESS TO CLOSED SESSION</b>	<b>Motion:</b> To recess to closed session at 4:07 p.m. <b>Movant:</b> Doiguchi <b>Second:</b> Fung <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b><i>Recessed to closed session at 4:07 p.m.</i></b>

<p><b>6. AGENDA ITEM 12:                  RECONVENE OPEN                  SESSION/ REPORT                  OUT</b></p>	<p>Gabriel Fernandez, Coordinator, Governance Services, reported that the Finance Committee did not take any reportable actions during the closed session.</p>	<p><b><i>Reconvened                  to Open                  Session at                  5:51 pm</i></b></p>
<p><b>7. AGENDA ITEM 16:                  CLOSING                  COMMENTS</b></p>	<p>There were no additional comments from the Committee.</p>	
<p><b>8. AGENDA ITEM 17:                  ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at 5:52 pm.  <b>Movant:</b> Hooper  <b>Second:</b> Stewart  <b>Ayes:</b> Doiguchi, Fung, Hooper, Lai, Stewart, Watters  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><b><i>Meeting                  adjourned at                  5:52 pm.</i></b></p>

**Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:**

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**Don Watters**  
**Chair, Finance Committee**

Prepared by: Gabriel Fernandez, Coordinator, Governance Services  
 Reviewed by: Carlos A. Bohorquez, Chief Financial Officer



## EL CAMINO HOSPITAL BOARD OF DIRECTORS FINANCE COMMITTEE MEETING MEMO

**To:** El Camino Hospital, Finance Committee  
**From:** Carlos A. Bohorquez, Chief Financial Officer  
**Date:** November 7, 2025  
**Subject:** Financials: FY2026 - Period 2 (August 2025) & YTD FY2026 (as of 08/31/2025)

### Purpose:

To provide the Finance Committee an overview of financial results for Period 2 (August 2025) and YTD FY2026 and approve financials.

### Executive Summary – Period 2 (August 2025):

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 294 which is 2 / 0.6% unfavorable to budget and 1 / 0.4% lower than the same period last year.
- **Adjusted Discharges:** 3,869 which are 91 / 2.4% favorable to budget and 165 / 4.5% higher than the same period last year.
- **Emergency Room Visits:** 7,143 which are 566 / 8.6% favorable to budget and 505 / 7.6% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,820 which are 601 / 4.5% favorable to budget and 1,212 / 9.6% higher than the same period last fiscal year.

Financial performance for Period 2 was favorable to budget and consistent with the same period last fiscal year.

<b>Total Operating Revenue (\$):</b>	\$151.0M is favorable to budget by \$1.3M / 0.9% and \$12.0M / 8.6% higher than the same period last fiscal year.
<b>Operating EBIDA (\$):</b>	\$22.1M is favorable to budget by \$1.5M / 7.4% and \$2.2M / 11.2% higher than the same period last fiscal year.
<b>Net Income (\$):</b>	\$24.2M is favorable to budget by \$6.9M / 40.0%, but \$13.3M / 35.5% lower than the same period last year.
<b>Operating Margin (%):</b>	8.9% (actual) vs. 7.8% (budget)
<b>Operating EBIDA Margin (%):</b>	14.2% (actual) vs. 13.7% (budget)
<b>Net Days in A/R (days):</b>	53.7 days are favorable to budget by 0.3 days / 0.6% and 0.6 days / 1.0% lower than the same period last year.



FY2026 – Period 2 (August 2025) & YTD FY2026 Financial Results  
November 7, 2025

**YTD FY2026 (as of 08/31/2025):**

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 299 which is 5 / 1.7% favorable to budget and 7 / 2.5% higher than the same period last year.
- **Adjusted Discharges:** 7,887 which are 415 / 5.6% favorable to budget and 641 / 8.8% higher than the same period last year.
- **Emergency Room Visits:** 13,861 which are 526 / 3.9% favorable to budget and 1,300 / 6.4% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 28,372 which are 2,300 / 8.8% favorable to budget and 3,483 / 14.0% higher than the same period last fiscal year.

YTD FY2026 financial performance is favorable to budget and better versus the same period last fiscal year. Stable financial results are attributed to strong procedural & outpatient volumes, significant reductions in premium pay / contract labor, and revenue improvement initiatives.

**Total Operating Revenue (\$):** \$298.8M is favorable to budget by \$1.4M / 0.5% and \$25.7M / 9.4% higher than the same period last fiscal year.

**Operating EBIDA (\$):** \$41.1M is consistent with budget and \$2.4M / 6.3% higher than the same period last fiscal year.

**Net Income (\$):** \$50.0M is favorable to budget by \$17.5M / 53.8%, but \$18.2M / 26.7% lower than the same period last fiscal year. Favorable to budget net income is attributed to unrealized gains on investment portfolio and strong operating performance.

**Operating Margin (%):** 8.2% (actual) vs. 7.9% (budget)

**Operating EBIDA Margin (%):** 13.8% (actual) vs. 13.8% (budget)

**Recommendation:**

Recommend Finance Committee approve Period 2 & YTD FY2026 financials.

**List of Attachments:**

- Presentation: Period 2 & YTD FY2026 financials.

**Suggested Finance Committee Discussion Questions:**

- None



## Summary of Financial Operations

*Fiscal Year 2026 – Period 2  
7/1/2025 to 08/31/2025*

- **Results for Period 2:**

- Net Patient Revenue was favorable to budget by \$511K / 0.4%
- Operating EBIDA Margin was favorable to budget by \$1.5M / 7.4%
- Gross revenue was favorable to budget by \$6.9M / 1.1%
  - Driven by:
    - Inpatient Charges: \$14.6M / 4.8% unfavorable to budget
    - Outpatient Charges: \$20.1M / 6.3% favorable to budget
    - Professional Charges: \$1.4M / 5.5% favorable to budget
  - Cost Management
    - When adjusted for volume, overall operating expense is 5.0% higher than budget
- Gross charges were favorable to budget by \$6.9M / 1.1% and \$60.5M / 10.1% higher than the same period last year
- Net patient revenue was favorable to budget by \$511K / 0.4% and \$10.9M / 8.1% higher than the same period last year
- Operating margin was favorable to budget by \$1.7M / 14.2% and \$2.0M / 17.4% higher than the same period last year
- Operating EBIDA was favorable to budget by \$1.5M / 7.4% and \$2.2M / 11.2% higher than the same period last year
- Net income was favorable to budget by \$6.9M / 40.0% and \$13.3M / 35.5% lower than same period last year

# Operational / Financial Results: Period 2 – August 2025 (as of 08/31/2025)

(\$ thousands)

	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians	
								'Aa3'	'AA'	'AA'		
<b>Activity / Volume</b>	ADC	294	296	(2)	(0.6%)	295	(1)	(0.4%)	---	---	---	---
	Adjusted Discharges	3,869	3,778	91	2.4%	3,704	165	4.5%	---	---	---	---
	OP Visits / OP Procedural Cases	13,820	13,219	601	4.5%	12,608	1,212	9.6%	---	---	---	---
	Percent Government (%)	59.4%	58.6%	0.8%	1.4%	58.8%	0.6%	1.0%	---	---	---	---
	Gross Charges (\$)	658,540	651,648	6,892	1.1%	598,024	60,516	10.1%	---	---	---	---
<b>Operations</b>	Cost Per CMI AD	22,819	21,724	1,095	5.0%	20,304	2,515	12.4%	---	---	---	---
	Net Days in A/R	53.7	54.0	(0.3)	(0.6%)	54.3	(0.6)	(1.0%)	47.5	49.7	47.8	
<b>Financial Performance</b>	Net Patient Revenue (\$)	144,539	144,028	511	0.4%	133,648	10,892	8.1%	363,045	669,435	---	
	Total Operating Revenue (\$)	151,037	149,714	1,323	0.9%	139,079	11,957	8.6%	428,467	697,582	368,408	
	<b>Operating Margin (\$)</b>	<b>13,381</b>	<b>11,713</b>	<b>1,668</b>	<b>14.2%</b>	<b>11,396</b>	<b>1,985</b>	<b>17.4%</b>	<b>8,569</b>	<b>24,415</b>	<b>12,526</b>	
	<b>Operating EBIDA (\$)</b>	<b>22,060</b>	<b>20,541</b>	<b>1,520</b>	<b>7.4%</b>	<b>19,834</b>	<b>2,226</b>	<b>11.2%</b>	<b>24,851</b>	<b>56,504</b>	<b>31,315</b>	
	Net Income (\$)	24,150	17,252	6,898	40.0%	37,446	(13,296)	(35.5%)	23,566	54,411	20,631	
	<b>Operating Margin (%)</b>	<b>8.9%</b>	<b>7.8%</b>	<b>1.0%</b>	<b>13.2%</b>	<b>8.2%</b>	<b>0.7%</b>	<b>8.1%</b>	<b>2.0%</b>	<b>3.5%</b>	<b>3.4%</b>	
	<b>Operating EBIDA (%)</b>	<b>14.6%</b>	<b>13.7%</b>	<b>0.9%</b>	<b>6.5%</b>	<b>14.3%</b>	<b>0.3%</b>	<b>2.4%</b>	<b>5.8%</b>	<b>8.1%</b>	<b>8.5%</b>	
	DCOH (days)	317	275	42	15.1%	279	38	13.6%	258	315	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2025. Dollar amounts have been adjusted to reflect monthly averages

**S&P Medians:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2025. Dollar amounts have been adjusted to reflect monthly averages

**Fitch Ratings:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2025. Dollar amounts have been adjusted to reflect monthly averages

**Notes:** DCOH total includes cash, short-term and long-term investments

OP Visits / Procedural Cases includes Covid Vaccinations / Testing



Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

# Operational / Financial Results: YTD FY2026 (as of 08/31/2025)

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's	S&P	Fitch	Performance to Rating Agency Medians
									'Aa3'	'AA'	'AA'	
Activity / Volume	ADC	299	294	5	1.7%	291	7	2.5%	---	---	---	---
	Adjusted Discharges	7,887	7,472	415	5.6%	7,247	641	8.8%	---	---	---	---
	OP Visits / OP Procedural Cases	28,372	26,072	2,300	8.8%	24,889	3,483	14.0%	---	---	---	---
	Percent Government (%)	60.2%	58.6%	1.7%	2.8%	58.2%	2.0%	3.5%	---	---	---	---
	Gross Charges (\$)	1,328,907	1,270,005	58,902	4.6%	1,159,922	168,985	14.6%	---	---	---	---
Operations	Cost Per CMI AD	22,982	21,724	1,259	5.8%	20,387	2,596	12.7%	---	---	---	---
	Net Days in A/R	53.7	54.0	(0.3)	(0.6%)	54.3	(0.6)	(1.0%)	47.5	47.4	47.8	
Financial Performance	Net Patient Revenue (\$)	285,686	285,945	(259)	(0.1%)	262,124	23,562	9.0%	726,090	1,338,870	---	
	Total Operating Revenue (\$)	298,764	297,319	1,445	0.5%	273,091	25,673	9.4%	856,935	1,395,163	736,817	
	<b>Operating Margin (\$)</b>	<b>24,418</b>	<b>23,392</b>	<b>1,026</b>	<b>4.4%</b>	<b>21,753</b>	<b>2,666</b>	<b>12.3%</b>	<b>17,139</b>	<b>48,831</b>	<b>25,052</b>	
	<b>Operating EBIDA (\$)</b>	<b>41,084</b>	<b>41,073</b>	<b>11</b>	<b>0.0%</b>	<b>38,638</b>	<b>2,445</b>	<b>6.3%</b>	<b>49,702</b>	<b>113,008</b>	<b>62,629</b>	
	Net Income (\$)	50,004	32,514	17,490	53.8%	68,201	(18,198)	(26.7%)	47,131	108,823	41,262	
	<b>Operating Margin (%)</b>	<b>8.2%</b>	<b>7.9%</b>	<b>0.3%</b>	<b>3.9%</b>	<b>8.0%</b>	<b>0.2%</b>	<b>2.6%</b>	<b>2.0%</b>	<b>3.5%</b>	<b>3.4%</b>	
	<b>Operating EBIDA (%)</b>	<b>13.8%</b>	<b>13.8%</b>	<b>(0.1%)</b>	<b>(0.5%)</b>	<b>14.1%</b>	<b>(0.4%)</b>	<b>(2.8%)</b>	<b>5.8%</b>	<b>8.1%</b>	<b>8.5%</b>	
	DCOH (days)	317	275	42	15.1%	279	38	13.6%	258	315	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2025. Dollar amounts have been adjusted to reflect monthly averages.  
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**Fitch Ratings:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2025. Dollar amounts have been adjusted to reflect monthly averages.

**Notes:** DCOH total includes cash, short-term and long-term investments.  
 OP Visits / Procedural Cases includes Covid Vaccinations / Testing.



Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

# Consolidated Balance Sheet (as of 08/31/2025)

(\$000s)

## ASSETS

	August 31, 2025	Unaudited June 30, 2025
<b>CURRENT ASSETS</b>		
Cash	423,657	407,140
Short Term Investments	104,331	98,926
Patient Accounts Receivable, net	248,750	240,895
Other Accounts and Notes Receivable	23,773	23,615
Intercompany Receivables	26,991	23,136
Inventories and Prepays	52,461	54,047
<b>Total Current Assets</b>	<b>879,964</b>	<b>847,759</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	18,455	18,467
Plant & Equipment Fund	542,149	541,377
Women's Hospital Expansion	59,456	45,895
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	17,280	17,476
Workers Compensation Reserve Fund	12,374	13,086
Postretirement Health/Life Reserve Fund	22,028	23,009
PTO Liability Fund	43,192	41,558
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	44,152	41,019
<b>Total Board Designated Assets</b>	<b>971,492</b>	<b>954,294</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>-</b>	<b>-</b>
<b>LONG TERM INVESTMENTS</b>	<b>768,823</b>	<b>753,548</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>1,311</b>	<b>1,279</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>51,400</b>	<b>51,293</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	2,090,164	2,067,886
Less: Accumulated Depreciation	(973,565)	(959,828)
Construction in Progress	235,474	228,708
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,352,073</b>	<b>1,336,766</b>
<b>DEFERRED OUTFLOWS</b>	<b>41,104</b>	<b>41,289</b>
<b>RESTRICTED ASSETS</b>	<b>36,856</b>	<b>50,154</b>
<b>OTHER ASSETS</b>	<b>209,289</b>	<b>204,109</b>
<b>TOTAL ASSETS</b>	<b>4,312,310</b>	<b>4,240,492</b>

## LIABILITIES AND FUND BALANCE

	August 31, 2025	Unaudited June 30, 2025
<b>CURRENT LIABILITIES</b>		
Accounts Payable	62,863	77,103
Salaries and Related Liabilities	59,304	39,837
Accrued PTO	73,401	71,612
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	9,083	8,509
Intercompany Payables	22,640	18,745
Malpractice Reserves	1,713	1,713
Bonds Payable - Current	15,615	15,615
Bond Interest Payable	1,868	5,651
Other Liabilities	20,295	17,992
<b>Total Current Liabilities</b>	<b>269,082</b>	<b>259,076</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	22,028	22,028
Worker's Comp Reserve	12,374	12,374
Other L/T Obligation (Asbestos)	25,668	25,939
Bond Payable	525,781	524,470
<b>Total Long Term Liabilities</b>	<b>585,850</b>	<b>584,811</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>1,786</b>	<b>1,538</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>88,430</b>	<b>84,379</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	3,066,621	3,020,914
Minority Interest	-	-
Board Designated	236,247	225,482
Restricted	64,293	64,292
<b>Total Fund Bal &amp; Capital Accts</b>	<b>3,367,161</b>	<b>3,310,689</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>4,312,310</b>	<b>4,240,492</b>





**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
INVESTMENT COMMITTEE MEETING MEMO**

**To:** El Camino Hospital, Finance Committee  
**From:** Carlos A. Bohorquez, Chief Financial Officer  
**Date:** November 7, 2025  
**Subject:** FY2026 Pacing Plan

**Purpose:**

To provide the Finance Committee (FC) with an update on YTD progress vs. the FY2026 pacing plan.

**Executive Summary – Progress on FY2026 Pacing Plan:**

The agenda for this FC meeting is consistent with the FY2026 pacing plan approved by FC / Board:

- Standing Consent Agenda Items
- Open / Closed Session Minutes
- Physician Contracts
- Period 2 & 3 Financials

**Recommendation:**

- None

**List of Attachments:**

- FY2026 Pacing Plan

**Suggested Finance Committee Discussion Questions:**

- None

FY2026 Finance Committee Pacing Plan													
AGENDA ITEM	Q1			Q2			Q3			Q4			
	JUL	8/25	SEPT	OCT	11/17	DEC	JAN	2/2	3/9	3/23	APR	5/26	JUN
<b>STANDING AGENDA ITEMS</b>													
Standing Consent Agenda Items		✓			✓			✓		✓		✓	
Minutes		✓			✓			✓		✓		✓	
Period Financials Report (Approval)		✓			✓			✓		✓		✓	
Board Actions		✓			✓			✓		✓		✓	
<b>APPROVAL ITEMS</b>													
Candidate Interviews & Recommendation to Appoint (If required to add/replace committee member)													
Financial Report Year-End Results		✓											
Next FY Committee Goals, Dates, Plan										✓		✓	
Next FY Org. Goals												✓	
Next FY Community Benefit Grant Program												✓	
Physician Contracts		✓			✓			✓		✓		✓	
<b>DISCUSSION ITEMS</b>													
Financial Report (Pre-Audit Year-End Results)		✓											
Financial Performance JVs/ Business Affiliates		✓											

FY2026 Finance Committee Pacing Plan													
AGENDA ITEM	Q1			Q2			Q3			Q4			
	JUL	8/25	SEPT	OCT	11/17	DEC	JAN	2/2	3/9	3/23	APR	5/26	JUN
Progress on Opportunities/ Risks										✓			
Medical Staff Development Plan (every 2 years) <i>Completed May 2025</i>													
Impact of Strategic Initiatives/Market Share Update								✓					
Progress Against Committee Goals & Pacing Plan (Quarterly)		✓			✓			✓		✓		✓	
Foundation Strategic Update								✓					
ECHMN Update								✓		✓			
Community Benefit Grant Application Process								✓		✓			
Progress Against 2027 Strategic Plan								✓				✓	
Managed Care Update								✓					
Long-Range Financial Forecast (Joint FC / IC Meeting)									✓				
Next FY Budget and Preliminary Assumptions Review										✓			
Review FY Operational / Capital Budget for Recommendation to Board										✓		✓	
Summary Physician Financial Arrangements										✓			
Post Implementation (as needed)													
Other Updates <sup>1</sup> (as needed)													

1. Includes updates on special projects/joint ventures/real estate, ad-hoc updates



## FY2026 FINANCE COMMITTEE GOALS

**PURPOSE:**

The purpose of the Finance Committee (the “Committee”) is to provide oversight, information sharing, and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital (ECH) Hospital Board of Directors (“Board”). In carrying out its review, advisory, and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

**STAFF:** Carlos Bohorquez, Chief Financial Officer (Executive Sponsor)

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS	STATUS
1. Summary of Physician Financial Agreements	Q3	March 2026	In progress
2. Review Progress on Opportunities / Risks identified by Management for FY2025 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (November 2025), Managed Care update (February 2026)	Completed In progress
3. Review Strategy, Goals and Performance of ECHMN, Joint Ventures / Business Affiliates, Impact of Strategic Initiatives on Market Share and progress on Implementation of 2027 Strategic Plan	Q1	Overview & Financial Performance JVs / Business Affiliates (August 2025)	Completed
	Q3	Progress on 2027 Strategic Plan (February 2026), Foundation – Strategic Update (February 2026)	In progress
	Q3	Impact of Strategic Initiatives – Market Share Update (February 2026), ECHMN (February 2026), Hospital Community Benefits Program (February 2026),	In progress
	Q4	Progress on 2027 Strategic Plan (May 2026)	In progress
4. Fiscal Year End Performance Review	Q1	FYE 2024 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2025)	Completed

**SUBMITTED BY:** Chair: Don Watters | **Executive Sponsor:** Carlos Bohorquez, Chief Financial Officer



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
FINANCE COMMITTEE MEETING MEMO**

**To:** El Camino Hospital, Finance Committee  
**From:** Carlos A. Bohorquez, Chief Financial Officer  
**Date:** November 7, 2025  
**Subject:** Articles of Interest

**Purpose:**

To share with the Finance Committee (FC) relevant article(s) of interest related to current healthcare trends or issues which may impact El Camino Health.

**Articles of Interest:**

- Kaiser Family Foundation; 'KFF Health Tracking Poll: Public Weights Political Consequences of Health Policy Legislation', October 3, 2025.
- Kaiser Family Foundation; 'Annual Family Premiums for Employer Coverage Rise 6% in 2025, Nearing \$27,000, with Workers Paying \$6,850 Toward Premiums Out of the Their Paychecks', October 22, 2025.
- California Medical Association (CMA); 'Big Beautiful Bill' will devastate access to care, CMA warns', July 10, 2025.

**Recommendation:**

- None

**List of Attachments:**

- Article – Kaiser Family Foundation
- Article - Kaiser Family Foundation
- Article – California Medical Association

**Suggested Finance Committee Discussion Questions:**

- None



The independent source for health policy research, polling, and news.

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**TRENDING**

ACA Enhanced Premium Tax Credits

Vaccine Policy and Access

Health Policy 101

Ta

Poll Finding

# KFF Health Tracking Poll: Public Weighs Political Consequences of Health Policy Legislation

**Authors:** [Grace Sparks](#), [Alex Montero](#), [Julian Montalvo III](#), [Mardet Mulugeta](#), [Ashley Kirzinger](#), [Lunna Lopes](#), and [Liz Hamel](#)

**Published:** Oct 3, 2025

**News Release:** [Despite Budget Concerns, Three-Quarters of Public Say Congress Should Extend the Enhanced ACA Tax Credits Set to Expire Next Year, Including Most Republicans and MAGA Supporters](#)

## Findings

## Key Takeaways

As Congress debates federal health care spending as part of spending bill negotiations, including extending the enhanced premium tax credits, the latest KFF



Health Tracking Poll finds three-quarters (78%) of adults say Congress should extend the enhanced tax credits for people who buy their own insurance through the ACA Marketplace. This is more than three times the share of the public (22%) who say Congress should let the credits expire. Notably, majorities across political party want Congress to extend the tax credits including nine in ten (92%) Democrats, eight in ten (82%) independents, and six in ten (59%) Republicans. A majority of Republicans who align with the MAGA movement (57%) also say Congress should extend these subsidies.

Both parties could face political fallout if the enhanced tax credits are not extended, though the public says they will place most of the blame on those currently in charge. About four in ten (39%) adults who want to see the tax credits extended say that if Congress does not extend these enhanced tax credits, President Trump deserves most of the blame, while another four in ten (37%) say the same about Republicans in Congress. About two in ten (22%) say that Democrats in Congress deserve most of the blame. Democrats are most likely to place blame on President Trump (56%) followed by Republicans in Congress (42%), while six in ten Republicans (61%) say they would place the blame on Democrats in Congress. Among those who buy their own coverage (nearly half of whom identify as Republican or Republican-leaning), Republicans in Congress and President Trump receive the majority of the blame (42% and 37%, respectively).

Seven in ten adults who buy their own health insurance say that if the amount they paid for health insurance each month nearly doubled, they could not pay the higher premiums without significantly disrupting their household finances. In addition, four in ten (42%) say they would go without health insurance coverage if the amount they had to pay for health insurance each month nearly doubled. About a third (37%) say they would continue to pay for their current health insurance, while two in ten (22%) would get insurance from another source, like an employer or a spouse's employer.

Majorities across partisanship also report that they would be concerned if they heard about something of the outcomes for both letting the tax credits expire, as well as if Congress extended the tax cuts – granted to a lesser degree. Majorities say

they would be concerned if they heard that health insurance would be unaffordable for many people who buy their own coverage (86%), that 4 million people would lose their health insurance coverage (86%), or if they heard that people who work at small businesses or are self-employed would be directly impacted (85%). On the other side, if Congress does extend these enhanced tax credits, two-thirds of the public (63%) say they would be concerned if they heard that it would require significant federal spending that would be largely paid for by taxpayers.

Three months after the passing of the tax and budget legislation, the bill still remains largely unfavorable among the public overall – lagging far behind both the Affordable Care Act and the ACA Marketplaces in overall popularity. Many are still unsure of how the legislation will impact them personally but four in ten (43%) think it's most likely to hurt them and their families.

## Public Still Largely Unaware That ACA Enhanced Tax Credits Are Expiring, Strong Support for Congress Extending Them

On October 1<sup>st</sup> the U.S. federal government shut down as Congress was unable to pass a stopgap spending bill. As part of the discussions around the federal budget, Democrats are seeking to include the extension of the enhanced premium tax credits (ePTCs) for people who purchase their own health insurance through the ACA Marketplace that are set to expire at the end of the year.

About six in ten adults say they have heard “a little” (30%) or “nothing at all” (31%) about the expiring ACA subsidies, showing widespread lack of information on the cost of coverage for [over 24 million people in the U.S.](#) Four in ten say (39%) they've heard “a lot” or “some” – up from 27% in June of this year. Even among the group whose cost of coverage is expected to double next year – those who purchase their own insurance plans – about six in ten (58%) say they have heard just “a little” or

“nothing at all” about the expiration of tax credits for people who self-purchased insurance.

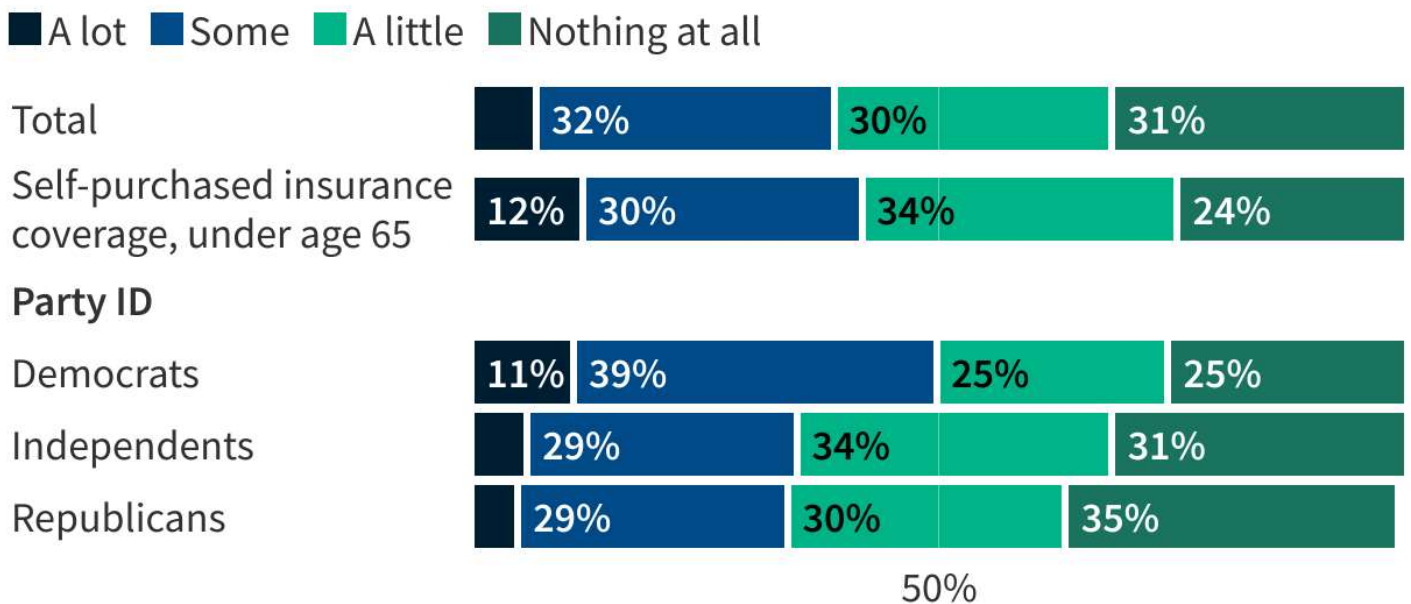
Democrats seem to be more aware of the pending expiration, with about half of Democrats (50%) saying they have heard at least “some” about this, compared to about a third of independents (35%) and Republicans (34%).

Figure 1

## Most Adults Have Heard Little or Nothing About the Enhanced Subsidies for Those Who Purchase Coverage on ACA Marketplaces

As you may know, in 2021 Congress increased the financial help provided through tax credits available to some people with low and moderate incomes who purchase health insurance through the Affordable Care Act marketplace to help them afford their premiums.

How much, if anything, have you read or heard about these subsidies, which are set to expire at the end of 2025?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

Once the public is told that the expiration date for subsidies is looming, about three-quarters (78%) of adults say Congress should *extend* the enhanced tax credits for people who buy their own insurance through the ACA Marketplace, more than three times the share (22%) who say Congress should let the credits *expire*. Over eight in ten (84%) of those who buy their own insurance say that Congress should *extend* the enhanced tax credits.

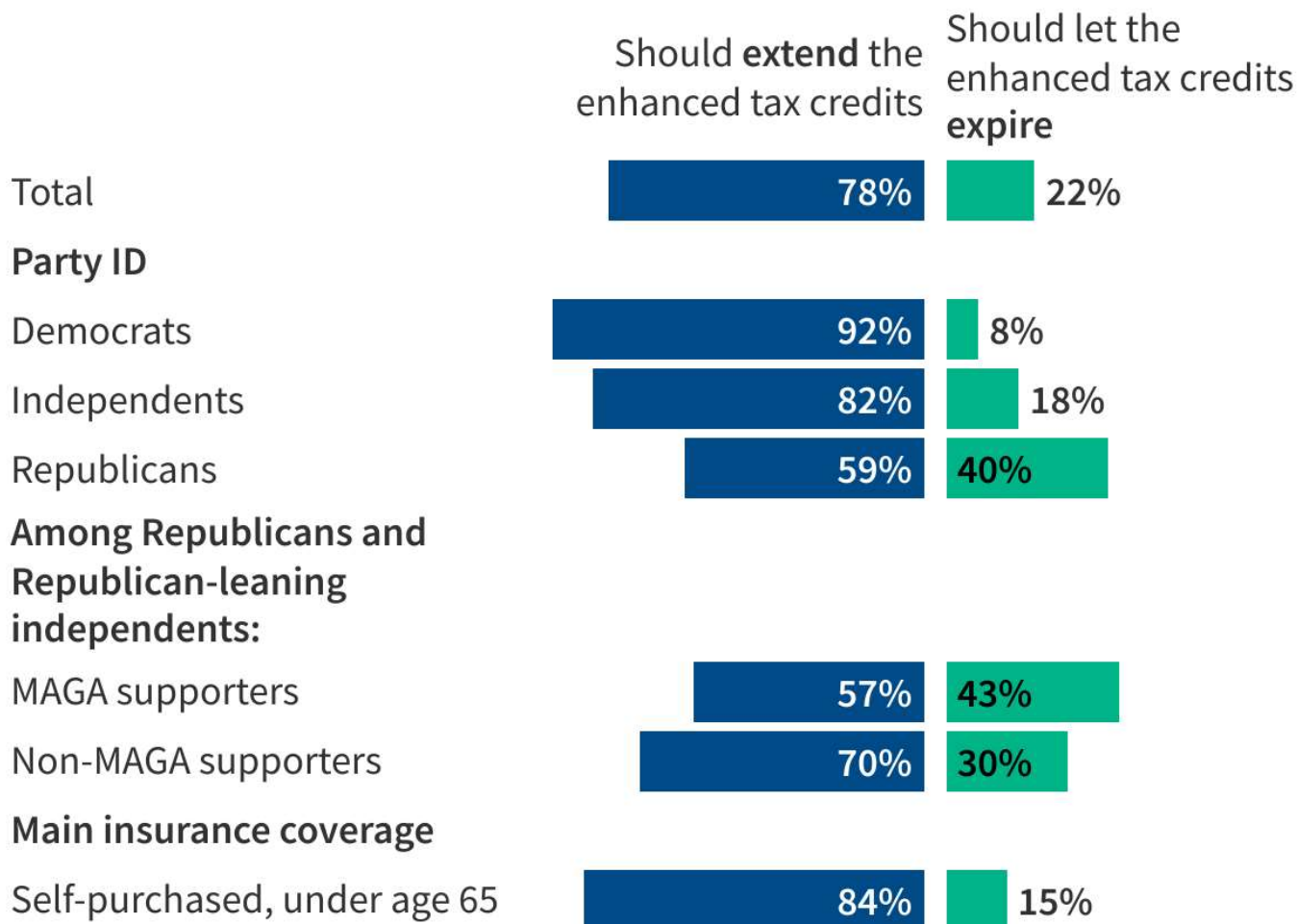
Although Republicans are more likely than Democrats and independents to say that Congress should let the credits *expire*, majorities across political party want Congress to extend the tax credits including nine in ten (92%) Democrats, eight in ten (82%) independents, and six in ten (59%) Republicans, including 57% of Republicans who align with the MAGA movement.

Figure 2

## Three in Four Adults Support Extending Enhanced Tax Credits for ACA Marketplace Coverage, Including Most of Those With Self-Purchased Insurance

As you may know, in 2021 Congress increased the financial help provided through tax credits available to some people who purchase health insurance through the Affordable Care Act marketplace to help them afford their premiums. These enhanced tax credits are set to expire at the end of 2025.

Do you think Congress should extend these enhanced tax credits, or should they let these enhanced tax credits expire?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

[Previous KFF polling](#) has shown that attitudes towards the credits shift slightly after hearing counterarguments both for and against the extension of the credits. This month's poll shows that large majorities of the public, including majorities of Democrats, independents, Republicans, and MAGA supporters are concerned about many of the potential consequences of letting these enhanced tax credits expire. Additionally, majorities of independents and Republicans and about half of Democrats are concerned about the consequences for extending them.

More than eight in ten adults say they would be concerned, including at least half who say they would be "very concerned," if they heard that health insurance would be unaffordable for many people who buy their own coverage (86%), that 4 million people would lose their health insurance coverage (86%), or if they heard that people who work at small businesses or are self-employed would be directly impacted (85%).



Figure 3

## Overwhelming Majorities Would Be Concerned About Impacts of Letting ACA Marketplace Tax Credits Expire

If Congress lets these enhanced tax credits expire, how concerned would you be if you heard each of the following:

■ Very Concerned ■ Somewhat concerned ■ Not too concerned ■ Not at all concerned

Health insurance would be unaffordable for many people who buy their own coverage



About 4 million people would lose their health insurance coverage



Millions of people who work at small businesses or who are self-employed would be directly impacted as many of them rely on the ACA marketplace



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

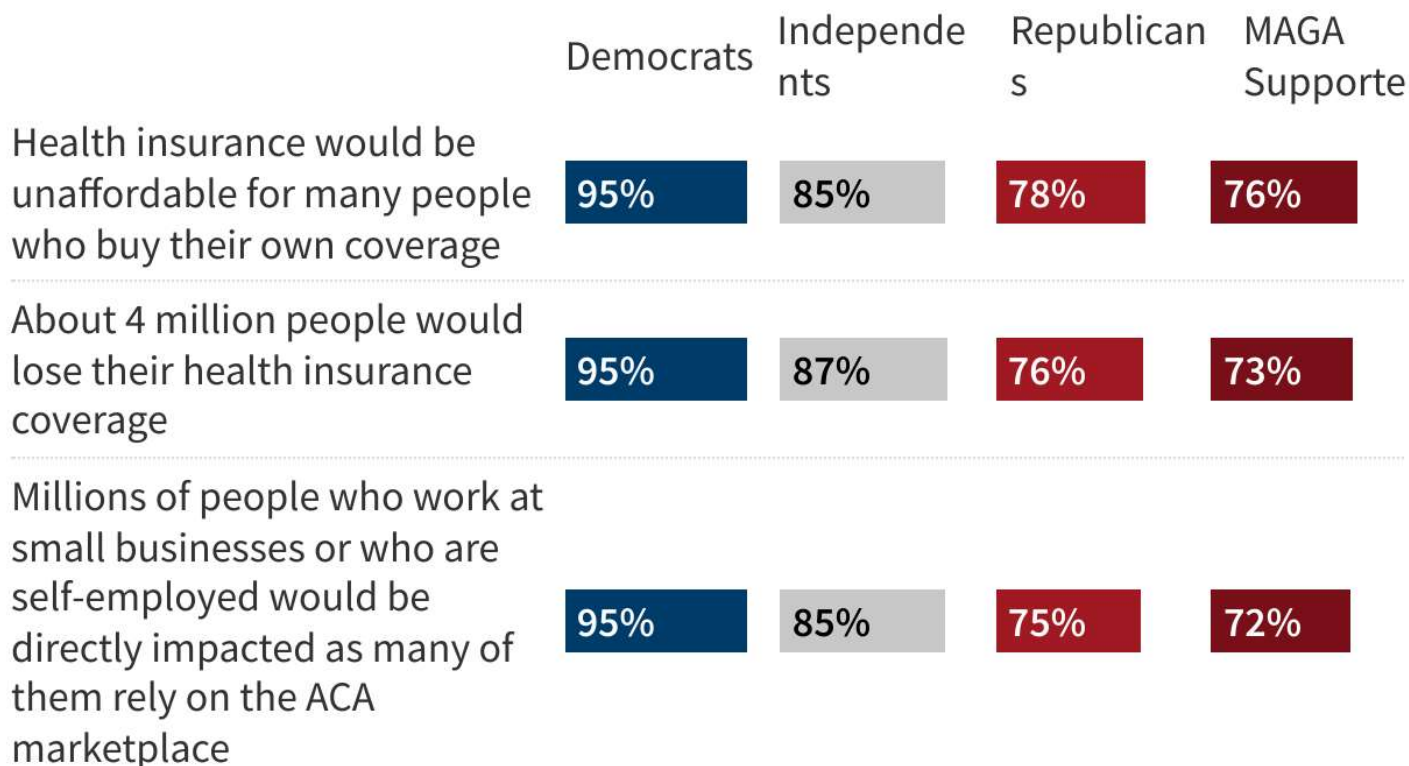
**KFF**

Concern over the possible consequences is high across party lines with large majorities of Democrats and independents saying they would be concerned about each of these potential outcomes, as well as three-quarters of Republicans and MAGA supporters.

Figure 4

## Majorities Across Partisanship Would Be Very or Somewhat Concerned About Impacts of Letting ACA Marketplace Tax Credits Expire

Percent who say that if Congress let the enhanced tax credits expire, they would be **very** or **somewhat** concerned to hear each of the following:



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

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On the other side, if Congress does extend these enhanced tax credits, two-thirds (63%) of the public say they would be concerned if they heard that it would require significant federal spending that would be largely paid for by taxpayers, including a quarter (27%) who would be “very concerned.” This is predictably divided along partisan lines. More than eight in ten (83%) Republicans say they would be concerned about federal spending, but notably so do more than six in ten independents (61%) and nearly half of Democrats (49%). Republicans who support the MAGA movement

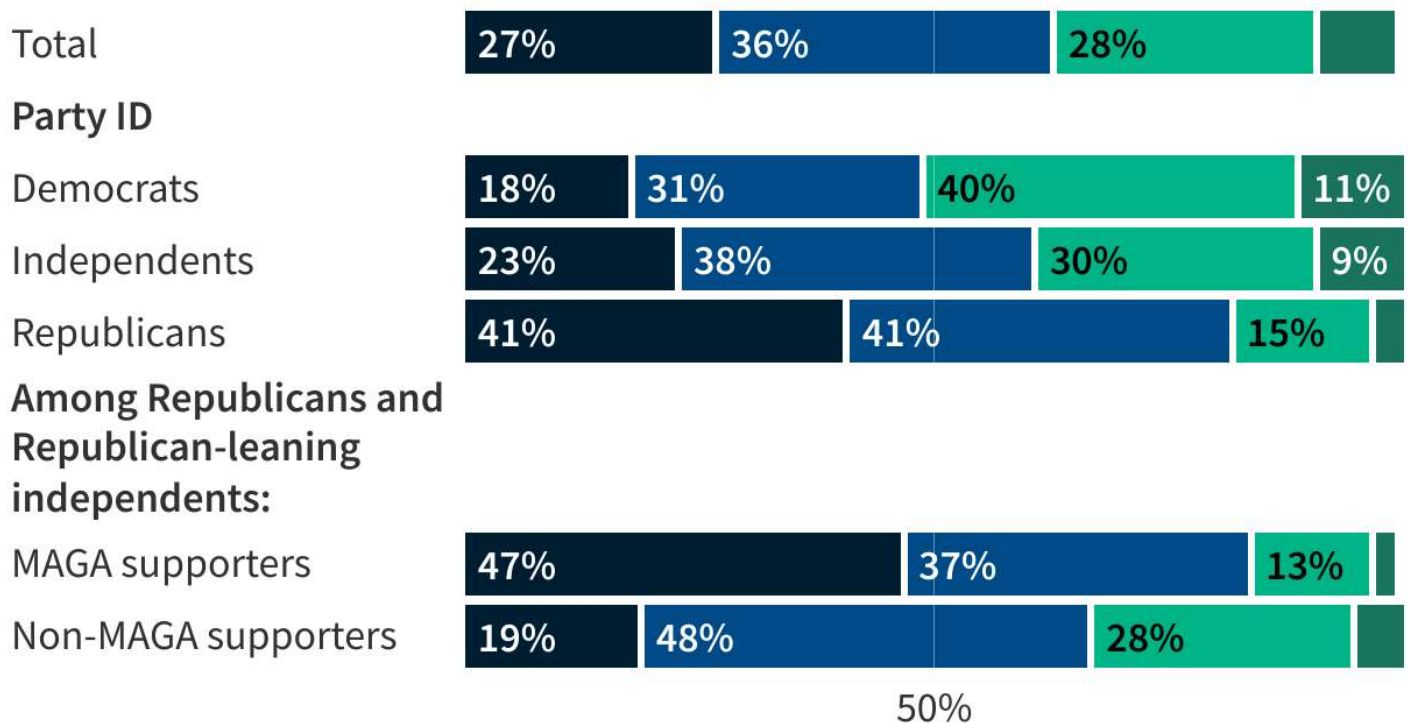
are among the most worried about this issue, with almost half (47%) saying they would be “very concerned.”

Figure 5

## Majorities Express Concern About Federal Spending if ACA Marketplace Tax Credits Are Extended

If Congress **extends** these enhanced tax credits, how concerned would you be if you heard that it would require significant federal spending that would be largely paid for by taxpayers?

Very concerned
  Somewhat concerned
  Not too concerned
  Not at all concerned



Note: See topline for full question wording.  
 Source: KFF Health Tracking Poll (September 23-29, 2025)



The poll finds more people say they would blame President Trump or Republicans in Congress than Democrats if tax credits are not extended. About four in ten (39%) adults who want to see the tax credits extended say that if Congress does not extend

these enhanced tax credits, President Trump deserves most of the blame, while another four in ten (37%) say the same about Republicans in Congress. About two in ten (22%) say that Democrats in Congress deserve most of the blame, driven heavily by Republicans. Six in ten (61%) Republicans who want to see the tax credits extended say they would blame Democrats in Congress, including seven in ten MAGA Republicans, compared to one in six (17%) independents.

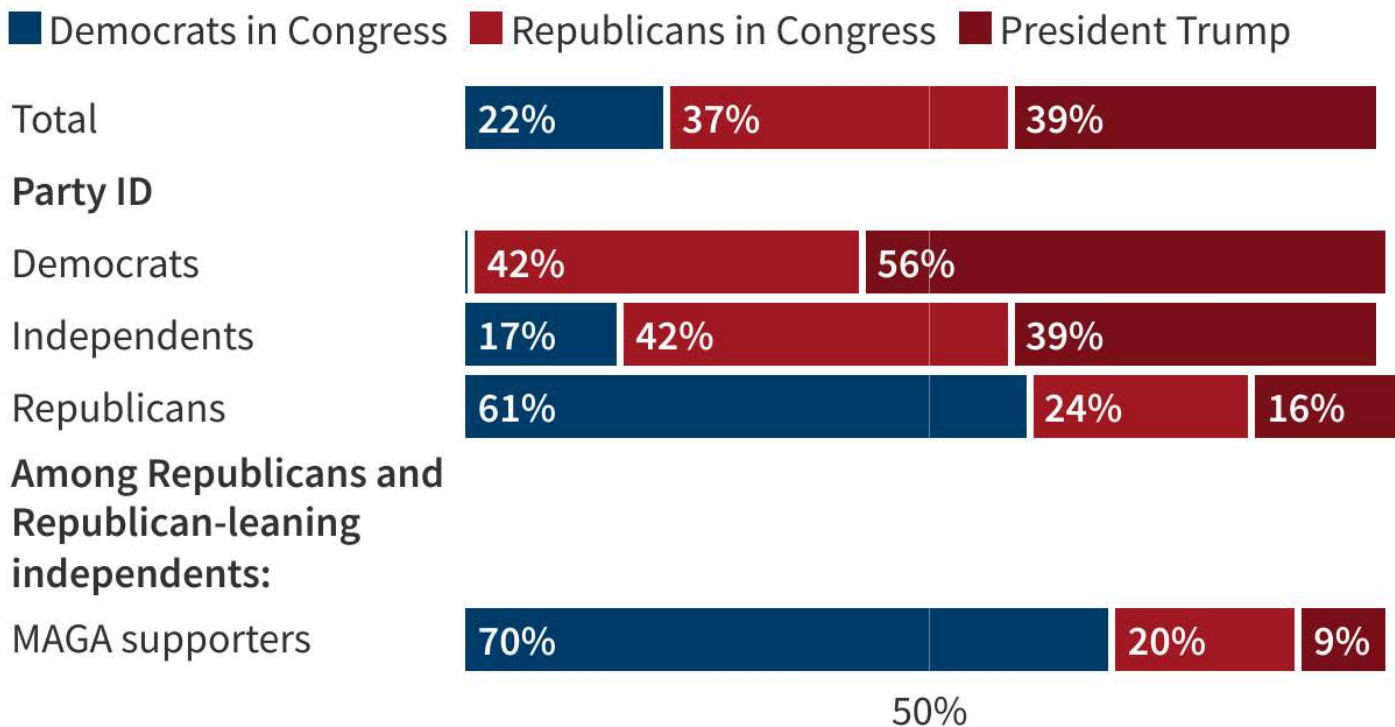
Over half of Democrats (56%) who want to see the tax credits extended say that if they are not extended, President Trump deserves most of the blame, though four in ten (42%) blame Republicans in Congress. Independents are largely split, with about four in ten saying they will blame Republicans in Congress (42%) or President Trump (39%).

Adults who purchased their own insurance, most of whom do so through the ACA Marketplace, are similarly split, with four in ten (42%) placing the blame if Congress does not extend the enhanced tax credits on Republicans in Congress and four in ten (37%) on President Trump. Two in ten (21%) of this group would blame Democrats in Congress if the subsidies expire. Notably, a [previous KFF poll](#) found that nearly half of adults enrolled in ACA Marketplace plans identify as Republican or lean Republican.

Figure 6

## Adults Who Support Expanding Tax Credits Are Split on Who To Blame if They Expire, Though Most Blame Trump or Republicans in Congress

If Congress does not extend these enhanced tax credits, who do you think deserves most of the blame?



Note: Among those who support extending enhanced tax credits. See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)



## Marketplace Enrollees Unsure How to Afford Coverage if Enhanced Tax Credits Expire

Six in ten adults who buy their own health insurance coverage think the cost of their personal health insurance would increase at least “some” if the tax credits are not extended, while about a quarter say they think it will increase “a little” (24%), or that



their costs won't increase at all (15%). [Estimates are that](#) the amount enrollees pay for premiums for ACA Marketplace plans will more than double on average and nearly 4 million people could eventually be uninsured. Notably, more than half of adults with Medicaid (54%) also say they think that if the enhanced tax credits expire the cost of their own coverage will also increase at least "some," as do about four in ten people with Medicare age 65 and older and about half of people with employer-sponsored insurance. It is important to note that the expiration of enhanced tax credits only directly impact people who buy their own coverage on the ACA Marketplace.

Figure 7

## Six in Ten Who Buy Their Own Insurance Say Costs Will Increase by at Least Some if the ACA Marketplace Tax Credits Expire

If these enhanced tax credits expire, do you think the cost of your own health insurance coverage will increase a lot, some, a little, or not at all?

■ A lot ■ Some ■ A little ■ Not at all



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

**KFF**

Among those who have insurance through the ACA Marketplace, seven in ten say that if the amount they paid for health insurance each month nearly doubled, they could not pay the higher premiums without significantly disrupting their household finances. Just three in ten estimate that they could pay the higher premiums.

Figure 8

## Seven in Ten With Self-Purchased Insurance Coverage Could Not Continue To Pay if Their Premiums Doubled, Without Disrupting Household Finances

Thinking about your own coverage, if the amount you pay for health insurance each month nearly doubled, could you afford to pay the higher premiums without significantly disrupting your household finances?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

**KFF**

About four in ten (42%) Marketplace enrollees say they would go without health insurance coverage if the amount they had to pay for health insurance each month nearly doubled. Just over a third (37%) say they would continue to pay for their current health insurance, while about a quarter (22%) would get insurance from another source, like an employer or a spouse's employer.



Figure 9

## Four in Ten With Self-Purchased Insurance Would Go Without Insurance if Their Monthly Costs Doubled

And if the amount you pay for health insurance each month nearly doubled, would you continue to pay for your current health insurance, would you go without health insurance, or would you get insurance from another source like your employer or a spouse's employer?

■ Continue to pay for your current health insurance ■ Go without health insurance ■ Get insurance from another source like your employer or a spouse's employer



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

**KFF**

## Public Views of Major Health Care Legislation

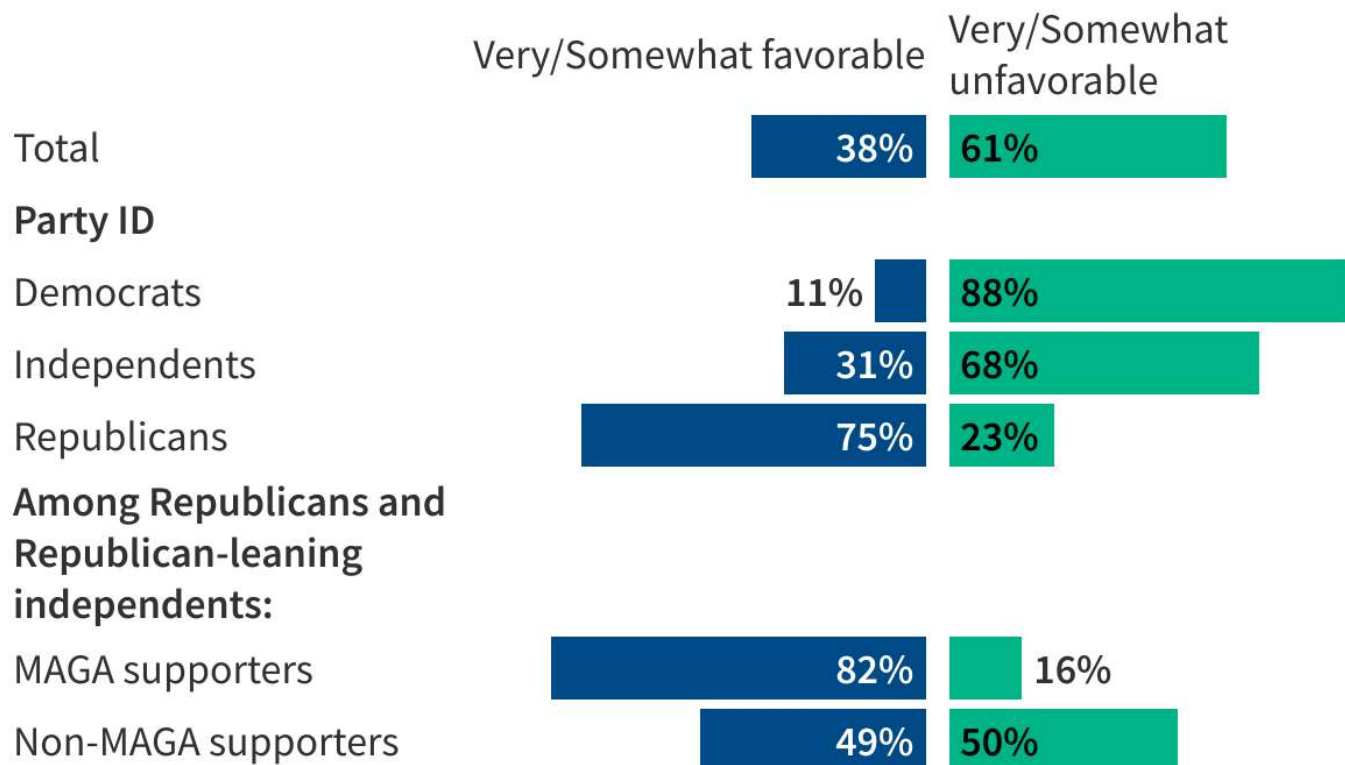
On July 4, 2025, President Trump signed a sweeping legislative package known as the “Big Beautiful Bill,” that included significant changes to the country’s Medicaid program and the Affordable Care Act (ACA) Marketplaces. The package, which passed on a party-line vote, with no Democrats in favor, has been described as the biggest rollback of the country’s health care programs in modern history. Now, as part of federal budget negotiations, Democrats in Congress, are seeking to [minimize](#) some of these health insurance rollbacks. The latest KFF Health Tracking Poll shows both parties are playing to their bases, with Republicans strongly supporting the “Big Beautiful Bill” (BBB) legislation and Democrats largely opposed.

Overall, about four in ten (38%) adults hold favorable views of the tax and budget legislation passed earlier this year, including three-quarters of Republicans (75%) and eight in ten (82%) Republicans or Republican-leaning independents who support the MAGA movement. Democrats and independents, on the other hand, largely hold unfavorable views of the legislation, including nearly nine in ten (88%) Democrats and two-thirds (68%) of independents who say they view the law unfavorably.

Figure 10

## Most Republicans and MAGA Supporters View BBB Favorably, While Large Majorities of Democrats and Independents Hold Unfavorable Views

In general, do you have a favorable or unfavorable opinion of the tax and budget bill, also known as the “big beautiful bill,” signed into law earlier this year?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

The share of the public who say they have a favorable opinion of the tax and budget legislation has stayed relatively stable, at close to four in ten (38%), similar to 36% in July and 35% in June.

Overall favorability of the 2010 health care law known as the Affordable Care Act (ACA) continues to be at historically high levels, with about two-thirds (64%) of the public viewing the law positively. This is largely driven by Democrats and independents, with over nine in ten (94%) Democrats and two-thirds (64%) of independents viewing the law favorably, while two-thirds (64%) of Republicans have an unfavorable view. Click [here](#) to explore more than ten years of polling on the ACA.

## Majorities Across Partisans View ACA Marketplaces Favorably

The ACA Marketplaces where people and small businesses can shop for health insurance are even more popular than the ACA itself, with seven in ten (70%) adults having a favorable view. The ACA Marketplaces have consistently been a [more popular provision of the ACA](#), even before Congress passed the American Rescue Plan Act (ARPA) in 2021, which provided temporarily enhanced tax credits to adults who purchased their own health insurance through the Marketplaces. Though views of the ACA Marketplace are divided by partisanship, majorities across party lines view the ACA Marketplace positively, with eight in ten (84%) Democrats, seven in ten (69%) independents, and six in ten (59%) Republicans holding a favorable view. This also includes MAGA Republicans and Republican-leaning independents, among whom over half (56%) hold a favorable opinion of the Marketplace.

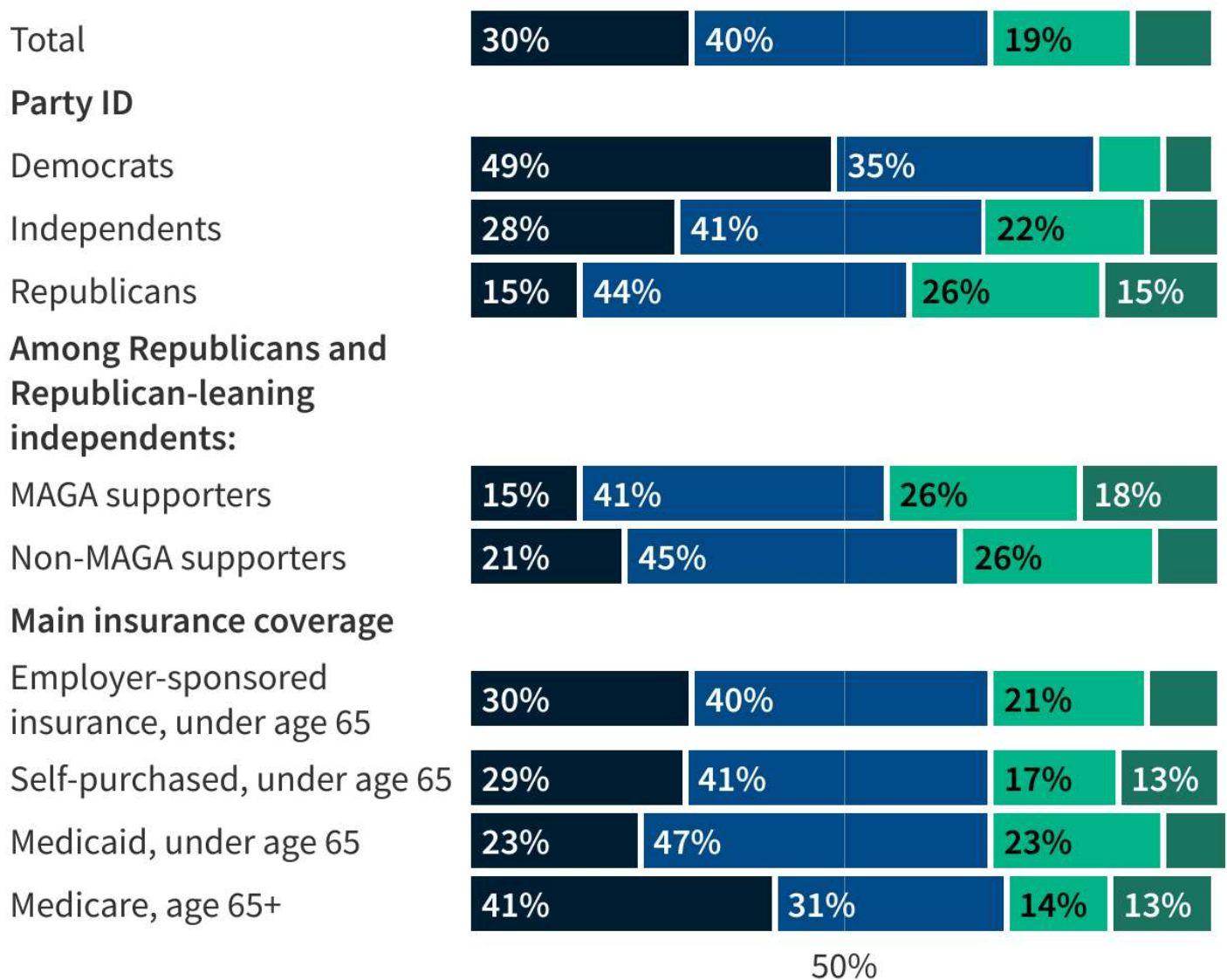
Among those who purchase their health care plan themselves, many of whom bought through the ACA Marketplace, seven in ten have a favorable opinion of the ACA health insurance exchanges or Marketplaces.

Figure 11

## Majorities Across Demographics View the ACA Marketplaces Favorably

In general, do you have a favorable or unfavorable opinion of the Affordable Care Act health insurance exchanges or marketplaces where small businesses and people who don't get coverage through their employers can shop for insurance and compare prices and benefits ?

Very favorable
  Somewhat favorable
  Somewhat unfavorable
  Very unfavorable



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

## Many Still Unsure How the “Big Beautiful Bill” Will Impact Them

Three months after the passing of President Trump’s major legislative achievement, the “Big Beautiful Bill,” most people remain unaware of how the effects of the tax and budget legislation will impact them. Six in ten adults say they do not have enough information as to how the legislation will impact them personally, while four in ten report that they do have enough information.

Democrats (50%) are more likely than Republicans (36%) and independents (37%) to say they have enough information about how the BBB will impact them personally. About four in ten (41%) Republicans and Republican-leaning independents who identify with the MAGA movement say they have enough information about the impact of the legislation, though majorities (59%) still do not.

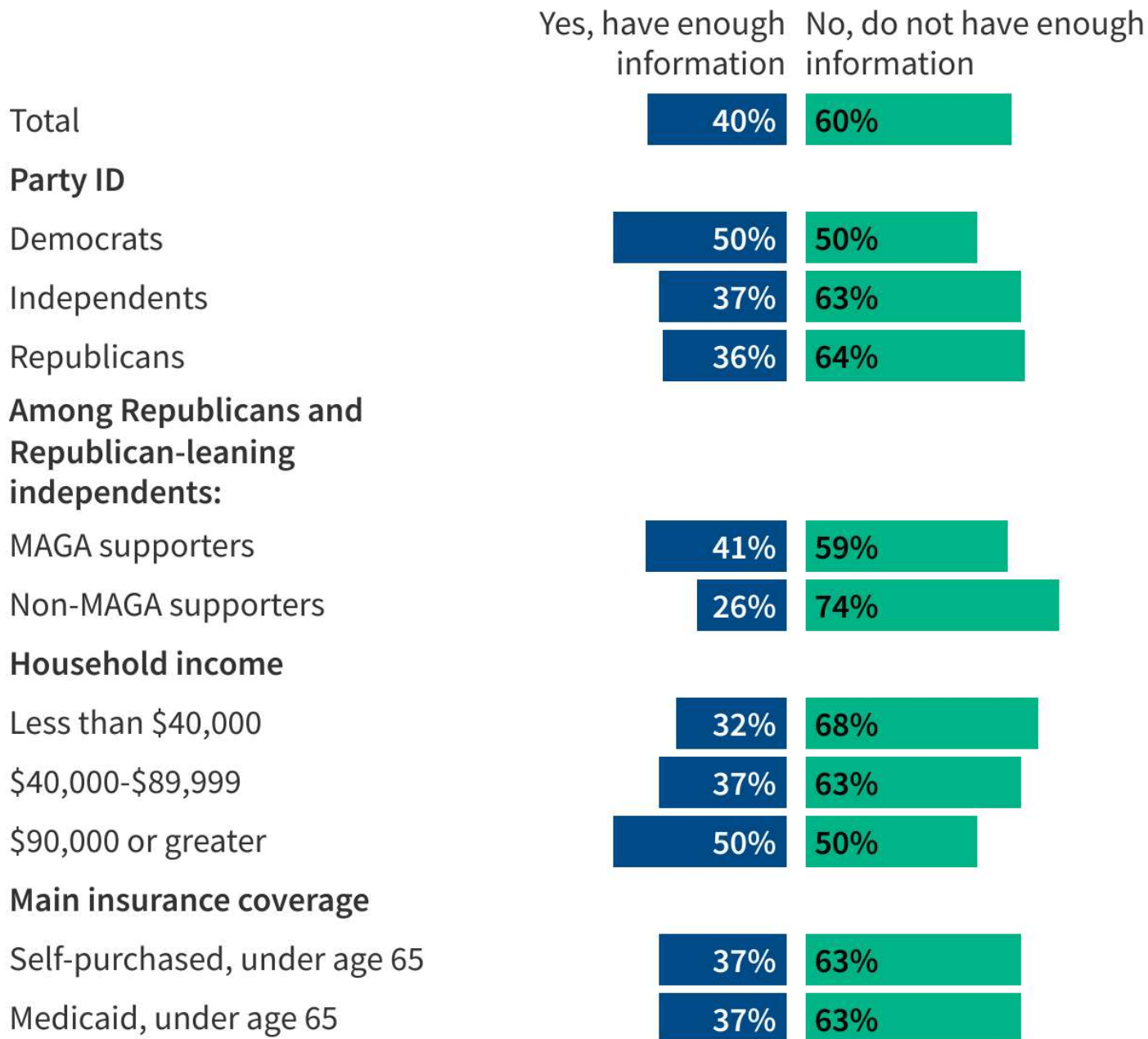
The BBB legislation has made changes to the ACA Marketplaces including limiting some eligibility and shortening the open enrollment period. Among those who purchase their own health insurance, two-thirds (63%) say they do **not** have enough information about how the legislation will impact them.



Figure 12

## At Least Half Across Demographics Say They Do Not Have Enough Information on Personal Impact of the “Big Beautiful Bill”

Do you feel you have enough information about the recent tax and budget legislation, also known as the “big beautiful bill,” to understand how it will impact you personally, or not?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

While many say they don't have enough information about how the tax and budget legislation will affect them, partisanship once again plays a major role in public perception of the law's impact. About four in ten (43%) say the recent legislation will generally hurt them and their families, which is twice the share who say the legislation will generally help them. More than a third of the public (36%) say the law won't make a difference to them and their families.

Two-thirds (68%) of Democrats say the tax and budget legislation will generally hurt them and their families, as do about half (48%) of independents. Republicans are split between thinking the law will help them and thinking it won't make a difference, with similar shares saying the law will help them and their families (43%) and saying they don't think the law will make a difference for them (46%). Nearly half of Republicans and leaners who support the MAGA movement say the law will help them (48%) while four in ten say it won't make a difference for them. Very few MAGA supporters (11%) say the law will hurt them.

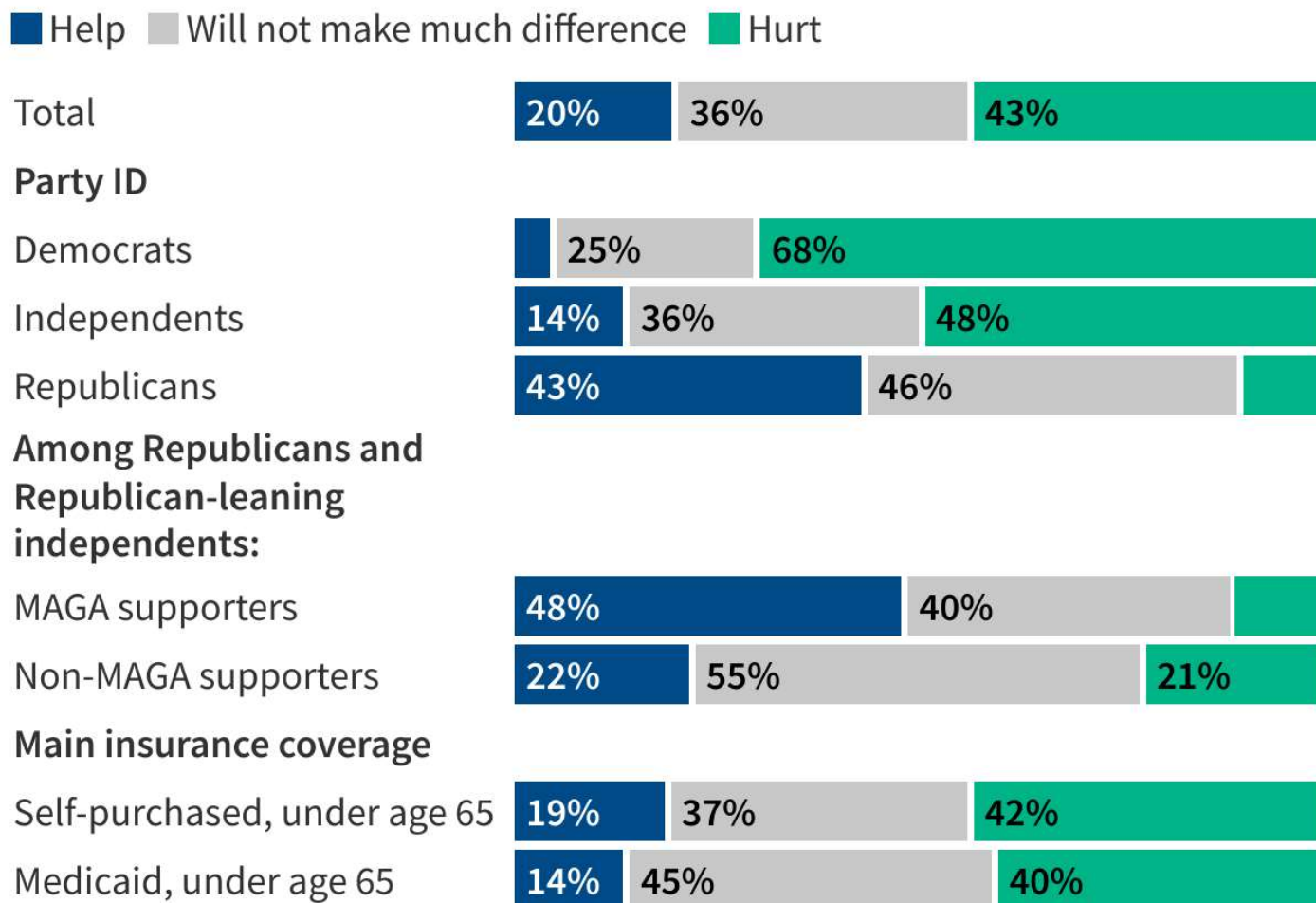
Among those who purchase their own insurance, many through the ACA Marketplace, four in ten (42%) expect the legislation will generally hurt them and their family, while similar share (37%) expects it to not make much of a difference and just one in five (19%) say it will help.



Figure 13

## About Four in Ten Say the Recent Tax and Budget Legislation Will Hurt Them, Driven Largely By Democrats

Based on what you know about the recent tax and budget legislation, do you think that it will generally help, hurt, or not make much difference for you and your family?



Note: See topline for full question wording.

Source: KFF Health Tracking Poll (September 23-29, 2025)

**KFF**

## Methodology

This *KFF Health Tracking Poll* was designed and analyzed by public opinion researchers at KFF. The survey was conducted September 23-29, 2025, online and by telephone among a nationally representative sample of 1,334 U.S. adults in English

( $n=1,255$ ) and in Spanish ( $n=79$ ). The sample includes 1,026 adults ( $n=64$  in Spanish) reached through the [SSRS Opinion Panel](#) either online ( $n=1,004$ ) or over the phone ( $n=22$ ). The SSRS Opinion Panel is a nationally representative probability-based panel where panel members are recruited randomly in one of two ways: (a) Through invitations mailed to respondents randomly sampled from an Address-Based Sample (ABS) provided by Marketing Systems Groups (MSG) through the U.S. Postal Service's Computerized Delivery Sequence (CDS); (b) from a dual-frame random digit dial (RDD) sample provided by MSG. For the online panel component, invitations were sent to panel members by email followed by up to three reminder emails.

Another 308 ( $n=15$  in Spanish) adults were reached through random digit dial telephone sample of prepaid cell phone numbers obtained through MSG. Phone numbers used for the prepaid cell phone component were randomly generated from a cell phone sampling frame with disproportionate stratification aimed at reaching Hispanic and non-Hispanic Black respondents. Stratification was based on incidence of the race/ethnicity groups within each frame. Among this prepaid cell phone component, 141 were interviewed by phone and 167 were invited to the web survey via short message service (SMS).

Respondents in the prepaid cell phone sample who were interviewed by phone received a \$15 incentive via a check received by mail. Respondents in the prepaid cell phone sample reached via SMS received a \$10 electronic gift card incentive. SSRS Opinion Panel respondents received a \$5 electronic gift card incentive (some harder-to-reach groups received a \$10 electronic gift card). In order to ensure data quality, cases were removed if they failed two or more quality checks: (1) attention check questions in the online version of the questionnaire, (2) had over 30% item non-response, or (3) had a length less than one quarter of the mean length by mode. Based on this criterion, no cases were removed.

The combined cell phone and panel samples were weighted to match the sample's demographics to the national U.S. adult population using data from the Census Bureau's 2024 Current Population Survey (CPS), September 2023 Volunteering and Civic Life Supplement data from the CPS, and the 2025 KFF Benchmarking Survey

with ABS and prepaid cell phone samples. The demographic variables included in weighting for the general population sample are gender, age, education, race/ethnicity, region, civic engagement, frequency of internet use, and political party identification. The weights account for differences in the probability of selection for each sample type (prepaid cell phone and panel). This includes adjustment for the sample design and geographic stratification of the cell phone sample, within household probability of selection, and the design of the panel-recruitment procedure.

The margin of sampling error including the design effect for the full sample is plus or minus 3 percentage points. Numbers of respondents and margins of sampling error for key subgroups are shown in the table below. For results based on other subgroups, the margin of sampling error may be higher. Sample sizes and margins of sampling error for other subgroups are available on request. Sampling error is only one of many potential sources of error and there may be other unmeasured error in this or any other public opinion poll. KFF public opinion and survey research is a charter member of the [Transparency Initiative](#) of the American Association for Public Opinion Research.

<b>Group</b>	<b>N (unweighted)</b>	<b>M.O.S.E.</b>
Total	1,334	± 3 percentage points
<b>Party ID</b>		
Democrats	418	± 6 percentage points
Independents	455	± 6 percentage points
Republicans	385	± 6 percentage points
MAGA Republicans	374	± 6 percentage points

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# Annual Family Premiums for Employer Coverage Rise 6% in 2025, Nearing \$27,000, with Workers Paying \$6,850 Toward Premiums Out of Their Paychecks

**More of the Largest Firms Cover GLP-1s for Weight Loss, and Use Is Higher Than Expected; Some May Be Limiting Coverage**

**Published:** Oct 22, 2025

Family premiums for employer-sponsored health insurance reached an average of \$26,993 this year, [KFF's annual benchmark health benefits survey](#) of large and smaller employers finds. On average, workers contribute \$6,850 annually to the cost of family coverage, with employers paying the rest.

Family premiums are up 6%, or \$1,408, from last year, similar to the 7% increase recorded in each of the previous two years. This year's increase compares to general inflation of 2.7% and wage growth of 4% over the same period.

Over the past five years, the cumulative increase in family premiums (26%) and in what workers pay toward family premiums (23%) is similar to inflation (23.5%) and wage growth (28.6%).

Many employers may be bracing for higher costs next year, with insurers requesting double-digit increases in the small-group and individual markets on average, possibly foreshadowing big increases in the large-group markets as well. Employers continue to single out drug prices as a factor contributing to higher premiums in recent years.

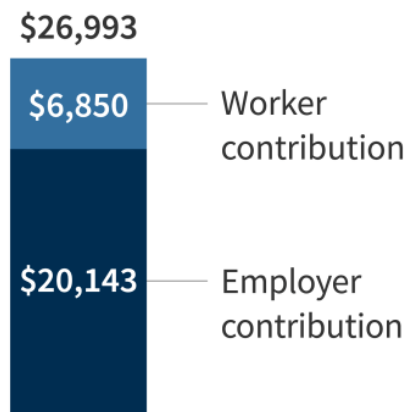
Among large firms (at least 200 workers), who are more likely to know details of their health insurance costs, more than a third (36%) say prescription drug prices contributed "a great deal" to higher premiums in recent years. Significant shares say the same about coverage for new prescription drugs (22%) as well as the prevalence of chronic disease (30%), higher utilization of services (26%), and hospital prices (22%).

**KFF** The independent source for health policy research, polling, and news.

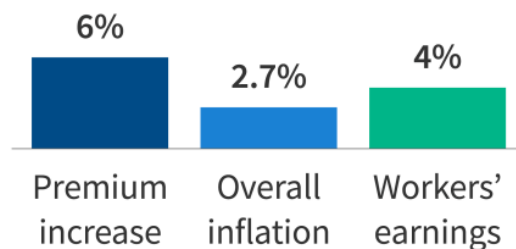
“There is a quiet alarm bell going off. With GLP-1s, increases in hospital prices, tariffs and other factors, we expect employer premiums to rise more sharply next year,” KFF President and CEO Drew Altman said. “Employers have nothing new in their arsenal that can address most of the drivers of their cost increases, and that could well result in an increase in deductibles and other forms of employee cost sharing again, a strategy that neither employers nor employees like but companies resort to in a pinch to hold down premium increases.”

**Family Premiums for Employer Coverage Rise 6% in 2025**

Average total premiums for family employer coverage in 2025



Increase in premiums, inflation and workers' wages since 2024



2025 EMPLOYER HEALTH BENEFITS SURVEY

About 154 million Americans under age 65 rely on employer-sponsored coverage, and the 27th annual survey of more than 1,800 employers with at least 10 workers provides a detailed picture of the trends affecting it.

In addition to the [full report and summary of findings](#) released today, *Health Affairs* is publishing an [article with select findings online](#). The article will also appear in its November issue. And a [new column from KFF's Drew Altman](#) discusses the limitations employers face trying to control health care costs and why more sharply rising premiums expected next year could lead to a new wave of rising deductibles.

**Biggest Employers Add GLP-1 Coverage for Weight Loss, But Fret about Their Costs**

About one in five (19%) of large firms offering health benefits say they cover costly GLP-1 drugs such as Wegovy for weight loss in 2025. A majority (57%) say they do not cover such drugs for weight loss, while about a quarter (24%) are unsure if their largest plan cover them.

## **KFF** The independent source for health policy research, polling, and news.

Among the biggest firms (those with at least 5,000 workers), 43% now say they cover GLP-1 drugs for weight loss in their largest plan, up from 28% in 2024.

Many employers condition their coverage of these medications, and some require that enrollees take additional steps to address their weight. For example, about a third (34%) of large firms offering these drugs for weight loss require that enrollees meet with a dietician, therapist or other professional, or participate in a lifestyle program, for the drugs to be covered.

Even with such restrictions, the high cost of these drugs worries many employers. Most (59%) of the biggest employers (at least 5,000 workers) offering the drugs for weight loss say their cost has exceeded expectations, and two-thirds (66%) say that they had a “significant” impact on their health plan’s prescription drug spending.

Such factors could lead some employers to reduce or eliminate coverage or add additional restrictions. And while most large employers (44%) say covering GLP-1 drugs is either important or very important to their employees, just 1% of those not already offering coverage say they are “very likely” to do so next year.

A [companion report for the Peterson-KFF Health System Tracker](#) based on focus-group conversations highlights how the high costs of covering GLP-1 drugs is leading some employers to change how they cover the drugs, such as tightening utilization controls. Some employers report restricting coverage for enrollees with diabetes.

“Large employers know these new high-priced weight-loss drugs are an important benefit for their workers, but their costs often exceed their expectations,” KFF Senior Vice President and study author Gary Claxton said. “It’s not a surprise that some are rethinking access to the drugs for weight loss.”

### **More Workers Are in HSA-Qualified Plans as Average Deductible Reaches \$1,886**

The survey finds nearly three in 10 covered workers (29%) are now enrolled in high-deductible health plans that could be used with a tax-preferred Health Savings Account.

Among workers who face an annual deductible for single coverage, the average this year stands at \$1,886, which compares to \$1,773 last year. Deductibles are up 17% since 2020 when the average was \$1,617.

On average, workers with a deductible at small firms (under 200 workers) face much larger deductibles than workers at larger firms (\$2,631 vs. \$1,670). More than half (53%) of covered workers at small firms now face a deductible of at least \$2,000, and more than a third (36%) face an average single deductible of at least \$3,000.



**KFF** The independent source for health policy research, polling, and news.

In 2025, nearly three-quarters (72%) face an out-of-pocket maximum of more than \$3,000 for single coverage, including one in five (21%) who face an out-of-pocket maximum of more than \$6,000.

**Coverage for Part-Time and Low-Wage Workers Lags; Medicaid Can Fill Gaps**

The survey also highlights some challenges facing part-time and low-wage workers in obtaining health coverage.

Part-time workers generally are not eligible for their employer's health benefits, with only 27% of large firms and 18% of small firms offering coverage to part-time workers.

A much smaller share of workers is covered by their employer's health benefits at firms with many low-wage workers (43%) than at firms with few low-wage workers (64%). One third (34%) of small employers that do not offer health benefits say that Medicaid is a "very important" source of coverage for their workers, and another one in five (22%) say Medicaid is "somewhat important."

The survey also finds that Individual Coverage Health Reimbursement Arrangements (ICHRA) — a much-hyped option to help workers purchase coverage through the Affordable Care Act (ACA) Marketplaces or elsewhere on the individual market — have not taken off.

Among small firms that don't offer health benefits, 9% report offering funds to at least one worker to purchase their own coverage, similar to the share who said so last year (11%). Among the rest of non-offering small firms, just 2% say they were "very likely" to offer such assistance to any workers in the next two years. A [companion report for the Peterson-KFF Health System Tracker](#) highlights employers' experience with ICHRA and how this nascent market is taking shape.



## ‘Big Beautiful Bill’ will devastate access to care, CMA warns

July 10, 2025

**What you need to know:** Despite strong opposition from physicians and health advocates, Congress passed H.R. 1, the “One Big Beautiful Bill Act,” enacting deep cuts to Medicaid, rolling back ACA coverage and threatening California’s health care safety net. CMA is sounding the alarm about the catastrophic impact this law will have on access to care.

Despite strong and sustained opposition from the California Medical Association (CMA), the medical community, and patient advocates, Congress passed HR 1, the “One Big Beautiful Bill Act.” Signed into law on July 4, 2025, the bill enacts more than \$1 trillion in federal health care cuts and jeopardizes coverage for millions of Californians.

“This law will do irreparable harm to the health of our nation,” said CMA President Shannon Udovic-Constant, M.D., in a [statement following final passage](#). “It strips coverage from millions, guts provider funding, and makes it harder for patients to access care – particularly in our most vulnerable communities.”

A direct attack on California’s health care system:

- **Massive coverage losses:** An estimated 2.5 million Medi-Cal enrollees and up to 2.6 million Covered California participants will lose coverage.
- **Making health care less affordable:** The bill imposes new \$35 copays per service on the Medicaid expansion population starting in 2028, a barrier to care for low-income patients. By allowing the ACA premium tax credits to expire, nearly 2 million face premium hikes of up to 66%, making coverage unaffordable for many.
- **Devastating provider tax cuts and payment caps:** The bill slashes as much as \$128 billion from California’s health care system over 10 years by cutting provider taxes and capping state-directed payments. These cuts are expected to reduce hospital and physician payment rates and force service reductions or closures.
- **Uncompensated care surge:** With fewer patients insured, California’s hospitals and physicians are expected to face \$9.5 billion in new uncompensated care costs over the next decade.



- **Economic consequences:** Health system contractions are projected to eliminate 217,000 California health care jobs, reduce economic output by \$37 billion, and cut \$1.7 billion from state and local tax revenues.
- **Burdensome requirements:** The law imposes 80-hour monthly work, school, or community service requirements on many adult Medicaid enrollees, with complex paperwork and reporting. This administrative red tape could cause more than 4.8 million otherwise eligible adults to lose coverage nationwide.
- **Planned Parenthood defunding:** One-year Medicaid defunding of Planned Parenthood will strip \$305 million from California and threaten more than 80% of the state's 1.2 million annual patient visits to Planned Parenthood clinics.
- **Student loan cuts:** The bill also imposes multiple cuts on student loan programs, including capping medical school government borrowing at \$200,000, which will create barriers for those wanting to attend medical school and exacerbate existing physician workforce shortages. (The provision that eliminated Public Service Loan Forgiveness for hours worked during a medical residency or internship was removed.)

Although the law includes a temporary **2.5% Medicare physician payment increase in 2026**, CMA warns that it does not address the structural underfunding of physician services and is dwarfed by the broader damage to health care access. The bill also triggers an additional 2% Medicare sequestration cut starting in 2026.

CMA will not back down. We will continue fighting to reverse the damage of this law and to protect access to care for all Californians. Our health care system – and the patients and communities it serves – cannot withstand these kinds of short-sighted, catastrophic attacks. CMA thanks the physician advocates across the state whose powerful voices helped lead this fight. We look forward to working together in the months ahead to mitigate the harm of this law and continue advancing equitable, patient-centered health care in California.



## EL CAMINO HOSPITAL BOARD OF DIRECTORS FINANCE COMMITTEE MEETING MEMO

**To:** El Camino Hospital, Finance Committee  
**From:** Carlos A. Bohorquez, Chief Financial Officer  
**Date:** November 7, 2025  
**Subject:** Financials: FY2026 - Period 3 (September 2025) & YTD FY2026 (as of 09/30/2025)

### Purpose:

To provide the Finance Committee an overview of financial results for Period 3 (September 2025) and YTD FY2026 and approve financials.

### Executive Summary – Period 3 (September 2025):

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 295 which is 22 / 7.1% unfavorable to budget and 20 / 6.4% lower than the same period last year.
- **Adjusted Discharges:** 3,764 which are 90 / 2.4% favorable to budget and 153 / 4.2% higher than the same period last year.
- **Emergency Room Visits:** 6,953 which are 537 / 8.4% favorable to budget and 467 / 7.2% lower than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 13,989 which are 1,480 / 11.8% favorable to budget and 2,067 / 17.3% higher than the same period last fiscal year.

Financial performance for Period 3 was favorable to budget and consistent with the same period last fiscal year.

<b>Total Operating Revenue (\$):</b>	\$149.1M is favorable to budget by \$0.3M / 0.2% and \$13.2M / 9.7% higher than the same period last fiscal year.
<b>Operating EBIDA (\$):</b>	\$28.6M is favorable to budget by \$7.7M / 36.5% and \$10.8M / 60.7% higher than the same period last fiscal year.
<b>Net Income (\$):</b>	\$53.9M is favorable to budget by \$36.2M / 204.7% and \$20.1M / 59.2% higher than the same period last year.
<b>Operating Margin (%):</b>	13.1% (actual) vs. 8.2% (budget)
<b>Operating EBIDA Margin (%):</b>	19.2% (actual) vs. 14.1% (budget)
<b>Net Days in A/R (days):</b>	55.5 days are unfavorable to budget by 1.5 days / 2.7% and 1.2 days / 2.2% higher than the same period last year. Unfavorable days in A/R is attributed to a claims hold a large payor.

FY2026 – Period 3 (September 2025) & YTD FY2026 Financial Results  
November 7, 2025

**YTD FY2026 (as of 09/30/2025):**

Patient activity / volumes remain consistent across the enterprise.

- **Average Daily Census:** 297 which is 4 / 1.3% unfavorable to budget and 2 / 0.5% lower than the same period last year.
- **Adjusted Discharges:** 11,651 which are 505 / 4.5% favorable to budget and 794 / 7.3% higher than the same period last year.
- **Emergency Room Visits:** 20,814 which are 1,063 / 5.4% favorable to budget and 1,300 / 6.7% higher than the same period last fiscal year.
- **Outpatient Visits / Procedures:** 42,383 which are 3,802 / 9.9% favorable to budget and 5,572 / 15.1% higher than the same period last fiscal year.

YTD FY2026 financial performance is favorable to budget and better versus the same period last fiscal year. Stable financial results are attributed to strong procedural & outpatient volumes, significant reductions in premium pay / contract labor, and revenue improvement initiatives.

<b>Total Operating Revenue (\$):</b>	\$445.8M is unfavorable to budget by \$0.4M / 0.1%, but \$36.8M / 9.0% higher than the same period last fiscal year.
<b>Operating EBIDA (\$):</b>	\$69.1M is favorable to budget by \$7.0M / 11.3% and \$12.6M / 22.3% higher than the same period last fiscal year.
<b>Net Income (\$):</b>	\$104.0M is favorable to budget by \$53.7M / 107.0% and \$1.9M / 1.8% higher than the same period last fiscal year. Favorable net income is attributed to unrealized gains on investment portfolio.
<b>Operating Margin (%):</b>	9.8% (actual) vs. 8.0% (budget)
<b>Operating EBIDA Margin (%):</b>	15.5% (actual) vs. 13.9% (budget)

**Recommendation:**

Recommend Finance Committee approve Period 3 & YTD FY2026 financials.

**List of Attachments:**

- Presentation: Period 3 & YTD FY2026 financials.

**Suggested Finance Committee Discussion Questions:**

- None



## Summary of Financial Operations

*Fiscal Year 2026 – Period 3  
7/1/2025 to 09/30/2025*

# Executive Summary - Overall Commentary for Period 3

## • Results for Period 3:

- Net Patient Revenue was favorable to budget by \$3.3M / 2.3%
- Operating EBIDA Margin was favorable to budget by \$7.7M / 36.5%
- Gross revenue was favorable to budget by \$46.5M / 7.3%
  - Driven by:
    - Inpatient Charges: \$13.4M / 4.2% unfavorable to budget
    - Outpatient Charges: \$57.6M / 19.3% favorable to budget
    - Professional Charges: \$2.4M / 9.0% favorable to budget
- Cost Management
  - When adjusted for volume, overall operating expense is 29.5% lower than budget
- Gross charges were favorable to budget by \$46.5M / 7.3% and \$97.7M / 16.6% higher than the same period last year
- Net patient revenue was favorable to budget by \$3.3M / 2.3% and \$16.5M / 12.7% higher than the same period last year
- Operating margin was favorable to budget by \$7.7M / 63.3% and \$10.4M / 110.2% higher than the same period last year
- Operating EBIDA was favorable to budget by \$7.7M / 36.5% and \$10.8M / 60.7% higher than the same period last year
- Net income was favorable to budget by \$36.2M / 204.7% and \$20.1M / 59.2% higher than same period last year



# Operational / Financial Results: Period 3 - September 2025 (as of 09/30/2025)

(\$ thousands)

	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY % Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians	
<b>Activity / Volume</b>	ADC	295	317	(22)	(7.1%)	315	(20)	(6.4%)	---	---	---	---
	Adjusted Discharges	3,764	3,674	90	2.4%	3,610	153	4.2%	---	---	---	---
	OP Visits / OP Procedural Cases	13,989	12,509	1,480	11.8%	11,922	2,067	17.3%	---	---	---	---
	Percent Government (%)	59.1%	58.7%	0.4%	0.6%	58.1%	1.0%	1.7%	---	---	---	---
	Gross Charges (\$)	687,593	641,077	46,516	7.3%	589,936	97,657	16.6%	---	---	---	---
<b>Operations</b>	Cost Per CMI AD	19,514	21,724	(2,210)	(10.2%)	19,967	(453)	(2.3%)	---	---	---	---
	Net Days in A/R	55.5	54.0	1.5	2.7%	54.3	1.2	2.2%	47.5	49.7	47.8	
<b>Financial Performance</b>	Net Patient Revenue (\$)	146,407	143,149	3,258	2.3%	129,860	16,547	12.7%	363,045	669,435	---	
	Total Operating Revenue (\$)	149,073	148,809	264	0.2%	135,881	13,191	9.7%	428,467	697,582	368,408	
	<b>Operating Margin (\$)</b>	<b>19,862</b>	<b>12,166</b>	<b>7,696</b>	<b>63.3%</b>	<b>9,449</b>	<b>10,412</b>	<b>110.2%</b>	<b>8,569</b>	<b>24,415</b>	<b>12,526</b>	
	<b>Operating EBIDA (\$)</b>	<b>28,645</b>	<b>20,987</b>	<b>7,658</b>	<b>36.5%</b>	<b>17,820</b>	<b>10,825</b>	<b>60.7%</b>	<b>24,851</b>	<b>56,504</b>	<b>31,315</b>	
	Net Income (\$)	53,949	17,704	36,245	204.7%	33,880	20,069	59.2%	23,566	54,411	20,631	
	<b>Operating Margin (%)</b>	<b>13.3%</b>	<b>8.2%</b>	<b>5.1%</b>	<b>63.0%</b>	<b>7.0%</b>	<b>6.4%</b>	<b>91.6%</b>	<b>2.0%</b>	<b>3.5%</b>	<b>3.4%</b>	
	<b>Operating EBIDA (%)</b>	<b>19.2%</b>	<b>14.1%</b>	<b>5.1%</b>	<b>36.2%</b>	<b>13.1%</b>	<b>6.1%</b>	<b>46.5%</b>	<b>5.8%</b>	<b>8.1%</b>	<b>8.5%</b>	
	DCOH (days)	330	275	55	20.1%	279	51	18.3%	258	315	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2025. Dollar amounts have been adjusted to reflect monthly averages

**S&P Medians:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2025. Dollar amounts have been adjusted to reflect monthly averages

**Fitch Ratings:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2025. Dollar amounts have been adjusted to reflect monthly averages

**Notes:** DCOH total includes cash, short-term and long-term investments

OP Visits / Procedural Cases includes Covid Vaccinations / Testing



Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

# Operational / Financial Results: YTD FY2026 (as of 09/30/2025)

(\$ thousands)

	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Year over Year change	YoY %Change	Moody's 'Aa3'	S&P 'AA'	Fitch 'AA'	Performance to Rating Agency Medians	
<b>Activity / Volume</b>	ADC	297	301	(4)	(1.3%)	299	(2)	(0.5%)	---	---	---	---
	Adjusted Discharges	11,651	11,146	505	4.5%	10,857	794	7.3%	---	---	---	---
	OP Visits / OP Procedural Cases	42,383	38,581	3,802	9.9%	36,811	5,572	15.1%	---	---	---	---
	Percent Government (%)	59.8%	58.6%	1.2%	2.1%	58.2%	1.7%	2.9%	---	---	---	---
	Gross Charges (\$)	2,016,500	1,911,082	105,418	5.5%	1,749,858	266,643	15.2%	---	---	---	---
<b>Operations</b>	Cost Per CMI AD	20,125	21,724	(1,598)	(7.4%)	20,373	(247)	(1.2%)	---	---	---	---
	Net Days in A/R	55.5	54.0	1.5	2.7%	54.3	1.2	2.2%	47.5	47.4	47.8	
<b>Financial Performance</b>	Net Patient Revenue (\$)	432,093	429,095	2,999	0.7%	391,985	40,109	10.2%	1,089,135	2,008,305	---	
	Total Operating Revenue (\$)	445,773	446,128	(354)	(0.1%)	408,972	36,801	9.0%	1,285,402	2,092,745	1,105,225	
	<b>Operating Margin (\$)</b>	<b>43,619</b>	<b>35,558</b>	<b>8,061</b>	<b>22.7%</b>	<b>31,202</b>	<b>12,417</b>	<b>39.8%</b>	<b>25,708</b>	<b>73,246</b>	<b>37,578</b>	
	<b>Operating EBIDA (\$)</b>	<b>69,069</b>	<b>62,060</b>	<b>7,009</b>	<b>11.3%</b>	<b>56,459</b>	<b>12,610</b>	<b>22.3%</b>	<b>74,553</b>	<b>169,512</b>	<b>93,944</b>	
	Net Income (\$)	103,953	50,218	53,734	107.0%	102,081	1,872	1.8%	70,697	163,234	61,893	
	<b>Operating Margin (%)</b>	<b>9.8%</b>	<b>8.0%</b>	<b>1.8%</b>	<b>22.8%</b>	<b>7.6%</b>	<b>2.2%</b>	<b>28.3%</b>	<b>2.0%</b>	<b>3.5%</b>	<b>3.4%</b>	
	<b>Operating EBIDA (%)</b>	<b>15.5%</b>	<b>13.9%</b>	<b>1.6%</b>	<b>11.4%</b>	<b>13.8%</b>	<b>1.7%</b>	<b>12.2%</b>	<b>5.8%</b>	<b>8.1%</b>	<b>8.5%</b>	
	DCOH (days)	330	275	55	20.1%	279	51	18.3%	258	315	311	

**Moody's Medians:** Not-for-profit and public healthcare annual report; August 2025. Dollar amounts have been adjusted to reflect monthly averages.

**S&P Medians:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; August 2025. Dollar amounts have been adjusted to reflect monthly averages.

**Fitch Ratings:** U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios; July 2025. Dollar amounts have been adjusted to reflect monthly averages.

**Notes:** DCOH total includes cash, short-term and long-term investments.

OP Visits / Procedural Cases includes Covid Vaccinations / Testing.



Unfavorable Variance < 3.49%
Unfavorable Variance 3.50% - 6.49%
Unfavorable Variance > 6.50%

# Consolidated Balance Sheet (as of 09/30/2025)

(\$000s)

**ASSETS**

	September 30, 2025	Unaudited June 30, 2025
<b>CURRENT ASSETS</b>		
Cash	432,843	407,140
Short Term Investments	108,049	98,926
Patient Accounts Receivable, net	260,566	240,895
Other Accounts and Notes Receivable	23,754	23,615
Intercompany Receivables	20,419	23,136
Inventories and Prepaids	52,662	54,047
<b>Total Current Assets</b>	<b>898,293</b>	<b>847,759</b>
<b>BOARD DESIGNATED ASSETS</b>		
Foundation Board Designated	18,816	18,467
Plant & Equipment Fund	541,552	541,377
Women's Hospital Expansion	59,734	45,895
Operational Reserve Fund	210,693	210,693
Community Benefit Fund	18,752	17,476
Workers Compensation Reserve Fund	12,374	13,086
Postretirement Health/Life Reserve Fund	22,028	23,009
PTO Liability Fund	44,115	41,558
Malpractice Reserve Fund	1,713	1,713
Catastrophic Reserves Fund	44,223	41,019
<b>Total Board Designated Assets</b>	<b>974,000</b>	<b>954,294</b>
<b>FUNDS HELD BY TRUSTEE</b>	<b>-</b>	<b>-</b>
<b>LONG TERM INVESTMENTS</b>	<b>795,512</b>	<b>753,548</b>
<b>CHARITABLE GIFT ANNUITY INVESTMENTS</b>	<b>1,303</b>	<b>1,279</b>
<b>INVESTMENTS IN AFFILIATES</b>	<b>52,306</b>	<b>51,293</b>
<b>PROPERTY AND EQUIPMENT</b>		
Fixed Assets at Cost	2,101,061	2,067,886
Less: Accumulated Depreciation	(980,653)	(959,828)
Construction in Progress	237,882	228,708
<b>Property, Plant &amp; Equipment - Net</b>	<b>1,358,289</b>	<b>1,336,766</b>
<b>DEFERRED OUTFLOWS</b>	<b>41,011</b>	<b>41,289</b>
<b>RESTRICTED ASSETS</b>	<b>35,808</b>	<b>50,154</b>
<b>OTHER ASSETS</b>	<b>217,740</b>	<b>204,109</b>
<b>TOTAL ASSETS</b>	<b>4,374,262</b>	<b>4,240,492</b>

**LIABILITIES AND FUND BALANCE**

	September 30, 2025	Unaudited June 30, 2025
<b>CURRENT LIABILITIES</b>		
Accounts Payable	69,307	77,103
Salaries and Related Liabilities	55,493	39,837
Accrued PTO	74,789	71,612
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	9,669	8,509
Intercompany Payables	16,031	18,745
Malpractice Reserves	1,713	1,713
Bonds Payable - Current	15,615	15,615
Bond Interest Payable	3,486	5,651
Other Liabilities	20,935	17,992
<b>Total Current Liabilities</b>	<b>269,339</b>	<b>259,076</b>
<b>LONG TERM LIABILITIES</b>		
Post Retirement Benefits	22,028	22,028
Worker's Comp Reserve	12,374	12,374
Other L/T Obligation (Asbestos)	25,810	25,939
Bond Payable	525,781	524,470
<b>Total Long Term Liabilities</b>	<b>585,993</b>	<b>584,811</b>
<b>DEFERRED REVENUE-UNRESTRICTED</b>	<b>1,589</b>	<b>1,538</b>
<b>DEFERRED INFLOW OF RESOURCES</b>	<b>84,702</b>	<b>84,379</b>
<b>FUND BALANCE/CAPITAL ACCOUNTS</b>		
Unrestricted	3,132,568	3,020,914
Minority Interest	-	-
Board Designated	236,625	225,482
Restricted	63,446	64,292
<b>Total Fund Bal &amp; Capital Accts</b>	<b>3,432,640</b>	<b>3,310,689</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>4,374,262</b>	<b>4,240,492</b>



## EL CAMINO HOSPITAL BOARD OF DIRECTORS FINANCE COMMITTEE MEETING MEMO

**To:** El Camino Hospital, Finance Committee  
**From:** Don Watters, Chair, Finance Committee  
 Carlos Bohorquez, Chief Financial Officer  
**Date:** November 7, 2025  
**Subject:** Finance Committee Survey Results and Action Plan (draft)

### **Purpose:**

To share with members of the Finance Committee (FC) committee the survey results and propose an action plan to address areas of opportunity.

### **Executive Summary:**

Spencer Stuart was engaged by the Board and Chief Executive Officer of El Camino Health to assist with a survey-based review of the El Camino Health Board Committees.

- The online survey was conducted in August 2025. All Committee Members completed the survey. The survey results and open response comments are presented on an unattributed basis in this report.
- Individual Committee questions were only answered by Committee Members on those Committees: – Finance, “n” = 5
- Participants were asked to answer a series of questions on a 4-point Likert scale, where a rating of “1” indicates strong disagreement and a rating of “4” indicates strong agreement. Participants were also given the option to respond “N/A”, indicating “no opportunity to observe.”
- The following are the overall survey results with highest and lowest rated items:

» **Overall average = 3.6.**

» **Highest rated item:** *Committee Leadership and Meetings: The committee chair provides effective leadership (4.0).*

» **Lowest rated item:** *Communication and Relationships: Communication and information flow between the committee and the Board are effective” (3.3).*

### **Survey Results:**

The following table includes the survey results sorted by dimension:

Scores were given on a 1-4 scale, from “Strongly Disagree” to “Strongly Agree.” A 4.0 rating is the average highest score possible. A 1.0 rating is the lowest.

Finance Committee Survey Results and Action Plan (draft)  
November 7, 2025

Dimension & Item	Avg	SD	N	1	2	3	4
<b>Committee Leadership &amp; Meetings = 3.7</b>							
• The Committee Chair provides effective leadership.	4.0	0.00	5	0	0	0	5
• The committee makes decisions efficiently.	3.8	0.40	5	0	0	1	4
• The committee materials are appropriate for governance-level decision-making and oversight.	3.4	0.49	5	0	0	3	2
<b>Communication &amp; Relationships = 3.6</b>							
• The committee's relationship with management is effective and respectful.	3.8	4.0	5	0	0	1	4
• The committee receives adequate support from management.	3.8	4.0	5	0	0	1	4
• Communication and information flow between the committee and the board are effective.	3.3	0.43	4	0	0	3	1
<b>Committee Culture &amp; Engagement = 3.6</b>							
• As a committee member, my area(s) of expertise are utilized appropriately within the committee.	3.8	0.40	5	0	0	1	4
• Committee members are comfortable expressing their views openly and productively.	3.6	0.49	5	0	0	2	3
• The Committee operates with a spirit of collegiality and communicates with mutual respect.	3.6	0.80	5	0	1	0	4
• The committee regularly assesses its own effectiveness and makes improvements.	3.4	0.80	5	0	1	1	3
<b>Committee Role &amp; Responsibilities = 3.5</b>							
• The committee's objectives are aligned with the organizational strategic goals.	3.6	0.49	5	0	0	2	3
• The committee is successful in carrying out its designated responsibilities.	3.6	0.49	5	0	0	2	3
• The committee monitors and adapts to changes in regulatory, financial, or industry landscape relevant to its oversight responsibilities.	3.5	0.50	4	0	0	2	2
• The scope of the committee's authority is clear.	3.4	0.49	5	0	0	3	2

**Action Plan (draft):**

**1. Opportunity to improve communication with the Board and simplify financial presentations**

- **Issue Identified:** The need to improve the communication with the Board and simplify the financial presentations to ensure FC and the Board understand the important KPIs that demonstrate the financial performance / position of the organization.
- **Action:** CFO will update the financial dashboard presented to FC and Board with simplified and important KPIs

**2. Opportunity to deepen the committee's understanding of financial outcomes through enhanced context and education**

**Issue Identified:** Enhance the FC's education plan to ensure members continue to deepen their understanding of healthcare finance and strategy which will enable them to better advise management on key strategic decisions.

**Action:** CFO will partner with FC Chair to identify two education sessions which will be included in the FY2027 FC pacing plan

**3. Increase Focus on Long-Term Financial and Strategic Objectives of the Healthsystem**

- **Issue Identified:** Members expressed a desire for more information on the healthsystem's long-term financial objectives and strategies.
- **Actions:** Integrate the Committee earlier into the healthsystems's strategic planning discussions, with a clear focus on financial oversight

Finance Committee Survey Results and Action Plan (draft)  
November 7, 2025

- Utilize the Joint Committee FC / IC meeting to present the updated 7 year financial and capital plan. This will include a discussion of which strategic initiatives will be funded in the upcoming fiscal year and next two fiscal years.

**4. Allocate More Time for In-Depth Discussions**

- **Issue Identified:** Some members feel that meeting time is tight, limiting in-depth discussions on major topics.
- **Action:** Expand meeting times slightly to ensure adequate time for in-depth discussions, especially on strategic topics and investment performance.

**Recommendation:**

- Review draft action plan and modify as appropriate
- Recommend approval of Action Plan by Governance Committee / Board of Directors

**List of Attachments:**

- Spenser Stuart Report: Finance Committee Survey Results
- Draft Action Plan: Strengthening Finance Committee Based on Survey Results

**Suggested Finance Committee Discussion Questions:**

- None

SpencerStuart

# Finance Committee Assessment Report

Prepared for:  
Board of Directors  
El Camino Health

Prepared by:  
George Anderson  
Zach Morfín  
Meng Li  
Barbara Cardona

September 2025





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Open-Ended Commentary	5

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# Introduction

## Overview of Board and Committee Review

### Purpose of the Review

The El Camino Health Board of Directors engaged Spencer Stuart in July 2025 to undertake an in-depth review of its effectiveness. The purpose was to assist the board and committees in continuing to improve the governance of the health system and support its long-term success.

The board and committees' commitment to continuous improvement is evident in the board's engagement of a third-party advisor to support the biennial evaluation process. It is also a reflection of the board's dedication to the hospital, its stakeholders, and management.

### Assessment Process

As part of the assessment process, Spencer Stuart conducted individual interviews with each hospital director, as well as administered an online survey to all directors, committee members, and the Medical Network Board of Managers.

The interviews focused on a broad range of governance dimensions, including strategic oversight, board composition and succession, board-management relationship, board culture and dynamics, as well as the effectiveness of individual committees, among others.

The survey used a 1-4 Likert scale, where a rating of 1 indicates strong disagreement, and a rating of 4 indicates strong agreement.

### Report

The following report presents the survey results of the Finance Committee. All committee members (5 out of 5) completed the survey. The open-ended commentary includes the feedback shared via the interviews with the hospital directors who are members of the committee, and the survey responses from the committee members who provided written feedback.

The committee is encouraged to discuss the findings in this report at its next meeting. The board will discuss the results of the board effectiveness review at its October 2025 board meeting.

# Survey Dimension and Item Ratings

The table below shows all survey results sorted by dimension.

- » **Overall average** = 3.6.
- » **Highest rated item:** Committee Leadership and Meetings: *The committee chair provides effective leadership* (4.0).
- » **Lowest rated item:** Communication and Relationships: *Communication and information flow between the committee and the Board are effective”* (3.3).

Dimension & Item	Avg	SD	N	1	2	3	4
<b>Committee Leadership &amp; Meetings = 3.7</b>							
• The Committee Chair provides effective leadership.	4.0	0.00	5	0	0	0	5
• The committee makes decisions efficiently.	3.8	0.40	5	0	0	1	4
• The committee materials are appropriate for governance-level decision-making and oversight.	3.4	0.49	5	0	0	3	2
<b>Communication &amp; Relationships = 3.6</b>							
• The committee’s relationship with management is effective and respectful.	3.8	4.0	5	0	0	1	4
• The committee receives adequate support from management.	3.8	4.0	5	0	0	1	4
• Communication and information flow between the committee and the board are effective.	3.3	0.43	4	0	0	3	1
<b>Committee Culture &amp; Engagement = 3.6</b>							
• As a committee member, my area(s) of expertise are utilized appropriately within the committee.	3.8	0.40	5	0	0	1	4
• Committee members are comfortable expressing their views openly and productively.	3.6	0.49	5	0	0	2	3
• The Committee operates with a spirit of collegiality and communicates with mutual respect.	3.6	0.80	5	0	1	0	4
• The committee regularly assesses its own effectiveness and makes improvements.	3.4	0.80	5	0	1	1	3
<b>Committee Role &amp; Responsibilities = 3.5</b>							
• The committee’s objectives are aligned with the organizational strategic goals.	3.6	0.49	5	0	0	2	3
• The committee is successful in carrying out its designated responsibilities.	3.6	0.49	5	0	0	2	3
• The committee monitors and adapts to changes in regulatory, financial, or industry landscape relevant to its oversight responsibilities.	3.5	0.50	4	0	0	2	2
• The scope of the committee’s authority is clear.	3.4	0.49	5	0	0	3	2

# Open-Ended Feedback: Strengths

Provided below are the comments that were shared via the individual interviews with each ECH director who is also a member of the committee, as well as the written survey feedback across all committee members.

## Strengths

**Committee members consistently praised the Finance Committee's leadership, respectful culture, and collaborative environment.**

- *My ratings reflect that the committee is strong in leadership, collegiality, and fulfilling its core responsibilities.*
- *The committee has a strong foundation of leadership, collegiality, and respect, and I value the open environment that encourages input from all members.*
- *The Finance Committee runs really well now that Don is Chair.*

**Members highlighted the expertise of committee participants and the CFO's strategic contributions.**

- *Great members. Outstanding CFO. View all the numbers in our strategic context.*
- *Very strong committee with well skilled members.*
- *Carlos is a fantastic CFO.*
- *There are excellent people on that committee.*

**The committee was recognized for its role in supporting long-term financial planning and organizational growth.**

- *Things are gelling. People have a good understanding of what each other thinks. A lot of projects and funding requests have come to us. The strategic plan calls for significant financial outlay in the next several years, including construction of a new hospital – a replacement of an old hospital.*
- *Its functions will continue and be more important in the upcoming months.*
- *When our CFO gets challenged in a board meeting, Don steps up to support him. That is tremendous.*
- *Our discussions are very good.*

# Open-Ended Feedback: Development Areas

## Development Areas

**Suggestions were made to improve communication with the board and simplify financial presentations.**

- *A better communication with the rest of the board, perhaps by a brief summary and update during each board meeting.*
- *Simpler graphic charts to the FC and the board.*

**One member identified opportunities to deepen the committee's understanding of financial outcomes through enhanced context and education.**

- *Without additional context, it can be difficult for the full committee to see beyond EBIDA, margin, and total revenue.*
- *I recommend enhancing the materials and discussions with supplemental narratives that explain not only the 'what' but also the 'why' behind financial outcomes. Providing analysis of external drivers such as regulatory shifts, cultural changes, or political developments that influence financial performance would strengthen the board's oversight. Taking time for these educational discussions would go a long way.*

**Another member emphasized the importance of continued alignment with organizational priorities and engagement.**

- *Continued focus on aligning with organizational priorities, along with more context behind the financials and opportunities for bonding activities or engagement with ECH events, would further strengthen our effectiveness as a governance body.*

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**DRAFT**

## **Action Plan: Enhancing the Finance Committee Based on Survey Responses**

### **1. Opportunity to Improve Communication with the Board and Simplify Financial Presentations**

- **Issue Identified:** The need to improve the communication with the Board and simplify the financial presentations to ensure FC and the Board understand the important KPIs that demonstrate the financial performance / position of the organization.
  - **Action:** CFO will update the financial dashboard presented to FC and Board with simplified and important KPIs
  - **Responsible:** CFO
  - **Timeline:** Q1 FY2027
- 

### **2. Opportunity to Deepen the Committee's Understanding of Financial Outcomes Through Enhanced Context and Education**

- **Issue Identified:** Enhance the FC's education plan to ensure members continue to deepen their understanding of healthcare finance and strategy which will enable them to better advise management on key strategic decisions.
  - **Action:** CFO will partner with FC Chair to identify two education sessions which will be included in the FY2027 FC pacing plan
  - **Responsible:** Finance Committee Chair and CFO
  - **Timeline:** Q1 FY2027
- 

### **3. Increase Focus on Long-Term Financial and Strategic Objectives of the Healthsystem**

- **Issue Identified:** Members expressed a desire for more information on the healthsystem's long-term financial objectives and strategies.
- **Actions:**
  - Integrate the Committee earlier into the healthsystems's strategic planning discussions, with a clear focus on financial oversight
  - Utilize the Joint Committee FC / IC meeting to present the updated 7 year financial and capital plan. This will include a discussion of which strategic initiatives will be funded in the upcoming fiscal year and next two fiscal years.
- **Responsible:** Finance Committee Chair and CFO





**DRAFT**

- **Timeline:** Include additional information on the healthsystem's strategic objectives in materials for the joint IC / FC meeting in March 2026
- 

#### **4. Allocate More Time for In-Depth Discussions**

- **Issue Identified:** Some members feel that meeting time is tight, limiting in-depth discussions on major topics.
- **Action:** Expand meeting times slightly to ensure adequate time for in-depth discussions, especially on strategic topics and investment performance. Incorporate into FY2027 FC pacing plan.
- **Responsible:** Finance Committee Chair and CFO
- **Timeline:** Q1 FY2027



## EL CAMINO HOSPITAL BOARD OF DIRECTORS FINANCE COMMITTEE MEETING MEMO

**To:** El Camino Hospital, Finance Committee  
**From:** Jon Cowan, Executive Director, Government Relations & Community Partnerships  
**Date:** November 7, 2025  
**Subject:** Community Benefit FY2027 Policy Guidance and FY2026 Grant Program Update

**Purpose:** To update the Finance Committee on the current grant program, including the proposed FY2027 grant year “Guiding Principles” and “Ranked & Prioritized Health Needs.”

### **Summary:**

1. **Situation:** Management annually presents to the Finance Committee “Guiding Principles” and “Ranked & Prioritized Health Needs.” These policy parameters will guide the review of grant applications for FY2027. As in prior years, this is an opportunity for the Finance Committee to provide input. Each November, management also reports to the Finance Committee on outcomes and achievements from the prior full fiscal year.
2. **Background:**
  - A. **FY2027 Policy Guidance**
    - The proposed “Guiding Principles” are those that were adopted to guide the FY2026 grant cycle
    - The proposed “Ranked & Prioritized Health Needs” and approximate grant funding percentages are those that were adopted to guide the FY2026 grant cycle. For FY2027, management proposes keeping the target allocation the same but allowing for a wider variance of up to +/- 5% from target. This will allow flexibility in a period of broad uncertainty around federal, state, and local funding impact
  - B. **FY2026 Update**
    - An update on the acknowledgment of funds where organizations recognize El Camino Health’s financial contributions is included in the attachment (Attachment 1)
    - Beginning in FY2025, staff engaged agencies on the effects of federal funding changes through reporting reviews, site visits, and a targeted survey. In FY2026 and likely continuing through FY2027, staff will continue tracking the impact of federal funding shifts on agencies and community needs
    - At the conclusion of each fiscal year, Community Partnerships staff review yearend grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges, and trends. Staff prepare an annual report (Attachment 2). The full report is available online at: [Community Benefit Report 2025](#)
    - In FY2025, El Camino Health invested \$3,344,739 in Community Benefit grants and sponsorships to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Health Community Health Needs Assessment (CHNA), which is conducted every three years, as required by federal regulations
      - Grants = \$3,280,489 for 45 grants
        - 10 Healthcare Access & Delivery grants at \$990,326

Community Benefit FY2027 Policy Guidance and FY2026 Grant Program Update  
November 7, 2025

- 16 Behavioral Health grants at \$1,029,560
- 11 Diabetes & Obesity grants at \$945,000
- 4 Chronic Conditions treatment and prevention (other than diabetes and obesity) grants at \$166,000
- 4 Economic Stability grants at \$149,603
- Sponsorships = \$64,250 for 9 sponsorships
- Community Health Themes
  - Behavioral health needs increased across all age groups. Grantees reported higher levels of anxiety, depression, trauma, and stress among youth, adults, and seniors. Schools noted more behavioral incidents and self-harm concerns, while older adults faced growing isolation, grief, and chronic stress. Stigma around receiving mental health services and limited access to care created additional challenges to addressing the issues
  - Social isolation and disconnection remained widespread, specifically ongoing isolation among older adults, LGBTQ+ youth, and immigrant families. Grant partners highlighted the value of community-building, peer engagement, and culturally responsive spaces
  - Grantees cited economic challenges and housing insecurity as major stressors on their clientele. Rising living costs and underemployment contributed to food insecurity and risk of homelessness, particularly among seniors and low-income households
  - Policy and funding changes created uncertainty for services. Reductions in federal and state funding, along with immigration-related fears, threaten access to healthcare and social services. Nonprofits reported increased pressure to fill these gaps without additional resources and funding.
  - Grant partners reported that barriers to key healthcare services included limited transportation, language support, evening/virtual services, and digital literacy. Dental care for seniors and low-income adults remained a significant unmet need
  - Agencies reported that workforce shortages, high staff turnover, and burnout negatively affected program capacity and reach. They noted that nonprofits are adapting through cross-agency partnerships, volunteer expansion, and digital tools

3. Assessment:

A. FY2027 Policy Guidance

- The “Guiding Principles” and “Ranked & Prioritized Health Needs” are helpful policy guidance for management and staff as they evaluate grant applications. The data from the 2025 CHNA supported maintaining the same five selected health needs which allow the maintenance of a comprehensive program, incorporate health needs identified as a top community priority, maintain El Camino Health’s commitment to addressing domestic violence as well as chronic conditions such as cardiovascular disease, cancer, respiratory disease, and Alzheimer’s and dementia

Community Benefit FY2027 Policy Guidance and FY2026 Grant Program Update  
November 7, 2025

- B. FY2026 Update**
- A formal acknowledgement of funds process is now built into the grant agreements. Most eligible agencies completed their acknowledgements in FY2023, and staff continue to reinforce this request with new grant partners and those still in progress. This formal process continues to achieve the objective of better branded recognition for El Camino Health's robust community health investments
  - An impact summary for each health need is included in Attachment 1
4. Outcomes: Management and staff will execute the FY2027 grant cycle incorporating the "Guiding Principles" and the "Ranked & Prioritized Health Needs" with approximate grant funding percentages after receiving incorporating any feedback from the Finance Committee.

**List of Attachments:**

1. Community Benefit FY2027 Policy Guidance and FY2026 Update Presentation
2. FY2025 Community Benefit Annual Report Executive Summary with full online report at: [Community Benefit Report 2025](#)

**Suggested Committee Discussion Questions:**

1. Does the Finance Committee have any modifications or changes to the "Guiding Principles"?
2. Does the Finance Committee have any modification or changes to the approximate grant funding percentages of each of the five health needs?
3. Is there any other policy feedback the Finance Committee wishes to provide?



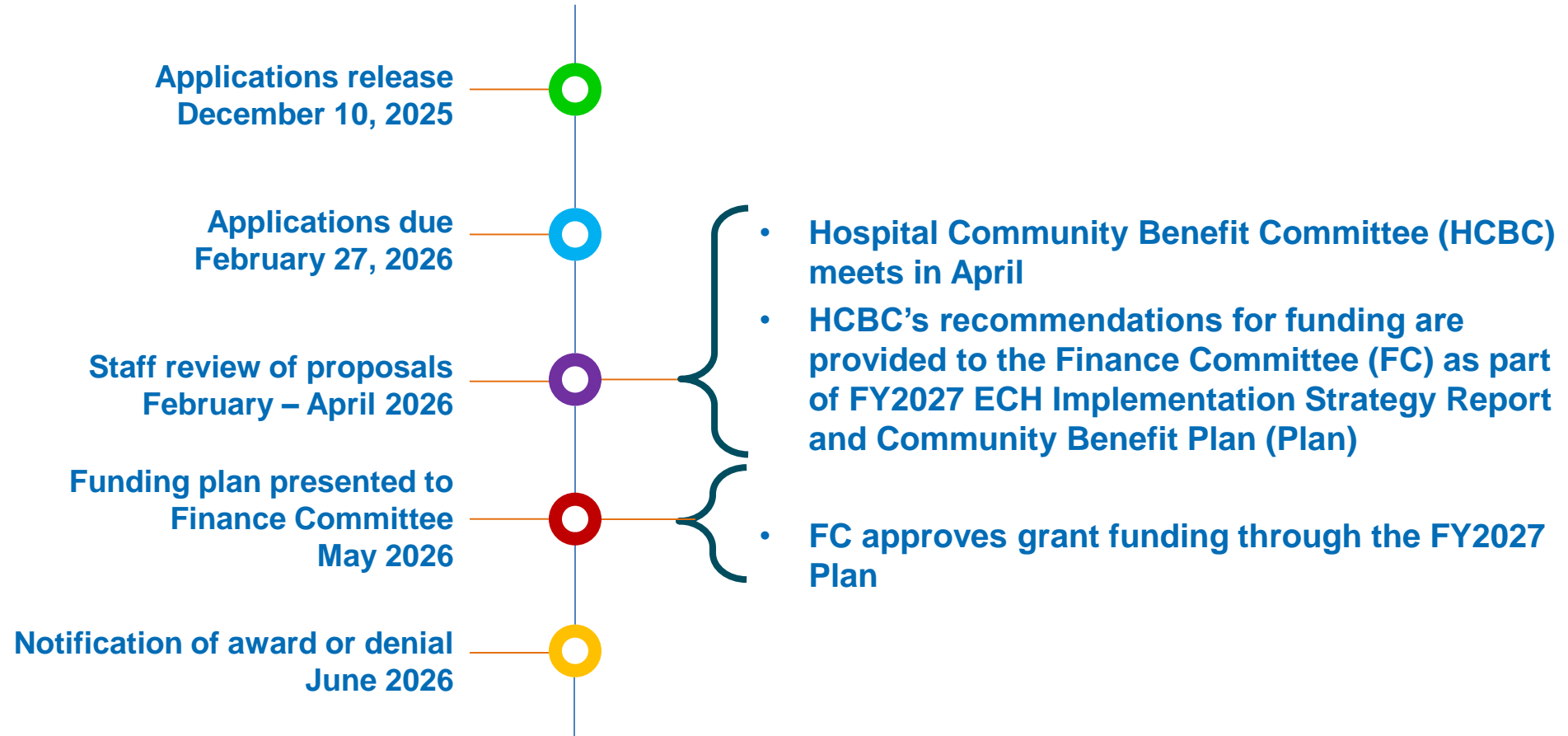
## **Community Benefit: FY2027 Policy Guidance and FY2026 Update**

*Finance Committee*

*Jon Cowan, Executive Director, Government Relations and  
Community Partnerships*

*November 7, 2025*

# FY2027 Grant Review Timeline & Process



# FY2027 Policy Guidance



# Guiding Principles Definition



“**Guiding Principles**” are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit’s philosophy for health improvement.

An example is “emphasize locally focused vs. national organizations.”

# Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

## Required

1. Serve those who live, work or go to school in El Camino Health's targeted geography
2. Demonstrate a competence and capacity to address at least one of the identified health needs
3. Focus primarily, but not exclusively, on the results of increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges

## Preferred

5. Aim to reflect the diversity of El Camino Health's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants

# FY 2027 Proposed Approach

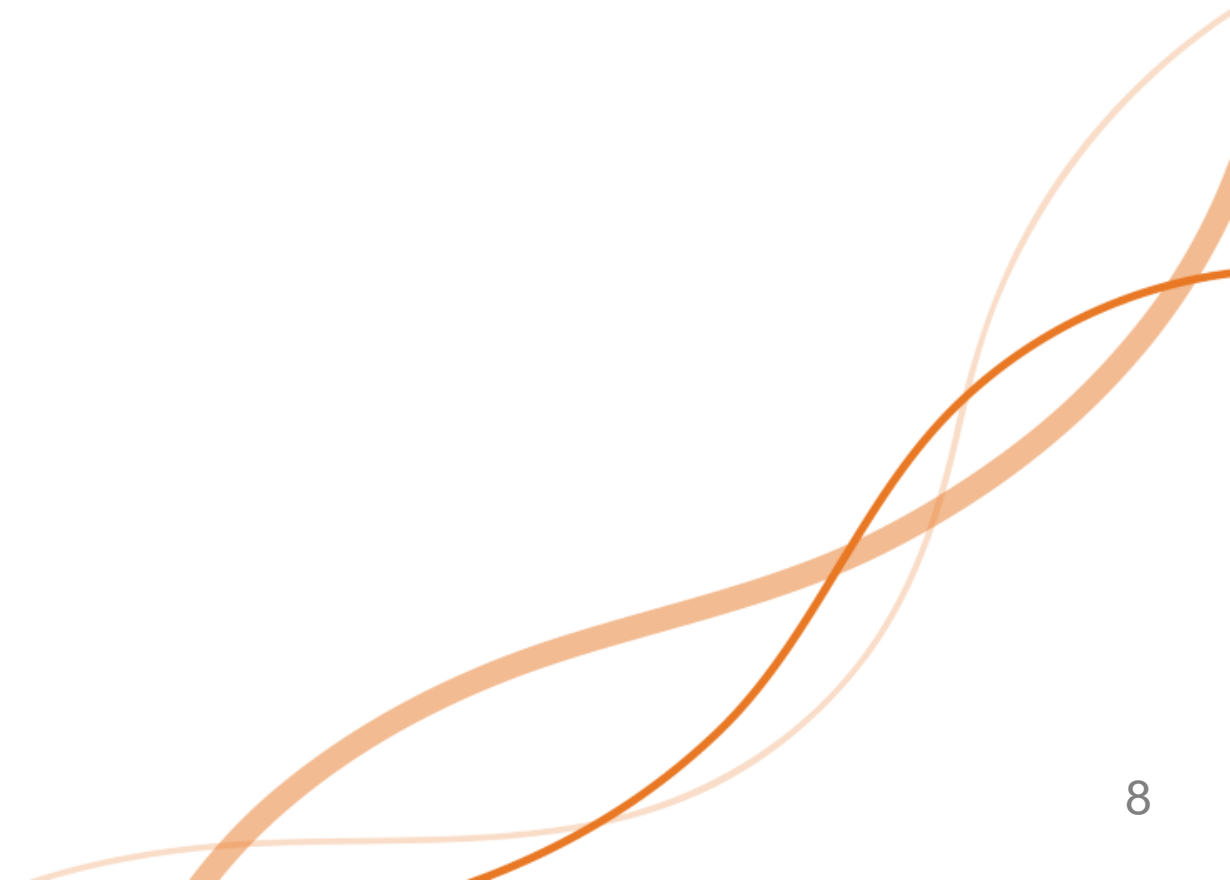
Item	Update
<b>FY2027 Health Need Allocation</b>	For FY2027, the proposal includes keeping the recent historical target allocation for all health needs consistent but allowing for a wider variance of up to +/- 5% from target. This will allow us to maintain the directional target allocations, while allowing flexibility in a period of broad uncertainty around federal, state and local funding impact. We anticipate FY2027 will be something of a new baseline year, and we will further evaluate if changes to target allocations are warranted in future years.

# ECH Ranked & Prioritized Health Needs

For FY2027, keep the historical targets, but propose up to a +/- 5% allowable variance due to uncertainty

Health Need	FY2025 Approved	FY2026 Approved	FY2027 Proposed
Healthcare Access & Delivery (including oral health)	30%	30%	~30%
Behavioral Health (including domestic violence and trauma)	31%	31%	~30%
Diabetes & Obesity	29%	29%	~30%
Chronic Conditions (other than diabetes & obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	6%	~5%






# FY2026 Update



# FY2026 Grant Program Progress Updates

Item	Update
<b>Acknowledgement of funds</b>	100% of eligible grant programs (all 16 acknowledgements across 11 eligible grants) now include El Camino Health recognition across mobile signage, email signatures, and/or building signage. The <b>100% implementation</b> is a <b>5% increase</b> from last year's 95%.
<b>Staff Innovation Grants</b>	In FY2026, the Economic Opportunity Internship Program continues to provide opportunities for Mountain View Los Altos High School District AVID students as well as Health Career Connection students. The internship program is currently in its fourth year.
<b>Continuous monitoring of emergent needs related to changing federal funding status</b>	Throughout FY2025, staff engaged agencies on the effects of <b>federal funding changes</b> through reporting reviews, site visits, and a targeted survey. In FY2026, staff continues tracking the impact of federal funding shifts on agencies and community needs.
<b>Grant Application and Reporting Enhancements</b>	The grant application and reporting process has been fully transitioned to a <b>new online portal</b> . FY2026 improvements include <b>streamlined expenditure reporting</b> .

# ECH Allocation of Funds by Health Need

Health Need	FY 2025 Spent	# of Grants
 Healthcare Access & Delivery (including oral health)	\$990,326 (30%)	10
 Behavioral Health (including domestic violence and trauma)	\$1,029,560 (31%)	16
 Diabetes & Obesity	\$945,000 (29%)	11
 Chronic Conditions (other than diabetes and obesity)	\$166,000 (5%)	4
 Economic Stability (including food insecurity, housing & homelessness)	\$149,603 (5%)	4
<b>TOTAL</b>	<b>\$3,280,489 (100%)</b>	<b>45</b>



# FY2025 Health Needs Summary – Healthcare Access & Delivery



**Healthcare Access & Delivery**  
(Including Oral Health)

<p><b>Key Themes</b></p>	<ul style="list-style-type: none"> <li>• Total Funded: \$990K in ECH Grants</li> <li>• Total # of grants: 10</li> <li>• Collective Impact metrics focused on establishing care and receiving follow-up care</li> </ul>
<p><b>Performance Highlights</b></p>	<ul style="list-style-type: none"> <li>• <b>14,523</b> Total Individuals Served</li> <li>• <b>55,127</b> Total Services Provided</li> <li>• <b>1,538</b> Patients received follow-up care after screening</li> </ul>
<p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• Grants addressing Implementation Strategy areas of:             <ul style="list-style-type: none"> <li>– (i) Maternal / Infant Health</li> <li>– (ii) Workforce training in culturally competent / compassionate care</li> <li>– (iii) Telehealth / other tech adoption</li> </ul> </li> </ul>

# FY2025 Health Needs Summary – Behavioral Health



**Behavioral Health**  
(Including Domestic Violence Trauma)

<p><b>Key Themes</b></p>	<ul style="list-style-type: none"> <li>• Total Funded: \$1M in ECH Grants</li> <li>• Total # of Grants: 16</li> <li>• Collective Impact metrics largely focused on hours of adult and youth counseling and care management session</li> </ul>
<p><b>Performance Highlights</b></p>	<ul style="list-style-type: none"> <li>• <b>5,873</b> Total Individuals Served</li> <li>• <b>26,212</b> Total Services Provided</li> <li>• <b>2,034</b> Hours of counseling sessions provided to adults</li> <li>• <b>7,012</b> Hours of counseling sessions provided to youth</li> </ul>
<p><b>Opportunities</b></p>	<p>Grants providing mental health services addressing:</p> <ul style="list-style-type: none"> <li>– (i) Adult substance abuse</li> <li>– (ii) Youth and intimate partner sexual violence; promoting healthier relationships</li> <li>– (iii) Suicide prevention support and programs</li> </ul>

# FY2025 Health Needs Summary – Diabetes & Obesity



Diabetes & Obesity

<p><b>Key Themes</b></p>	<ul style="list-style-type: none"> <li>• Total Funded: \$945K in ECH Grants</li> <li>• Total # of grants: 11</li> <li>• Programs focused on increasing physical activity, improving biometrics, and healthy eating/nutrition</li> </ul>
<p><b>Performance Highlights</b></p>	<ul style="list-style-type: none"> <li>• <b>7,856</b> Total Individuals served</li> <li>• <b>26,090</b> Total Services provided</li> <li>• <b>2,434</b> Individuals reported one or more improved biometrics (e.g., BMI, weight, and/or A1c)</li> <li>• <b>1,193</b> Individuals reported 150 minutes of physical activity per week</li> </ul>
<p><b>Opportunities</b></p>	<p>Possible opportunity to identify and fund programs in more clinical direction - if targeting individuals with existing condition(s) - that do not overlap service areas with existing clinical-focused grant</p>

# FY2025 Health Needs Summary – Chronic Conditions



**Chronic Conditions**  
(Other than  
Diabetes & Obesity)

<p><b>Key Themes</b></p>	<ul style="list-style-type: none"> <li>• Total Funded: \$166k in ECH Grants</li> <li>• Total # of grants: 4</li> <li>• Programs focused on screenings &amp; improved self-management</li> </ul>
<p><b>Performance Highlights</b></p>	<ul style="list-style-type: none"> <li>• <b>1,248</b> Total Individuals served</li> <li>• <b>5,941</b> Total Services provided</li> <li>• <b>302</b> Individuals who demonstrated improved self-management through self-report or biometric indicators</li> </ul>
<p><b>Opportunities</b></p>	<p>Could consider more coordinated / targeted effort on a specific condition(s) in future years to have a more cohesive condition-area focus</p>

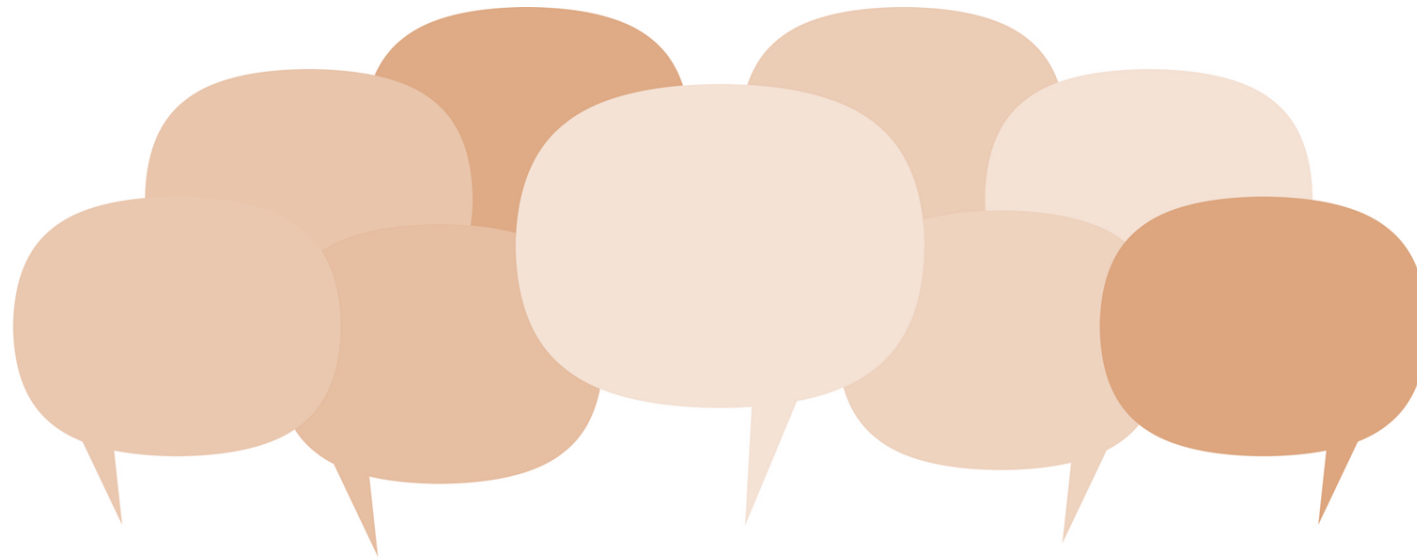
# FY2025 Health Needs Summary – Economic Stability



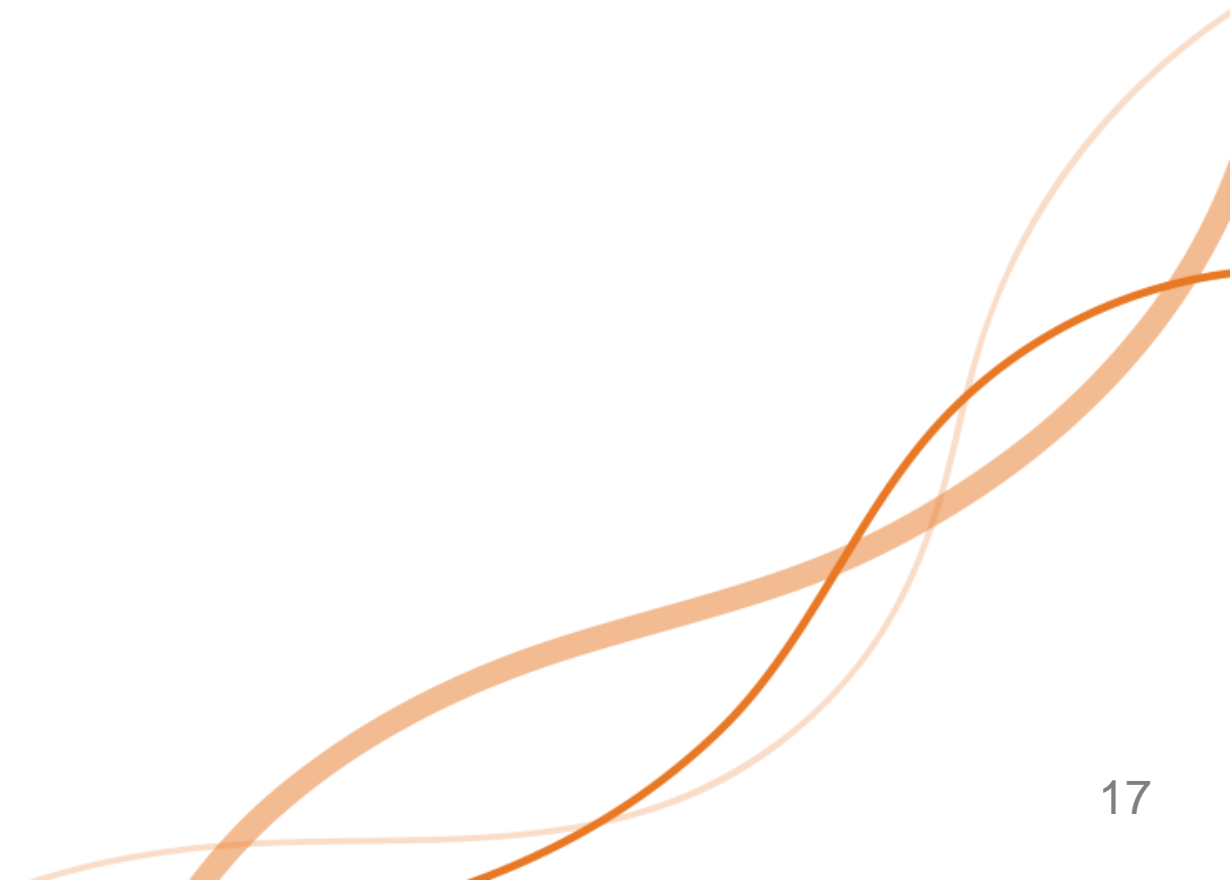
**Economic Stability**  
(Including Food Insecurity,  
Housing & Homelessness)

<p><b>Key Themes</b></p>	<ul style="list-style-type: none"> <li>• Total Funded: \$150K in ECH Grants</li> <li>• Total # of grants: 4</li> <li>• Focus on improved housing / living conditions, as well as access to sustainable source of healthy food</li> </ul>
<p><b>Performance Highlights</b></p>	<ul style="list-style-type: none"> <li>• <b>1,347</b> Total Individuals Served</li> <li>• <b>25,551</b> Total Services Provided</li> <li>• <b>3,550</b> Hours of training provided to program participants</li> </ul>
<p><b>Opportunities</b></p>	<p>Consider how ECH grants can have broader reach on economic stability</p>

# Discussion



# Appendix





# FY2025 Acknowledgement of Funds Update



## Acknowledgement of Funds 100% implementation achieved

All 16 acknowledgements across 11 eligible grants now include **El Camino Health recognition** across mobile signage, email signatures, and/or building signage

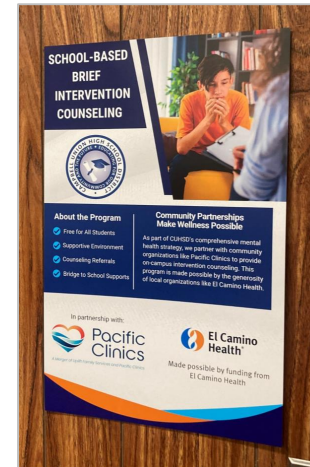
- A 5% increase from last year's 95%






Lisa Vonk, RN  
School Nurse  
Campbell Union School District  
155 N. Third Street  
Campbell, CA 95008  
Tel: (408) 364-4200 Ext. 4838  
Fax: (408) 341-7012



Funded by El Camino Health



# FY2025 Acknowledgement of Funds Update (cont'd)

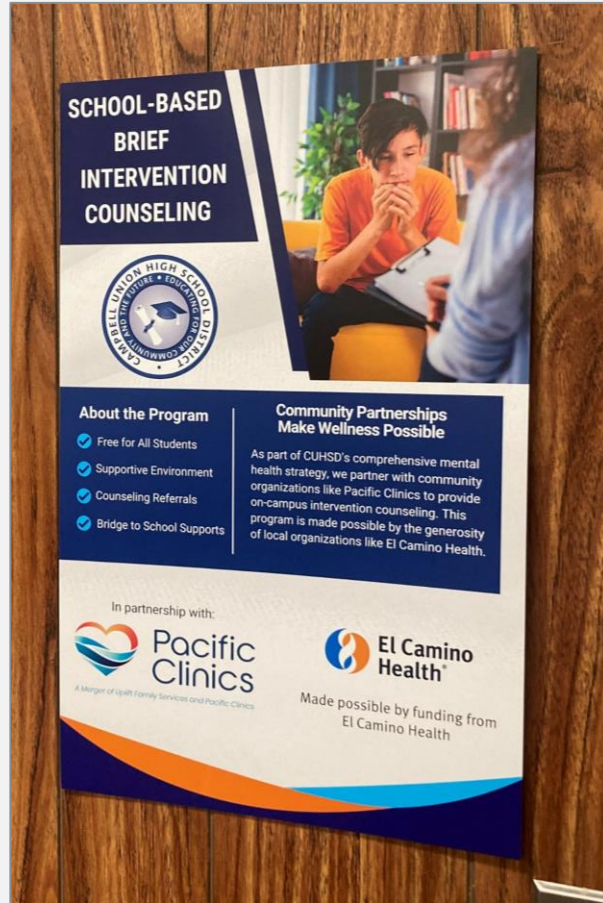
	<p>↑ <b>100%</b> of eligible agencies have implemented <b>email signatures</b> for positions funded at 0.75 FTE or more (9 of 9 agencies)</p>
	<p>↑ <b>100%</b> of eligible agencies have implemented signage acknowledging ECH</p> <ul style="list-style-type: none"> <li>• <b>Building signage</b> (5 of 5 agencies with grants &gt;\$200,000)</li> <li>• <b>Mobile van signage</b> (1 of 1 agency with a grant ≥ \$50K)</li> </ul>
	<p>↑ <b>76%</b> of agencies have acknowledged ECH as a funder on their <b>website</b> (31 of 41 agencies)</p>
	<p>↑ <b>51%</b> of agencies have acknowledged ECH on <b>social media</b> (21 of 41 agencies)</p>

# FY2025 Acknowledgement of Funds Update (cont'd)

Agency	Building Signage	Mobile Van Signage	Email Signatures
AACI (Asian Americans for Community Involvement)	✓		
Cambrian School District			✓
Campbell Union School District	✓		✓
Chinese Health Initiative			✓
Cupertino Union School District	✓		✓
Health Mobile		✓	
Gardner Family Health Network	✓		✓
Mt. Pleasant Elementary School District			✓
Pacific Clinics	✓		✓
South Asian Heart Center			✓
West Valley Community Services	✓		✓

- Community Partnerships staff will summarize progress when presenting on FY 2026 midyear reports.
- 34 grant partners not depicted in table above will report on acknowledgment of ECH in annual reports, website pages, social media, printed collateral, and/or media coverage.

# FY2025 Acknowledgement of Funds Examples







# FY2025 Acknowledgement of Funds Examples (cont'd)



**Annicia Araujo**  
Educational Behavior Specialist  
Cell Number: (669)308-3384  
SBIT Call Center: 1(800) 676-3397  
Web: [School Based Intervention Team Services](#) | [Pacific Clinics](#)

 Pacific Clinics.  
School-Based Intervention Teams

 El Camino Health

Funded by El Camino Health

Sincerely,  
Song Phan, RN

...

Fax: 408-377-2001

 El Camino Health®

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**Sofia Ramirez Gutierrez, MS, RD**  
Master in Science, Registered Dietitian  
For the Down with Diabetes Program  
Gardner Health Services | Gardner Health Center  
Nutrition Services  
160 East Virginia Street  
San Jose, CA 95112  
Mobile: 669.304.6980  
Email: [SRamirezGutierrez@gfhn.org](mailto:SRamirezGutierrez@gfhn.org)  
[www.gardnerhealthservices.org](http://www.gardnerhealthservices.org)

 GARDNER Health Services


The Down with Diabetes Program is


 El Camino Health®

Funded by El Camino Health

Thanks,

*Luis A. Sanchez, RN*  
Mt. Pleasant Elementary School District  
P. (408) 223-3700 ext. 70103  
C. (818) 261-2500  
F. (408) 223-3742  
[luiss@mpesd.org](mailto:luiss@mpesd.org)

 MOUNT PLEASANT  
ELEMENTARY SCHOOL DISTRICT

 El Camino Health®

Made possible by funding from  
El Camino Health



**Strong Partnerships for a Healthy Community**

**Community Health Investment**

El Camino Healthcare District

**\$7.8M** Grants & Sponsorships

El Camino Health

**\$135.7M** Total Community Benefit

**\$3.3M** Grants & Sponsorships

**El Camino Healthcare District | El Camino Health  
Community Benefit Annual Report FY 2025 — Executive Summary**

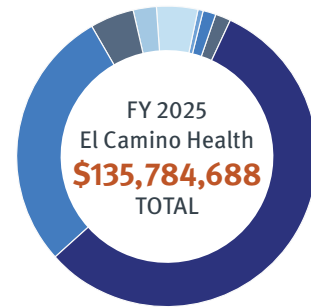
**Investments for Our Community’s Health**

Our Community Benefit grants support partner organizations working to create a healthier community by funding impactful programs that address unmet health needs. We remain committed to partnerships that deliver effective programs and services aligned with our implementation strategy. The Community Benefit FY 2025 online report shows the results of these partnerships, including:

- **El Camino Health’s Total Community Benefit:** \$135.7 million, serving more than 76,400 people; this includes \$3.3 million for 67 grants and sponsorships, as well as charity care and unpaid Medi-Cal costs for more than 17,400 people. *See the financial report.*
- **El Camino Healthcare District’s Total Community Benefit:** \$7.8 million in 71 grants and sponsorships serving more than 44,000 people. *See the financial report.*
- **A combined total Community Benefit of \$143.5 million serving more than 120,500 people.** With our partners and these critical investments, El Camino Health and the El Camino Healthcare District increased access to care, addressed gaps in behavioral health services, promoted healthy lifestyles, supported individuals with chronic health conditions, and reduced financial barriers to essential resources like food and housing.

**Financial Report**

**\$135.7M** El Camino Health  
**TOTAL COMMUNITY BENEFIT**



<b>\$79,365,600</b>	Government-sponsored healthcare (Unreimbursed Medi-Cal)
<b>\$39,390,551</b>	Subsidized health services
<b>\$6,660,892</b>	Financial assistance (charity care)
<b>\$3,396,867</b>	Grants and sponsorships
<b>\$6,206,286</b>	Health professions education
<b>\$115,154</b>	Clinical research
<b>\$349,060</b>	Community Benefit operations
<b>\$300,278</b>	Community health improvement services

**+\$168M** in Uncompensated Medicare  
(Not included in Community Benefit total)

To learn more about how we are addressing unmet health needs in our community, please visit [elcaminohealth.org/CommunityBenefit2025](http://elcaminohealth.org/CommunityBenefit2025).





**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
FINANCE COMMITTEE MEETING MEMO**

**To:** El Camino Hospital Finance Committee  
**From:** Tracey Lewis Taylor, COO  
 Ken King, CAO  
**Date:** November 7, 2025  
**Subject:** Oak Pavilion, Oncology Expansion Initial Funding Request

**Recommendation:**

To approve the initial funding not to exceed \$3.15 million for the development of plans and specifications for the expansion of the Oncology space to the 2<sup>nd</sup> Floor of Oak Pavilion.

**Summary:**

1. **Situation:** The existing outpatient Oncology services are provided on the 1<sup>st</sup> Floor of the Oak Pavilion, and the space is reaching its maximum capacity. The proposed solution is to reconfigure the office space environment on the 2<sup>nd</sup> Floor into an enlarged Infusion Center with an upgraded pharmacy and reconfiguration of the infusion space on the 1<sup>st</sup> Floor into additional clinic space for oncology physicians. The feasibility cost estimate for this expansion is \$24 million.
2. **Authority:** Capital Expenditures exceeding \$2 million require approval of the Finance Committee.
3. **Background:** Expansion of oncology services at Oak Pavilion is both an operational and strategic imperative for El Camino Health. The Validation Study prepared by Boulder Associates included a schematic floor plan and narrative of mechanical, electrical and plumbing scopes of work. This Validation Study was used to obtain construction cost estimates from Cumming Group cost estimators and from two General Contractors. Additionally, the phasing of construction activities within the occupied environment has been developed. Note, however, that as the design and construction details are developed in accordance with the building codes, we will be continually estimating the cost of the project until such time that we receive a final GMP Proposal from the General Contractor.
4. **Assessment:** The initial funding request for the Oncology Expansion Project at Oak Pavilion is not to exceed \$3.15 million. This funding is needed to develop the construction documents, submission to the City of Mountain View for plan review and permitting, with the support of a General Contractor and key subcontractors. The final funding request will be submitted upon receipt of a GMP Proposal from a General Contractor during the plan review phase of the project.

Oak Pavilion, Oncology Expansion Initial Funding Request  
November 7, 2025

5. Other Reviews The Financial Analysis shows a positive Net Present Value (NPV) of \$34.2M at 100% of the volume estimates.
6. Outcomes: The target timeline has a project completion date approximately 24 months from the initial funding approval. Updates on progress and adherence to the target cost estimate will be monitored on a monthly basis and variances will be reported if and when they occur.





**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
FINANCE COMMITTEE MEETING MEMO**

**To:** El Camino Hospital Board Finance Committee  
**From:** Carlos Bohorquez, CFO  
Tracey Lewis Taylor, COO  
A. J. Reall, VP Strategy  
Jeff Missad, VP FD&RE  
**Date:** November 7, 2025  
**Subject:** Los Gatos Redevelopment Update & Funding Request

**Recommendation:**

To recommend Board approval for the funding not to exceed \$24.7 million for the initial development of plans for the replacement hospital on the Los Gatos campus.

Management shall provide FC with detailed quarterly updates on the expenditures and a list of companies which have been contracted for the project with outlines of scope of services and fees.

**Summary:**

1. **Situation:** The strategic development of the Los Gatos Campus Redevelopment Plan has been programmed and evaluated. In order to proceed with development plans, the project requires additional design efforts and planning sufficient to submit a project plan that can be entitled by the Town of Los Gatos. Funding is required to advance the next phases in the process.
2. **Authority:** The Finance Committee is required to make recommendations to the Board regarding expenditures greater than \$5 million.
3. **Outcomes:** The outcome of this effort will produce a more accurate cost estimate for the project along with a more definitive project description.



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
FINANCE COMMITTEE MEETING MEMO**

**To:** El Camino Hospital Finance Committee  
**From:** Andreu Reall, VP of Strategy  
**Date:** November 7, 2025  
**Subject:** Real Estate Strategy Discussion – Property Improvement Funds Request

**Recommendation:**

Recommend approval of \$16.0 million for renovation of the previously purchased medical office building in Cupertino. With the Finance Committee’s recommendation for approval, management will seek Board approval to fund construction and property improvement in the November Board meeting.

**Summary:**

1. **Situation:** In line with El Camino Health’s (ECH) Vision 2027 Strategic Framework, management is working to bring care closer to where patients work and live. This Committee and the board have previously approved purchase of these buildings, and further renovations are required to convert them into medical office space.
2. **Authority:** The Finance Committee recommends Board Approval of transactions exceeding \$5 million.



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
FINANCE COMMITTEE MEETING MEMO**

**To:** El Camino Hospital Finance Committee  
**From:** Andreu Reall, VP of Strategy  
**Date:** November 7, 2025  
**Subject:** Real Estate Strategy Discussion – Property Improvement Funds Request

**Recommendation:**

Recommend approval of \$16.4 million for renovation of the previously purchased medical office building (MOB) in Milpitas. With the Finance Committee’s recommendation for Board approval, management will seek Board approval to fund construction and property improvement in the November Board meeting.

**Summary:**

1. **Situation:** In line with El Camino Health’s (ECH) Vision 2027 Strategic Framework, management is working to bring care closer to where patients work and live. This Committee and the board have previously approved purchase of these buildings, and further renovations are required to convert them into medical office space.
2. **Authority:** The Finance Committee recommends Board Approval of transactions exceeding \$5 million.