



**BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Tuesday, November 18, 2025

6:00 pm

Cypress Room, University Hospital

4502 Medical Drive

San Antonio, Texas 78229

MINUTES

BOARD MEMBERS PRESENT:

Jimmy Hasslocher, Chair
Anita L. Fernández, Vice Chair
Margaret Kelley, MD
Beverly Watts Davis
David Cohen, MD
Melinda Rodriguez, PT, DPT.
Patricia (Pat) Jasso

OTHERS PRESENT:

Edward Banos, President/Chief Executive Officer, University Health
Bill Phillips, Executive Vice President/Chief Operating Officer, University Health
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health
Dr. Bryan Alsip, Executive VP, Chief medical Officer, University Health
Francisco G. Cigarroa, M.D., EVP/Health Affairs and Health System, Ut Health San Antonio
Robert Hromas, MD, Dean and Professor of Medicine, UT Health San Antonio
And other staff attendees.

CALL TO ORDER:

Mr. Hasslocher called the Board meeting to order at 6:06 pm.

INVOCATION AND PLEDGE OF ALLEGIANCE — *Jimmy Hasslocher, Chair*

Invocation – John Flores, University Health Chaplain — *Jimmy Hasslocher, Chair*

Mr. Hasslocher led the pledge of allegiance.

PUBLIC COMMENT: NONE

The credentials of Thomas J. Calucci have been reviewed by the Chief of Police to meet all the requirements of a University Health Peace Officer. As required of all University Health peace officers, Mr. Garza has completed all necessary training requirements. The commissioning of Mr. Calucci will fill an open position due to budgeted New Full Time Employee positions.

RECOMMENDATION: Staff recommends Board of Manager’s approval to commission Thomas J Calucci as a Bexar County Hospital District Peace Officer.

COMMENTS /DISCUSSIONS: Mr. Hasslocher offered his congratulations and welcome the BCHD new officer.

ACTION: A **MOTION** to **APPROVE** staff’s recommendation was made by Dr. Cohen, **SECONDED** by Dr. Kelley, and **PASSED UNANIMOUSLY**.

EVALUATION: None

FOLLOW UP: None

NEW BUSINESS:

CONSENT AGENDA— *Jimmy Hasslocher, Chair*

Consideration and Appropriate Action Regarding Medical-Dental Staff Membership and Privileges —
Michael Little, M.D., President, Medical/Dental Staff

SUMMARY: The Credentials Committee met on October 27, 2025 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of November 4, the Executive Committee of the Medical-Dental Staff recommended approval of the Credentials Committee Report.

Consideration and Appropriate Action Regarding Medical-Dental Staff Recommendations for Professional Practice Evaluations and Delineation of Privileges —
Michael Little, M.D., President, Medical/Dental Staff

SUMMARY: The Credentials Committee met on October 27, 2025 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of November 4, 2025, the Executive Committee of the Medical-Dental Staff recommended approval the attached Delineation of Privileges and Focused/Ongoing Professional Performance Evaluation Report.

Consideration and Appropriate Action Regarding Telemedicine Privileges —
Bryan Alsip, M.D.

SUMMARY: The Board of Managers of University Health has approval authority for the appointment of clinical providers to the Medical-Dental Staff, and the granting of clinical privileges for overseeing the quality of care and provision of treatment to patients. University Health’s Professional Staff Services Department (PSS) is responsible for ensuring compliance regarding all applicants for the credentialing and privileging of providers, to include those approved for Telehealth privileges.

In accordance with section 3.7, Telehealth, of the Bylaws, when University Health facilities are the originating site, University Health may use the privileging and credentialing decision from the distant site to make a final privileging decision provided all required elements are met.

Consideration and Appropriate Action Regarding New University Health Policy No. 2.08.03, Artificial Intelligence (AI) Governance — *Bill Mundt*

SUMMARY: University Health supports the responsible adoption and integration of AI systems into the work environment to improve clinical care. Use of AI systems aim to reduce hospitalizations, prevent complications, decrease administrative burdens, and enhance patient engagement and operational efficiency. AI intends to augment human expertise. Thus, AI deployment must respect clinical judgment and support, rather than substitute, the decision-making of healthcare professionals and operational staff. This is a new policy.

This policy defines oversight, accountability, and guiding principles for the safe, ethical, and legally compliant use of Artificial Intelligence (AI) systems and to improve overall health outcomes and operational performance. Artificial Intelligence (AI) systems and to improve overall health outcomes and operational performance. There is no fiscal impact with the implementation of the policy. However, if we do not follow Executive Orders and Texas Legislation, there could be potential fines.

Consideration and Appropriate Action Regarding a Contract Between Community First Health Plans, Inc. and Optum for Evidence-Based Clinical Decision — *Theresa Scepanski*

SUMMARY: Community First Health Plans, Inc. (Community First), provides health care services to enrolled members and is subject to various regulatory and accreditation requirements including the use of evidence-based criteria when making utilization management decisions.

Optum is an industry leader and has continued to provide cost effective value-based services. Community First has utilized Optum for over 15 years and currently licenses their InterQual Criteria, Review Manager and Interrater Reliability tools. For decades, the InterQual Criteria solution has upheld a singular vision of improving patient outcomes by advocating and supporting evidence-based care. As health care continues to evolve, Optum continues to offer regular releases that support health plans, such as Community First, quality outcomes without unnecessary cost. Optum's innovative clinical content, technologies, solutions and services assist in:

- Reducing administrative burden on our network providers
- Enhancing payer-provider relations
- Improving overall care quality

As compared to the previous five-year contract awarded in 2021, the total estimated cost has increased by \$329,575.62. The fees include staff re-certification over the contract period, and additional clinical content modules, software licenses and staff training, as well as an increase in number of lives covered from 154,348 to 176,000. The requested contract is for a five-year period beginning January 1, 2026 ending December 31, 2030 and funding is included in the Annual Operating Budget.

Consideration and Appropriate Action Regarding Ratification of a Professional Services Agreement for Anesthesiology Services with UT Health San Antonio — *Edward Banos*

SUMMARY: University Health and UT Health San Antonio, in partnership with University Medicine Associates (UMA), maintain a Professional Services Agreement (PSA) for the provision of anesthesia services at University Hospital. The current agreement, effective September 1, 2025, through August 31, 2026, continues the integrated anesthesia care model established in 2023, under which University Health oversees scheduling and operational management while UT Health provides physician and Certified Registered Nurse Anesthetist (CRNA) staffing.

As part of the ongoing refinement of this model, both organizations identified the need to strengthen on-site clinical leadership to better coordinate daily operations and support real-time decision-making. To accomplish this, a 0.7 physician FTE board runner position was incorporated into the current PSA, allowing the physician to maintain active Operating Room participation while providing dedicated leadership and oversight during high volume and complex procedural periods.

The role complements the existing CRNA board runner structure to ensure consistent anesthesia coverage across operating and procedural areas. The addition of a physician board runner builds on this structure by providing physician-level leadership and authority to address complex clinical situations, guide intraoperative decision-making, and support collaboration with surgeons and procedural teams. Together, the CRNA and physician anesthesia leadership model ensures operational consistency and rapid clinical response when issues arise.

The PSA approved by the Board of Managers effective September 1, 2025, provides for an annual cost not to exceed \$40,309,617. The addition of the 0.7 physician FTE board runner results in an incremental cost of \$318,433, bringing the total annual contract value to \$40,628,050. This adjustment continues to reflect a significant reduction in total cost compared to the FY2024 agreement, primarily due to reduced leased CRNA utilization and improved collection offsets.

Consideration and Appropriate Action Regarding a Lease Renewal with El Cento Del Barrio dba CentroMed for the Dialysis South Clinic Located at 3750 Commercial Avenue, San Antonio, Texas — Brian Freeman/Crista Olvera

SUMMARY: Since 2009 University Health has been leasing 6,036 rentable square feet of space located at 3750 Commercial Avenue in San Antonio. On April 27, 2021, a First Amendment was approved by the Board that would allow a 3-year lease term renewal that was due to expire on March 31, 2024. This First Amendment also provided two (2), one-year renewal options, one which began April 1, 2024, and expired March 31, 2025, and the other which began April 1, 2025. In January of 2024, University Health Board of Managers provided financial approval to exercise both, one-year renewal options which will expire March 31, 2026.

This clinic has served numerous dialysis patients in a convenient location, within the CentroMed Health and Wellness Center. There continues to be a high demand for dialysis services within San Antonio and across South Texas. At this time staff is recommending that the lease at CentroMed be renewed to continue patient care in this known and convenient location. The landlord has offered a one-year lease renewal, with two (2), one-year renewal options.

Consideration and Appropriate Action Regarding Purchasing Activities (See Attachment A) — Reed Hurley/Travis Smith

SUMMARY: University Health's Purchasing Consent attachment for the month of November 2025 includes 21 proposed contracts for Board of Managers action. The total requested Board of Managers approval for these 21 contracts is \$36,287,555. All other Board of Managers' agenda items and contracts will be addressed and approved separately by the Board.

RECOMMENDATION: Staff recommends Board of Manager's approval of:
1) Purchasing Consent Agenda Items; and,
2) Purchasing Consent Attachment "A" in the amount of \$36,287,555

COMMENTS /DISCUSSIONS: None

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Fernández, **SECONDED** by Ms. Rodriguez, and **PASSED UNANIMOUSLY**.

EVALUATION: None
FOLLOW UP: None

Fourth Quarter Quality Report — *Bryan Alsip, M.D./Juan Garza, M.D.*

SUMMARY: Drs. Bryan Alsip and Juan Garza presented the Fourth Quarter Quality Report, highlighting sustained improvement across key clinical quality and patient safety metrics, along with significant national recognition. For calendar year 2025, University Health tracked 27 quality metrics, of which 24 were at or within 25% of target, and 17 were at or within 10% of target, reflecting consistent performance compared to prior quarters.

Several high-impact measures demonstrated notable progress. Surgical Site Infection (SSI) – Colon showed substantial improvement, increasing from 94% of target in the prior report to 150% of target, indicating performance well beyond established benchmarks. PSI-03 (Pressure Ulcers) remained at zero cases year-to-date, credited to coordinated efforts among nursing staff, physicians, wound care teams, and improvements in documentation and abstraction processes. Sepsis bundle compliance, a critical metric due to sepsis accounting for approximately 30% of inpatient mortality, reached 81.1%, approaching the 82% top-decile target and representing a dramatic improvement from 13% ten years ago. PSI-12 (Perioperative DVT) improved from an “opportunity” metric to “better than baseline” following workflow changes, process improvements, and electronic health record updates discussed at the prior meeting. The presenters also reviewed remaining “opportunity” metrics, noting that each has active action plans and ongoing monitoring, with expectations for continued improvement over upcoming months.

The report emphasized University Health’s achievement of a fifth consecutive Leapfrog Hospital Safety Grade of “A” for Fall 2025, resulting in the Leapfrog “Straight A” distinction. University Health is the only hospital in San Antonio to earn this designation and one of 90 hospitals in Texas out of 646 eligible facilities, placing it among approximately 12% of hospitals nationally. Leadership credited these results to systemwide commitment, staff engagement, and sustained focus on patient safety and quality of care.

COMMENTS /DISCUSSIONS: Board members congratulated leadership and staff on the sustained quality noting that the fifth consecutive leapfrog “a” reflects strong leadership, accountability, and collaboration across the organization. Comments emphasized that the achievement demonstrates a systemwide commitment to patient safety, from frontline staff through executive leadership.

Action Items:

Consideration and Appropriate Action Regarding a Resolution of the Board of Managers of the Bexar County Hospital District Requesting that Bexar County Commissioners Court Take All Actions Required to Authorize the Issuance of Limited Tax Refunding Bonds in Accordance with Specified Parameters; Authorizing District Staff, Co-Municipal Advisors and Bond Counsel to Coordinate this Matter with County Staff; and Authorizing All Other Required and Related Actions — *Edward Banos/Reed Hurley*

SUMMARY: Starting in 2008 University Health began issuing ad valorem tax supported municipal bonds to partially finance large capital projects. The Sky Tower, the Robert B. Green Medical building, the Women’s and Children’s Hospital and most recently the two community hospitals were all partially funded using Certificates of Obligation (“CO’s”). Most bonds, including CO’s, have an early call option. This option gives the issuer, University Health, the ability to call or refund the bonds before the bond’s term is up, allowing the issuer to refinance the debt at a potentially lower interest rate.

This process is accomplished through a “Parameters Order” approved by Bexar County Commissioners Court. The Board of Managers initially approves a resolution requesting the Commissioners Court to authorize a Parameters Order. Once approved, the Parameters Order allows University Health staff to work with Municipal Advisors and Bond Counsel to complete the refinancing subject to certain limits outlined in the order.

The Parameters Order remains effective for one year following approval by the Commissioners Court. University Health has \$146.3 million in Series 2016 Refunding Bonds and part of the Series 2018 CO’s issuances bonds that are potential candidates for refunding. The Parameters Order has the Net Present Value savings at a minimum of 2.5%, the savings amount should be more than the 2.5% listed depending on interest rates and overall bond market dynamics at the time of pricing. If for some reason interest rates are not favorable, University Health has the option to either delay or not act on the Parameters Order.

The proposed Resolution (see Attachment I) requests that the Bexar County Commissioners Court authorize the issuance and sale of refunding bonds (“Parameters Resolution”). If the market conditions remain favorable, University Health staff will make its recommendations regarding the timing of the sale and issuance of the limited tax refunding bonds to this Board’s Audit Committee. Upon the concurrence of the Board’s Audit Committee, University Health staff along with the assistance of Co-Municipal Advisors and Bond Counsel will then coordinate the sale of the refunding bonds to ensure the lowest possible interest rate. The transaction to refund the Series 2016 Refunding Bonds and part of the Series 2018 CO’s issuances is anticipated to be completed in Spring or Summer of 2026.

Based on the most recent analysis, University Health can save approximately \$6.4 million over the remaining life of the issues to be refunded or \$4.7 million in present value. The projected savings figures may change as interest rates fluctuate. These savings will come in the form of reduced interest expense due to lower rates over the remaining life of the bonds which will be projected to be paid off fully in 2037.

RECOMMENDATION: Staff recommends the Board of Managers approve and authorize the attached Parameters Resolution.

COMMENTS/DISCUSSIONS: During discussion of the parameters resolution for limited tax refunding bonds, Mr. Hurley provided background on the district’s debt strategy, explaining that University Health began issuing bond debt in 2008 to finance large capital projects, including the Sky Tower and subsequent hospital developments. He noted that bonds typically include a 10-year call option, allowing refinancing when market conditions are favorable. Bonds from 2016, totaling approximately \$130–\$140 million, will reach their call date in February 2026, with some 2018 bonds eligible earlier. The proposed parameters resolution would authorize the Commissioners Court to approve refinancing within defined limits, allowing staff to monitor interest rates and time the transaction. Estimated savings from refunding were reported at approximately \$7.2 million. No concerns were raised before the Board approved the resolution.

ACTION: A **MOTION** to **APPROVE** staff’s recommendation was made by Ms. Fernandez, **SECONDED** by Dr. Cohen, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None

Consideration, Discussion and Recommendation Regarding Bexar County Hospital District d/b/a University Health’s Operating, Debt Service and Capital Budgets for Fiscal Year 2026 — Edward Banos/Reed Hurley

SUMMARY: University Health leadership presented the consolidated FY 2026 Operating, Debt Service, and Capital Budgets, combining University Health and Community First Health Plans into a single financial plan.

The presenters emphasized that the budget was developed conservatively and strategically, prioritizing quality improvement, patient experience, operational efficiency, and expanded access while preparing for future growth.

Total consolidated operating revenue for FY 2026 is projected at \$4.27 billion. This includes approximately \$1.8 billion in net patient revenue, reflecting continued strong clinical volumes, and \$1.4 billion from Community First Health Plans, driven by sustained membership growth and new programs. Property tax revenue totals \$564 million, representing 13.1% of total operating revenue, supporting maintenance and operations.

On the expense side, Community First medical claims are the largest component at approximately \$1.3 billion, reflecting enrollment growth. Hospital salaries and benefits account for roughly half of non-Community First operating expenses, with the overall expense mix remaining consistent with prior years. The FY 2026 budget projects a \$42.5 million operating margin, aligned with the current year's budget and intentionally conservative due to anticipated federal and state funding uncertainties and the ramp-up of staffing for new community hospitals.

The routine capital budget totals \$46.9 million, funding equipment replacement, IT investments, infrastructure needs, and facility maintenance. Leadership noted increasing replacement needs as major equipment in the Sky Tower reaches the 10–12-year lifecycle. Debt service is budgeted at approximately \$99.9 million, remaining flat in FY 2026, with potential declines in future years depending on refinancing decisions.

RECOMMENDATION: Staff recommends Board of Manager's approval of the Consolidated Operating, Debt Service and Capital Budgets for Fiscal Year 2026 and its endorsement to Bexar County Commissioners' Court for their final approval on Tuesday, December 16, 2025.

COMMENTS /DISCUSSIONS: During discussion of the FY 2026 Consolidated Operating, Debt Service, and Capital Budgets, Mr. Hurley emphasized that the budget was developed conservatively, focusing first on system needs rather than revenue targets. Priorities include improving quality, patient experience, operational efficiency, and access, particularly as population growth continues to strain existing access points. Leadership discussed the impact of Community First Health Plans' continued membership growth, noting corresponding increases in both revenue and medical claims expense. The projected \$42.5 million operating margin was described as prudent given potential federal and state funding uncertainties and the ramp-up of staffing costs for new community hospitals opening in FY 2027. No concerns were raised, and the budget was advanced for Commissioners Court approval.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Ms. Fernandez, **SECONDED** by Ms. Rodriguez, and **PASSED UNANIMOUSLY**.
EVALUATION: None
FOLLOW UP: None

Finance Agenda – Jimmy Hasslocher, Chair

Consideration and Appropriate Action Regarding the Financial Report for October 2025 — Reed Hurley

SUMMARY: The October 2025 financials showed University Health's consolidated bottom line for the month to reflect a gain of \$20.2 million, \$16.5 million better than the budgeted gain of \$3.7 million. This gain to budget is primarily due to patient activity driving positive net patient revenue of \$18.7 million.

In October, clinical activity (as measured by inpatient days) was down by 1.6% but inpatient discharges were higher than budget by 10.7%. due to a lower acuity of patients and a shorter length-of-stay. Volumes exceeded prior year's performance across most key service delivery areas.

Community First experienced a bottom-line gain of \$375 thousand, which was \$763 thousand worse than the budgeted gain of \$1.1 million. better than the budgeted loss of \$997 thousand. Community First membership is up 3.5% compared to Budget driving up revenues as well as Medicaid Medical Claims Expense compared to budget.

Year to Date Operating Revenue:

- Net patient revenue is over budget by \$188.4 million driven by high patient volumes, acuity of inpatient services, and the continued growth of retail pharmacy volumes.
- Supplemental revenue is under budget \$9.2 million due to a change in estimated NAIP program revenue and DSH/UC final funding.
- Community First premium revenue is under budget by \$87.9 million due to a 4.0% increase in insured membership compared to budget.

Year to Date Operating Expense:

- Employee Compensation is over budget by \$73.2 million due to increased patient volumes requiring additional bedside staff and an increase in related health insurance expenses.
- Purchased Services are under budget by \$5.6 million primarily related to timing of projects and professional services.
- Supplies are under budget by \$6.5 million primarily due to implementation of supply savings initiatives reducing the cost per patient in procedural areas.
- Community First claims expense is over budget by \$100.6 million due to higher-than-expected enrollment.

Year to Date Non-Operating Expense:

- Investment income of \$70.1 million was higher than budget by \$22.4 million.
- A net unrealized gain of \$20.7 million has been recorded.

Consolidated Balance Sheet Report:

- Days Revenue in Patient Accounts Receivable: 36.1 days on a budget of 38.0 days.
- The Community Hospitals project has a total expected budget of \$1.58 billion; of which \$1.39 billion in contracts has been approved by the Board of Managers. Total payments of \$717 million have been paid to date leaving \$655 million encumbered. Of the Community Hospital's \$1.58 billion budget, \$1.36 billion in cash and bond proceeds have been funded for the project and additional cash reserves will be allocated over the next two years to fully fund the project.
- At the June 2025 Board meeting, \$91 million was encumbered for the acquisition of the former Christus Medical Center hospital campus. This transaction closed in October 2025 and \$71million was expended.
- Unencumbered funds reserved for future capital needs have a balance of \$24.5 million.
- University Health's Net Asset Value has increased \$288.5 million year to date on a Generally Accepted Accounting Principles (GAAP) basis including debt service tax revenue and interest expense on bonds.

RECOMMENDATION: Staff recommends approval of the October 2025 Financial Report subject to audit.

COMMENTS /DISCUSSIONS: During discussion of the October 2025 Financial Report, Mr. Hassloch commented that the organization experienced another strong financial month. He commended Mr. Reed Hurley and the finance team for their continued hard work and effective financial management. Leadership reported that October reflected sustained operational strength, with inpatient volumes and discharges remaining high and overall performance exceeding expectations.

Mr. Hurley noted that October became the highest discharge month on record, surpassing September, with improved patient throughput driven by reduced length of stay while maintaining stable patient acuity. No concerns or questions were raised by Board members. Following brief discussion, the Board proceeded with approval of the October 2025 Financial Report subject to audit.

ACTION: A **MOTION** to **APPROVE** staff's recommendation was made by Dr. Kelley, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW UP: None

Presentations and Education:

Nursing Residency Program (NRP) Presentation: Where New Nurses Thrive: Investing In University Health's Future Workforce — *Dina Pérez-Graham*

SUMMARY: Since its inception in 2013, University Health's Nurse Residency Program (NRP) has evolved into a cornerstone workforce development initiative. Beginning with its first cohort in 2013, the program is preparing to launch its 69th cohort and has graduated more than 2,700 nurses. The program was established to support the transition of new graduate nurses into clinical practice, improve patient safety and quality outcomes, and address national nurse turnover trends. University Health currently maintains 81 academic partnerships, including 29 schools of nursing, supporting a diverse and sustainable workforce pipeline.

All newly hired graduate nurses with fewer than six months of experience are automatically enrolled in the 12-month residency program, which includes monthly professional development seminars, leadership training, evidence-based practice projects, wellness initiatives, and structured mentorship. The program is fully supported through the annual budget and includes two dedicated residency coordinators due to program growth. Accreditation through the American Nurses Credentialing Center was first achieved in 2017, renewed in 2021, and a reaccreditation site visit occurred on October 24, 2025, with no deficiencies and seven identified strengths.

Program outcomes demonstrate strong organizational impact. The new graduate nurse turnover rate is 3.22 percent, exceeding national benchmarks by approximately 17 percent. Participants report improved confidence, resilience, and competency across multiple validated assessments conducted at hire, six, 12, 24, and 36 months. Innovations such as the Lighthouse Initiative, peer mentoring, interdisciplinary simulations, and collaboration with physicians were highlighted as best practices.

NRP graduates increasingly advance into leadership, education, and specialized clinical roles, supporting succession planning as University Health prepares to open new hospitals. Leadership emphasized that continued investment in the NRP strengthens patient care, staff engagement, and long-term operational stability across the system.

COMMENTS /DISCUSSIONS: Report Board members praised the Nurse Residency Program as an exceptional workforce development initiative, emphasizing its role in supporting new nurses, improving retention, and strengthening patient care. Comments highlighted the program's impact on collaboration between nurses and physicians, leadership development, and reduced turnover rates.


Members commended nursing leadership for sustained investment in education, mentorship, and wellness, noting that the program produces confident, competent nurses and contributes to long-term organizational stability and quality outcomes.

Information Only Items:


- A. Third Quarter Vendor Engagement Report — *Latifah Jackson/Horacio Vasquez/Travis Smith*
- B. Update on the Community Hospitals — *Brian Freeman*
- C. University Health Foundation Update — *Sara Alger*
- D. Report on Recent Recognitions and Upcoming Events — *Leni Kirkman*

Adjournment: — *Jimmy Hasslocher, Chair*

There being no further business Mr. Hasslocher adjourned the public meeting at 7:19pm.



Jimmy Hasslocher
Chair, Board of Managers



Margaret A. Kelley, MD.
Secretary, Board of Managers



Janie M. Guevara, Recording Secretary

The Board of Managers may recess during the open meeting in order to hold a closed meeting. Alternatively, a closed meeting may be held before the open meeting or after its adjournment.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines.

Closed Meeting: A closed meeting will be held pursuant to TEX. GOV'T CODE, Section 551.085 to receive information regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district.