

Board of Managers

Agenda for the **Board of Managers** meeting of the Dallas County Hospital District is scheduled for **Wednesday, October 28, 2026, at 12:50 PM (or directly following the HOMES meeting)** at 5200 Harry Hines Blvd (WISH Building), Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) Videoconferencing access is also possible via Webex. That application is available at <https://www.webex.com/downloads.html>. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2315 925 7839; meeting password: 1234) to join the meeting. The **Board of Managers** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The **Board of Managers** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

	PAGE	TIME (MIN)	PRESENTER(S)
I. Opening/Call to Order/Determine the Presence of a Quorum Present/Mission Statement/Opening Remarks <i>Advance Wellness Relieve Suffering Develop and Educate</i> I CARE <u>I</u> ntegrity <u>C</u> ompassion and Collaboration <u>A</u> ccountability <u>R</u> espect <u>E</u> quity The agenda has been developed by the Chief Governance Officer in consultation with the Board Chair and reviewed and affirmed by Counsel.			Chair
A. Invocation by Rabbi Howard Wolk		5	
B. Public Comments Regarding Agenda Items See public comment registration information and rules at https://www.parklandhospital.com/board-of-managers			
II. Consent Agenda: Minutes			Chair
A. Consideration and Appropriate Action Regarding Minutes 2026-09-22 Budget & Finance Committee	8		
B. Consideration and Appropriate Action Regarding Minutes 2026-09-23 Quality of Care & Patient Safety Committee	17		
C. Consideration and Appropriate Action Regarding Minutes 2026-09-23 Board of Managers Special Session	22		
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III. Consent Agenda: Contracts			Chair
A. Consideration and Appropriate Action Regarding Contracts over \$200,000 (See Attached List of Contracts)	37		

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IV. Consent Agenda: Capital Substitution(s)			Chair
A. Consideration and Appropriate Action Regarding Capital Substitution(s)	117		
V. Consent Agenda: Other			
A. Consideration and Appropriate Action Regarding the Internal Audit Charter Updated to Reflect the New IIA Global Standards and Align with Board Bylaws	120		
B. Consideration and Appropriate Action Regarding the 2026 Southwestern Medical District Budget Modification	129		
C. Consideration and Appropriate Action Regarding The Parkland Health Foundation New Board Appointees Claudia Jaramillo, Marjorie Petty, R'Kes Starling, and B. Michelle Williams	135		
D. Deliberation and Appropriate Action Regarding the Replacement of the Current Core Plus Bond Manager with Brown Brothers Harriman Credit Partners, LLC.	141		
E. Deliberation and Appropriate Action Regarding the Addition of Hedge Funds to the Parkland Investments Policy Statement	146		
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VI. Consent Agenda: Medical Executive Committee Items			Chair
A. Consideration and Appropriate Action Regarding Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers	196		
VII. Public Hearing on Proposed Local Provider Participation Fund (LPPF) New Rule for Acceptance of IGT Funding for the Texas Medicaid Program Effective October 1, 2026			Chair
A. Presentation on Proposed New Rule for Acceptance of IGT Funding for the Texas Medicaid Program	198	10	Keri Disney-Story
B. Public Comments Regarding Proposed New Rule for Acceptance of IGT Funding for the Texas Medicaid Program	203	5	
C. Consideration and Appropriate Action Regarding an Order Adopting a Local Provider Participation Fund Rule to Require That the Dallas County Hospital District LPPF Mandatory Payments Be Imposed Exclusively and Separately on Net Patient Revenue Attributable to Inpatient Hospital Services and on Net Patient Revenue Attributable to Outpatient Services	210	1	
VIII. Reports Requiring Deliberation(s) and/or Possible Action			
A. Update and Report by Chief Executive Officer Regarding Strategic and Operational Performance and Plans	212	15	Fred Cerise, MD
B. Update and Report on Parkland Center for Clinical Innovation	213	30	Steve Miff, PhD
C. Discussion Regarding Southeast Dallas Health Center Project Delivery Method and Architecture and Engineering Contract	233	20	Fred Cerise, MD

	PAGE	TIME (MIN)	PRESENTER(S)
IX. Executive Session			
Discussion Regarding Metrocare Operations, Leadership Transition, and Potential Opportunities for New Service Lines Tex. Gov't Code §551.085, §551.071	239	60	Brad Nitschke, JD
X. Executive Session – Possible Deliberation			
A. Possible Deliberation Regarding Medical Executive Committee Credentialing Report Tex. Health & Safety Code §161.032	240		
XI. Reports Requiring Deliberation(s) and/or Possible Action			Chair
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B. Possible Deliberation Regarding Board of Managers Meeting Attendance Report	277		
XII. Action Items			Chair
A. Board May Take Action on Any Agenda Item(s) Above			
XIII. Adjourn			Chair
A. Closing Remarks			
B. Call to Adjourn			

Item	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.
October 28, 2026									
Medical Products and Services									
M1	Expense	Mod# 2 Extension and adding funds for Abbott Electrophysiology Products and Accessories	Abbott Laboratories	8/19/2021 - 8/31/2028	\$3,901,000	\$9,800,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	David Alexander/Cardiac Lab
M2	Expense	Mod# 2 Two-year contract extension and adding new products for staining supplies	Agilent Technologies, Inc.	5/30/2018 - 11/30/2028	\$812,100	\$3,915,309	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Tim Lenz/Scott Hampton/Anatomic Pathology
M3	Revenue	House Staff Services	The University of Texas Southwestern Medical Center	9/1/2025 - 6/30/2027	(\$11,000,000)	(\$19,000,000)	Sole Source Modification	N/A-Revenue	Elizabeth Ponce/Graduate Medical Education
M4	Expense	Mod#4 Two-year extension and adding funds for Medtronic Electrophysiology Products and Accessories	Medtronic USA, Inc.	8/14/2021-11/14/2028	\$3,001,000	\$7,498,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	David Alexander/Cardiac Lab
M5	Expense	Mod#4 Two-year extension and adding funds for Kahook Dual Blade Disposables	New World Medical	8/11/2017-11/10/2028	\$315,000	\$809,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander/Ambulatory Service Center
M6	Expense	Durable Medical Equipment Prosthetic Devices, Prosthetics, Orthotics, and Supplies Services	One Source Medical Solutions, Inc.	12/14/2026 – 12/13/2031	\$15,000,000	\$15,000,000	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Shannan Bradley, Alissa Tran, Pamela Bryant/Care Management, Hospital at Home, Supply Chain
M7	Expense	Mod#1 Adding funds for two-year extension for the chemistry lab	Sebia, Inc	1/1/2024-12/31/2028	\$485,000	\$1,335,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz/ Pathology

M8	Expense	Mod#2 Two-year extension and adding funds for Versajet accessories	Smith and Nephew, Inc.	7/1/2020 - 11/30/2028	\$315,000	\$1,136,039	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander/Operating Room
M9	Expense	Ob/Gyn Clinical Coverage	The University of Texas Southwestern Medical Center	10/1/2026 – 9/30/2029	\$3,992,679	\$3,992,679	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Ryan Alcantar/Employee Health Integration
M10	Revenue	Mod# 5 Revenue Reporting Services for MIPS and TIPPS	The University of Texas Southwestern Medical Center	3/9/2022-9/30/2029	(\$1,532,387)	(\$3,690,113)	Contract Extension without Competition	N/A-Revenue	Keri Disney-Story/Finance Department
M11	Expense	Mod# 3 Add funding to the Endoprosthesis Vascular Stents and Implants contract	W.L. Gore & Associates, Inc.	5/1/2021-8/28/2028	\$4,500,000	\$11,801,000	Sole Source Modification	Yes, for the current fiscal year. Additional years' costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan and Shawn Grady/Operating Room and Interventional Radiology
M12	Expense	Mod#4 Add funds to Pathways Forward Program	The Salvation Army	3/1/2022-4/1/2027	\$250,000	\$2,644,465	Sole Source Modification	Yes	Shannan Bradley/Care Management
M13	Expense	Mod#7 Add funds for outstanding invoices for Outpatient Dialysis Services	Bio-Medical Applications of Texas, Inc	12/1/2021-12/31/2026	\$1,800,000	\$19,836,933	Sole Source Modification	Yes	Shannan Bradley/Post Acute Services
M14	Expense	Mod#2 Add funding to immunology reagent contract for the Parkland owned Dynex DSX machine	Werfen USA LLC	11/1/2016-10/31/2027	\$85,000	\$989,760	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz/Laboratory Services
Construction and Facilities									
C1	Capital	Design Services for Southeast Dallas Health Center	Cannon Design Inc.	10/29/2026 – 12/31/2030	\$23,626,298	\$23,626,298	Request for Qualifications	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Asma Momin/Planning, Design, and Construction

C2	Capital	Mod#2 Adding contingency funds Big OK Paper Parking Lot Improvements	Gilbert May, Inc. d/b/a Phillips May Corporation	4/24/2024 - 12/31/2026	\$164,160	\$4,478,623	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Paul Woodard /Parkland Design and Construction
C3	Expense: Court Approval	Commercial Contract of Sale for the purchase of 5431 Gregg Street, Dallas, TX	4304 Live Oak, LP	11/4/2026 - 3/19/2027	\$1,100,000	\$1,100,000	Real Estate - Exemption	Yes	Beall Carothers/Planning Design & Construction
C4	Expense: Court Approval	Mod# 2 4th Amendment to Office Lease (for Parkland Foundation & Corporate Communications)	Albany Road-Mockingbird, LLC	8/1/2017-1/31/2032	\$2,506,324	\$5,678,944	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Beall Carothers/Planning Design & Construction
C5	Capital	Acoustic Wall Panel Installation	Mexim Corporation	11/1/2026 - 1/31/2027	\$208,022	\$208,022	Invitation for Bids	Yes	Hymavathi Vennapusa/Parkland Design & Construction
Information Technology									
IT1	Expense	Epic Resource for Epic Refuel Project (Project Align)	EPIC	11/9/2026 - 9/30/2027	\$342,200	\$342,200	Sole Source	Yes	Greggory Ervin and Brian Ramirez/Information Technology
IT2	Expense	Epic Refuel 2026 - Licenses for Application Implementation (Project Align)	EPIC	10/28/2026 - 12/31/2028	\$1,494,232	\$1,494,232	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Greggory Ervin and Deborah Johnson/Information Technology
IT3	Expense	Harmony Healthcare IT- Historical Healthcare Data Archiving solutions.	Harmony Healthcare IT (HHIT)	11/1/2026 - 8/31/2027	\$550,000	\$550,000	Sole Source	Yes	Deborah Johnson/Information Technology
IT4	Expense	Hyland LLC multi-year co-termining of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR)	Hyland LLC	11/1/2026 - 6/30/2031	\$3,673,382	\$3,673,382	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Deborah Johnson/Information Technology

IT5	Expense	Revenue Cycle Solutions: SmarterPrebill, SmarterDenials, and SmarterCharges	Smarter DX, Inc.	11/1/2026 – 10/31/2031	\$480,000	\$480,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kelli Rossi/Revenue Cycle
IT6	Expense	Utilization Management Solution: SmarterUtilization	Smarter DX, Inc.	11/1/2026 – 10/31/2031	\$500,000	\$500,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kelli Rossi/Revenue Cycle
Hospital Operations									
O1	Expense	Refurbishment of two (2) 300 hp Cleaver Brooks steam boilers located in the Linen department	Cleaver-Brooks Sales and Service, Inc.	11/1/2026 – 10/31/2027	\$202,045	\$202,045	Invitation for Bids	Yes	Jay Dyck/Linen Services
O2	Capital	Purchase 17 Affinity Birthing Beds	Hill-Rom Company, Inc.	11/1/2026 – 6/30/2027	\$258,438	\$258,438	GPO Purchase	Yes	Andrew Hohman/Clinical Engineering
O3	Expense	Mod#3 One year extension of Benefits Flexible Spending Account Administrative Services	Inspira Financial Health, Inc.	1/1/2015 -12/31/2027	\$108,150	\$1,414,650	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Tawana McCullough/Office of Talent Management
O4	Expense	Mod#2 One-year term extension and change to the Scope of Work - Consulting Services for Affordable Care Act (ACA) Exchange Plan	Milliman, Inc.	11/14/2024-11/13/2027	\$1,725,000	\$4,615,000	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kristin Alvarez/Value-Based Care
O5	Capital	OMEGA E-View AI ERCP Fluoroscopy System	Omega Medical Imaging, LLC	11/6/2026 – 11/5/2027	\$998,128	\$998,128	Sole Source	Yes	Patrick Eaton/Clinical Engineering
Ratification/Deviation/Informational Only									
R1	Expense-Ratification	Mod # 3 Pathways Forward Program, adding funds	The Salvation Army	3/1/2022-4/1/2027	\$808,383	\$2,394,465	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Shannan Bradley/Post Acute Services
R2	Expense-Ratification	Mod # 3 Recuperative Care, adding funds	The Salvation Army	11/15/2020-4/1/2027	\$160,446	\$657,012	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Shannan Bradley/Post Acute Services
D1	Capital-Approved Deviation	Purchasing new Sakura Tissue-Tek VIP (Vacuum	Sakura Finetek USA, Inc.	10/1/2026 9/30/2027	\$472,532	\$472,532	Sole Source	Yes	Tim Lenz/Bernie Buenvenida/Clinical Engineering

**Parkland Health
FY2027 Capital Substitution
For October 2026 Board Meeting**

Ref #	Division	Project Total	Substitution Amount	Description
1	Nursing Administration	\$879,900	\$879,900	Lifts for Safe Patient Handling
Explanation		Texas Senate Bill 1525 requires hospitals and nursing homes to implement safe patient handling and movement programs. The bill restricts manual lifting or movement of all or most of a patient's weight to emergency, life-threatening, or other exceptional circumstances. An internal assessment was recently completed and found that we were deficient in our patient handling processes. Due to the limited number of patient lifts, manual lifting (including transfers and repositioning) occurs often in non-emergent situations. To enhance safety and align with safe patient handling practices, the purchase of 44 lifts totaling \$503K for equipment are being requested, which include the following: ceiling lifts (38), mobile bariatric lifts (4), and fall recovery devices (2). An additional \$377K is also needed for construction related costs due to the relocation of 10 lights in the BICU. The lights would interfere with the railings for the lifts in their current location. The lifts will be installed in high-risk areas to include the following: intensive care units, Radiology, and Neurosurgery. Benefits of approving the request include the following: reduction in injuries and physical strain to the backs of employees; safer environment to retain nurses.		
Driver(s) of Increased Expense:		\$503,000 for equipment; \$376,900 for construction related costs		
Description of Item:		ceiling lifts (38), mobile bariatric lifts (4), and fall recovery devices (2)		
Grand Total		\$879,900	\$879,900	

Invocation

Consideration and Appropriate Action Regarding Minutes 2026-09-22 Budget & Finance Committee

Minutes of the Budget, Finance & Infrastructure Committee meeting of the Dallas County Hospital District, held Tuesday, September 22nd, 2026, scheduled for 11:30 AM in the WISH 02-175 Executive Conference Room at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Committee Chair Ramon Miguez, PE, noted that a quorum was present and called the meeting to order at 11:31 a.m. Committee Members present included: Marjorie Petty, JD, and Yasmin Simon, JD.

Board Member attendees included: Vincent Hall, Reina Gonzalez, JD, and Miriam Sharma, RN.

Staff Present (via Webex and in-person) included:

Anthony Davis, Dir., Financial Operations
Beall Carothers, Dir., Real Estate Development PDC
Brad Nitschke, Chief Legal Officer
Edmundo Castaneda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
Guy Toliver, Dir., Inclusion-Supply Diversity
Jason Patak, Dir. Plan Design and Construction Services
Joe Longo, Chief Information Security Officer
Joseph Chang, Chief Medical Officer
Kareem AbdelFattah, VP Assoc. Chief Medical Officer
Keri Disney-Story, VP Clinical Finance
Lance Mendiola, VP Construction Facilities Real Est.
Michelle Ng, Associate Admin - Garland
Morgan Simmons, Governance Program Manager
Pamela Bryant, SVP & Supply Chain Management (via Webex)
Saul Cordero, SVP & Chief Governance & Strategy Officer
Travis Smith, Chief Financial Officer

II. Mission Statement

The Committee Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After reviewing the agenda, the Chair noted that there were no conflicts of interest.

A. Reports Requiring Deliberation(s) or Approval(s)**A. Consideration and Appropriate Action Regarding Contracts over \$200,000**

Pam Bryant reviewed the briefing documents for contracts over \$200,000. (See Appendix A for these minutes for more specific details on each contract). Pam Bryant presented each contract based on expense, capital, revenue, and selection method (sole source and non-sole source).

The Committee asked questions and received additional information related to the consideration of contracts worth over \$200,000.

Ramon Miguez requested a motion to recommend Board approval of the contracts over \$200,000 (excluding O2 which was moved to the October meeting). Marjorie Petty moved for approval of the contracts over \$200,000. Yasmin Simon seconded. The motion carried unanimously.

B. Update and Report Parkland Financial Performance Presentation

Keri Disney-Story provided an update for the month of August. For the month of August, Parkland Health recognized a net gain of \$2.8M which is \$4.2M lower than the budgeted net income of \$7.0M and \$(27.2) M unfavorable compared to the prior year net income of \$30.0M. Parkland Health's operating margin and operating cash flow margin for the month of August were (1.8%) and 1.0%, respectively.

The operating margin was unfavorable compared to the budget of 0.0% and the operating cash flow margin was unfavorable compared to budget of 2.9%. Parkland Health's operating margin was unfavorable compared to prior year operating margin of 0.0% and unfavorable to the operating cash flow margin of 2.9% from the prior year.

Parkland Health's patient cash collections in August were \$137.3M, which is higher than budget by \$23.4M and \$29.8M higher than the prior year. Parkland Health's days cash on hand of 228.7 days for the month is decrease of 10.0 days compared to prior month of 238.7 days and compared to the prior year August of 218.3 days, an increase of 10.4 days.

C. Update and Report on Current FY26 Facilities Projects (See Attached List of Projects)

Lance Mendiola provided an update on Parkland's major facilities and construction projects, noting progress on the Mike A. Myers Health Center, parking improvements, and eighth- and ninth-floor activation. Lance also reported continued advancement of the Emergency Department triage expansion, Interventional Radiology rooms, and completion of the laboratory consolidation. Planning and design efforts continue for the Wilmer and Southeast Health Centers, Cardiac Electrophysiology Lab, and Pediatric Burn Center, with upcoming contracts anticipated for Board consideration.

A. Follow-Up Requests

B. Closing Remarks

C. **Adjourn**

With no further business to discuss, Committee Chair Ramon Miguez, PE, adjourned the meeting at 12:48 pm.

SO RECORDED:

Ramon Miguez, PE
Committee Chair

Brad Nitschke, JD
Assistant Secretary



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Appendix A (Contracts Reviewed for Appropriate Action)

Item	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.
September 23, 2026									
Medical Products and Services									
M1	Expense	Mod# 2 Two-year extension and adding funds for Orthopedic Implants	Arthrex Inc.	8/30/2021 - 7/31/2028	\$1,800,000	\$3,979,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander / Surgical Administration
M2	Expense	Mod#3 Adding funds for two-month extension Main Campus Ground Maintenance Extension	Bare Roots Landscape Design, Inc.	3/15/2021 – 11/30/2026	\$132,000	\$4,815,093	Non-Sole Source Modification	Yes	Roderick Stephens / Engineering Services
M3	Expense	Air Handler Cleaning services	G.n.S. Enterprises, LLC	10/1/2026 – 9/30/2029	\$243,000	\$243,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Khaled Abbas / Engineering Services
M4	Expense	Mod# 1 In-person American Sign Language Interpretation Services, adding funds and using final option year	GLOBO Language Solutions, Language Line Services, Inc., and MasterWord Services, Inc.	11/1/2022 - 10/31/2027	\$1,024,734	\$2,543,720	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Wendy Young / Language Services
M5	Expense	Panther Premium Support & Maintenance	Hologic Sales and Service, LLC	9/27/2026 – 9/26/2029	\$236,550	\$236,550	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Travis Kobernick / Clinical Engineering
M6	Expense	Mod#1 Add funds for Genesis Bi-wing Positioners	Infinitus Medical Technologies	12/19/2024 - 12/18/2027	\$600,000	\$1,350,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan / Perioperative Services



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M7	Expense	Mod# 1 To Add Funds to the Multi-Award - Outpatient Durable Medical Equipment Supplies contract	Dalton Medical Corporation, Dallas Medical Enterprise, F&T Respiratory Care LLC, Gatesco Medical Supplies	12/12/2025 -12/11/2026	\$65,000	\$257,000	Non-Sole Source Modification	Yes	Shannan Bradley / Care Management
M8	Revenue	Mod# 3 Two-year extension for Parkland Community Health Plan Administrative Services	Parkland Community Health Plan, Inc.	10/1/2021 - 9/30/2028	(\$4,617,628)	(\$17,951,542)	Sole Source Modification	N/A Revenue	Raquel Hardy / Finance
M9	Expense	Mod# 12 Clinical Services – Part A Expense	The University of Texas Southwestern Medical Center	10/1/2014 - 9/30/2027	\$671,621	\$9,809,802	Sole Source Modification	Yes	Sheila Fisher / Grants Management
M10	Revenue	Mod# 12 Clinical Services – Part B Revenue	The University of Texas Southwestern Medical Center	10/1/2014 - 9/30/2027	(\$2,564,588)	(\$25,314,304)	Sole Source Modification	N/A Revenue	Niccole McKinley / WISH Administration
M11	Revenue	DART Care – Licensed Mental Health Social Workers	Dallas Area Rapid Transit	9/24/2026 – 9/23/2030	(\$3,063,076)	(\$3,063,076)	N/A-Revenue	N/A Revenue	Geoffrey Camp / Behavioral Health
M12	Expense	Mod#2 One-month extension for OB/GYN Clinical Coverage	The University of Texas Southwestern Medical Center	7/12/2021 - 9/30/2026	\$50,262	\$3,170,076	Contract Extension without Competition	Yes	Ryan Alcantar / Employee Health Integration
Construction and Facilities									
C1	Revenue: Court Approval	Canton Oaks Sublease	Canton Long Term Care, LLC	Upon execution – 8/31/2028	\$0	\$0	Real Estate – Exemption	N/A-Revenue	Beall Carothers / Planning, Design & Construction



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C2	Revenue: Court Approval	Corinth Rehabilitation Sublease	Corinth Health Care, LLC	Upon execution – 8/31/2028	\$0	\$0	Real Estate – Exemption	N/A-Revenue	Beall Carothers / Planning, Design & Construction
C3	Expense: Court Approval	Commercial Contract – Improved Property for the purchase of ±41,982 sf (0.9637 acres) of land and buildings located at 2411 Butler Street, Dallas, Texas	Hailu Ejigu and Enanu Ejigu	10/29/2026 – 3/12/2027	\$2,474,480	\$2,474,480	Real Estate – Exemption	Yes	Beall Carothers / Planning, Design & Construction
C4	Expense: Court Approval	Commercial Contract – Unimproved Property for the purchase of ±10,329 sf (0.2371 acres) of land located at 2415 Butler Street, Dallas, Texas	Lulite Ejigu	10/29/2026 – 3/12/2027	\$592,830	\$592,830	Real Estate – Exemption	Yes	Beall Carothers / Planning, Design & Construction
C5	Expense	Multiple Award Task Order Contract (MATOC) Construction Services	Batson-Cook Texas LLC, F.H. Paschen, SN Nielson & Associates LLC, Suffolk Construction, Hoar Construction, Gilbert May, Inc. d/b/a Phillips May/Corporation, Falkenberg Construction Co., Inc., TM Source Building Group, Inc., Real Construction Group, Talley Riggins Construction Group, Centennial Contractors	10/1/2026 – 9/30/2031	\$25,000,000	\$25,000,000	Request for Proposals (Best Value)	Yes	Thad Smith/ Planning, Design, and Construction
C6	Expense	Multiple Award Task Order Contract (MATOC), Architectural and Engineering (A&E) Design Services	Beck, LTD, SmithGroup, Environments for Health Architecture, HKS, Inc., Hoefer Welker, LLC, KAI/Alliance, MEP Consulting Engineers, Inc., GSR Andrade Architects, SBL Architecture, Jacobs, Kirksey Architecture	10/1/2026 – 9/30/2031	\$5,000,000	\$5,000,000	Request for Qualifications	Yes	Thad Smith/ Planning, Design, and Construction



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September 22, 2026

Information Technology									
IT1	Capital	Product or Service: Barco Workstations/Monitors Replacement	Optum / Change Healthcare Technologies, LLC	10/1/2026 – 9/30/2027	\$374,714	\$374,714	Sole Source	Yes	Greggory Ervin / Information Technology
Hospital Operations									
O1	Capital and Expense	Replacement of stroboscopy systems, such as CPUs, processors, and scopes used in the Speech Pathology Department	Pentax of America, Inc.	10/1/2026 – 12/31/2027	\$274,234	\$274,234	Sole Source	Yes	Joanna Brown / PM&R
O2	Expense	Mod#1 Add funds and 1-year term extension for Third Party Disability/FMLA Management Services	Sedgwick Claims Management Services, Inc.–MOVED TO OCT.	1/1/2022 - 12/31/2027	\$967,476	\$5,578,305	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tawana McCullough / Office of Talent Management
O3	Expense	Mod#2 Add Software as a Service (SaaS) Solution & Implementation for Point-of-Use Inventory Management in Operating Rooms and Procedural Areas and Warehouse Management System Implementation	Tecsys, Inc.	12/1/2023 - 11/30/2028	\$3,866,510	\$6,529,196	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Alex Zimmerman / Supply Chain
Ratification/Deviation/Informational Only									
R1	Expense-Ratification	Drop-In Backup Childcare Services	CDM Management, Inc. dba First Step	1/27/2025 - 12/31/2026	\$40,670	\$238,210	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Ryan Alcantar / Office of Talent Management
R2	Expense-Ratification	In-person American Sign Language Interpretation Services, adding funds	GLOBO Language Solutions, Language, Line Services, Inc., and MasterWord Service	11/1/2022 - 10/31/2026	\$252,586	\$1,518,986	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Wendy Young / Language Services

FY26 Facilities Project List:

- A. **Mike A. Myers Health Center** (Richland Clinic)
- B. **Parkland Campus** – OK Paper Warehouse Demolition & Surface Parking
- C. **Parkland Hospital** – ACH 8th & 9th Floor Shell Buildout
- D. **Parkland Hospital** - Emergency Department Triage Expansion
- E. **Parkland Hospital** – Interventional Radiology Expansion Rooms 5 & 6
- F. **Parkland Hospital** – Lab Consolidation
- G. **Parkland Hospital** – Cardiac EP Lab Shell Buildout
- H. **Parkland Campus** – Pediatric Behavioral Health Center Renovation
- I. **Parkland Campus** – Redfield Parking Lot Improvements
- J. **Inland Port**
- K. **Southeast Health Center**

Consideration and Appropriate Action Regarding Minutes 2026-09-23 Quality of Care & Patient Safety Committee

Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District held Wednesday, September 23, 2026, scheduled for 10:00 a.m. in the WISH building Executive Conference Room 02-175 at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Committee Chair Byron Cryer, MD, was absent from this meeting and requested Eric Bing, MD, PhD, serve as presiding Chair. Eric Bing noted that a quorum was physically present and called the meeting to order at 10:01 a.m. Committee members: Todd Furniss, JD and Farida Minner, RN, attended in person.

Board Member attendees included: Reina Gonzalez, JD, Vincent Hall, Ramon Miguez, PE, Marjorie Petty, JD, Miriam Sharma, RN, and Yasmin Simon, JD.

Staff Present (via Webex and in-person) included:

Brett Moran, Chief Health Officer
Carmen Bowling, SVP Nursing
Dawn Marchetto, SVP Nursing
Donna Richardson, EVP & Chief Nursing Officer
David Alexander, SVP Nursing
Edmundo Castaneda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
Gretchen Blake, VP Quality & Clinical Effectiveness
James Griffin, Past Med Staff President
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Judy Herrington, SVP Nursing
Kathleen Doherty, VP Nursing Surgical Services
Kareem AbdelFattah, VP & Assoc. Chief Medical Officer
Michelle Ng, Associate Admin – Garland
Morgan Simmons, Governance Program Manager
Paige Lueking, Associate General Counsel
Ryan Mauck, MD – Service Chief, Urology; President-Elect – Med Staff
Saul Cordero, SVP & Chief Governance & Strategy Officer
Sobha Fuller, SVP Nursing
Travis Smith, Chief Financial Officer

Other Attendees:

Catherine Chen, MD (via Webex)

Mission Statement

The Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

II. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

III. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

IV. Executive Session – Quality & Patient Safety Operations Section

At 10:03 a.m. the Committee moved into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics, as necessary.

In executive session, the Committee received the presentation and reports as specified in the posted agenda.

A. Update and Report Regarding Quality-Related Key Performance Indicators (KPIs)

Reports for quality improvement project(s) throughout the enterprise

1. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation(s)
Annual report on service lines related to quality and safety
 - a. Burn Services CQC
 - b. Critical Care Services PIC

B. Possible Deliberation Regarding the Following

- A. Executive Summaries
Overview of QSO departmental reports
- B. Clinical Excellence Operating Review Update for Hospital and Ambulatory
Monthly update of quality key performance indicators (KPIs)
- C. HRO Theme for September
Monthly flyer with HRO topic and resources
- D. Cause Analysis (CA) Case Log

List of upcoming cause analysis case reviews

- E. Cause Analysis Cumulative Falls Report
Quarterly summary report of falls

~ End of Quality Portion of QBOM Agenda

IV. Executive Session: Medical Executive Committee (MEC)

Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occupations Code §160.007

- A. Consideration and Appropriate Action Regarding Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
 - 1. Medical Staff and Non-Physician Clinical Providers to Parkland Health
 - a. Credentialing Report
 - b. Delineation of Privileges (DoPs)
 - i. Radiation Oncology (biennial review)
 - ii. Ophthalmology (biennial review)
 - iii. Pulmonology – ION Robotic Bronchoscopy FPPE (Triage)

IV. Executive Session: Discussion regarding report and/or information provided by the Medical Executive Committee President and related items on this agenda.

See Health & Safety Code § 161.032 & 161.0315 and Tex. Occupations Code §160.007

The Committee conducted a one-on-one discussion with Medical Executive Committee president, Ryan Mauck.

Chair adjourned Executive Session and moved into Open Session at 11:18 am.

IV. Action Items (Open Session)

- A. Consideration and Appropriate Action Regarding MEC Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
 - 1. Credentialing Report
 - 2. Delineation of Privileges (DoPs)
 - a. Radiation Oncology (biennial review)
 - b. Ophthalmology (biennial review)
 - c. Pulmonology – ION Robotic Bronchoscopy FPPE (Triage)

Eric Bing requested a motion to consider the action items listed on the agenda including the MEC Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers. The presiding Chair stated that, consistent with the executive-session discussion, one reappointment included in the Credentialing Report would be limited to a four-month extension.

Todd Furniss motioned to recommend Board approval of the Medical Executive Committee Recommendations, Credentialing Report, Delineation of Privileges, Medical Staff Bylaws, Policies and all other action items as discussed as part of the MEC portion of the quality meeting. Farida Minner seconded the motion. The motion passed unanimously.

V. Follow-Up Requests: None

VI. Closing Remarks

VII. **Adjourn**

With no further business to discuss, (interim) Committee Chair Eric Bing, MD, PhD, adjourned the meeting at 11:19 am.

SO RECORDED:

Byron Cryer, MD
Committee Chair

Brad Nitschke, JD
Assistant Secretary

Consideration and Appropriate Action Regarding Minutes 2026-09-23 Board of Managers Special Session

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held on Wednesday, September 23, 2026, scheduled for 11:00 a.m. or directly following the Board Quality and Patient Safety Meeting in the WISH Building Conference Room (02-175) at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Chair, Vincent Hall noted that a quorum was physically present and called the meeting to order at 11:23 a.m.

Board Member attendees included: Eric G. Bing, MD, PhD, Todd Furniss, JD, Reina Gonzalez, JD, Ramon Miguez, PE, Farida Minner, RN, Marjorie Petty, JD, Miriam Sharma, RN, Yasmin Simon, JD.

Board Members not present: Byron Cryer, MD and Jeff Tillotson, JD.

Staff Present (via Webex and in-person) included:

Melanie Roberts, SVP & Chief Compliance & Ethics Officer
Michelle Ng, Associate Admin - Garland
Morgan Simmons, Board Governance Program Manager
Saul Cordero, SVP & Chief Governance & Strategy Officer

Other Attendees:

Jed Ullrich, Corporate Communications

II. Mission Statement

The Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After reviewing the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Reports Requiring Deliberation(s) or Approval(s)**A. Annual Mandatory Compliance and Ethics Training for the Board of Managers Related to Parkland's Code of Conduct and Ethics, Reporting Obligations Policy and Procedure and Non-Retaliation Policy**

The annual compliance training for the Parkland Board of Managers, HOMES Board, PCCI Board of Directors, and Parkland Health Foundation Board led by Melanie Roberts, focused on reinforcing board oversight responsibilities and emerging compliance risks.

The following topics were discussed in-depth with the Board Members:

- Compliance & Ethics Program Responsibilities
- Governance Responsibilities
- Compliance Program Influences and Stewardship
- Compliance Program Administration
- Future Program Considerations
- Reflections & Adjournment

Melanie Roberts, Chief Compliance and Ethics Officer, emphasized the Board's responsibility to remain knowledgeable about the Compliance and Ethics Program and exercise reasonable oversight, while management remains responsible for program implementation. Melanie reviewed governance responsibilities and key compliance areas, including information privacy, safeguarding reimbursement, conflicts of interest, quality of care, and patient safety.

The training focused on the influence of the updated 2026 Corporate Integrity Agreement requirements on compliance program frameworks, even for organizations not subject to a CIA. Melanie highlighted enhanced expectations related to compliance officer independence, Board oversight, arrangements and fair market value, internal reporting, information technology expertise, risk assessment methodology, and artificial intelligence governance. She explained that these evolving expectations provide an additional framework for evaluating and strengthening Parkland's compliance practices.

Melanie also outlined the FY27 Compliance and Ethics Program action plan, which includes assessing the current program against the CIA framework, presenting findings and recommended actions to appropriate committees, and implementing applicable improvements using a risk-based approach. The training concluded with examples illustrating continued healthcare enforcement activity and the importance of effective organizational compliance oversight.

The Board asked questions and received further information related to the compliance training.

A. Adjourn

With no further business to discuss, Chair Vincent Hall, adjourned the meeting at 11:54 a.m.

SO RECORDED:

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Consideration and Appropriate Action Regarding Minutes 2026-09-23 Board of Managers

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Wednesday, September 23, 2026, scheduled for 12:30 PM (or immediately following the Annual Compliance Training meeting) in the WISH 02-175 Executive Conference Room at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Chair Vincent Hall noted that a quorum was physically present and called the meeting to order at 12:26 PM.

Board Member attendees included: Eric G. Bing, MD, PhD, Todd Furniss, JD, Reina Gonzalez, JD, Ramon Miguez, PE, Farida Minner, RN, Marjorie Petty, JD, Miriam Sharma, RN, Yasmin Simon, JD.

Board Members not present: Byron Cryer, MD and Jeff Tillotson, JD.

Staff Present (via Webex and in-person) included:

Brad Nitschke, Chief Legal Officer
Brett Moran, Chief Health Officer
Donna Richardson, EVP & Chief Nursing Officer
Edmundo Castaneda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
James Blasingame, Sr. Dir Reimb. & UT Con Government Reimb.
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Kareem AbdelFattah, VP & Assoc. Chief Medical Officer
Keri Disney-Story, VP Clinical Finance
Michelle Ng, Associate Admin - Garland
Morgan Simmons, Governance Program Manager
Saul Cordero, SVP & Chief Governance & Strategy Officer
Travis Smith, Chief Financial Officer

Additional Attendees:

Ashley Anastasia (via Webex)
Jim Griffin, S&W Law (via Webex)
Socorro Salazar – Commissioner Garcia’s Office (via Webex)
Dr. Yosef Khan– Invocation Provider (via Webex)

II. Mission Statement

The Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Invocation

Dr. Yosef Khan offered an invocation at the beginning of the meeting.

IV. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

V. Conflicts of Interest

After reviewing the agenda, the Chair noted there were no potential conflicts of interest.

I. Consent Agenda: Minutes

- A. Consideration and Appropriate Action Regarding Minutes 2026-08-05 Governance, Compliance and Ethics Committee
- B. Consideration and Appropriate Action Regarding Minutes 2026-08-05 Talent Development and Executive Compensation Committee
- C. Consideration and Appropriate Action Regarding Minutes 2026-08-12 Audit Committee
- D. Consideration and Appropriate Action Regarding Minutes 2026-08-25 Budget & Finance Committee
- E. Consideration and Appropriate Action Regarding Minutes 2026-08-26 Quality of Care & Patient Safety Committee
- F. Consideration and Appropriate Action Regarding Minutes 2026-08-26 Board of Managers

II. Consent Agenda: Contracts

- A. Consideration and Appropriate Action Regarding Contracts over \$200,000 (See Attached List of Contracts)

III. Consent Agenda: Other

- A. Consideration and Appropriate Action Regarding the Delegation of Signature Authority for Certain Matters to Travis Smith and Keri Disney-Story

IV. Consent Agenda: Medical Executive Committee Items

- A. Consideration and Appropriate Action Regarding Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

Vincent Hall asked if any items need to be pulled from the consent agenda for further discussion. None were pulled. Vincent Hall next asked for a motion to approve the consent agenda as stated

on the agenda. Ramon Miguez motioned for approval. Todd Furniss seconded. The motion passed unanimously.

V. **Reports Requiring Deliberation(s) or Approval(s)**

A. **Public Hearing on the Local Provider Participation Fund (LPPF) Mandatory Payment Assessment and Vote on Establishment of the Mandatory rate for FY27.**

Keri Disney-Story and James Blasingame presented the FFY2027 LPPF rate-setting proposal, explaining that the Dallas County LPPF supports the non-federal share of Medicaid supplemental payments for eligible private hospitals. The FY2027 funding need is approximately \$554.8 million. A 6% assessment is projected to generate \$531.7 million, which, combined with the existing fund balance, provides approximately \$551.8 million. They recommended approval of the **highest rate allowed by law, currently 6%**, with the assessment calculated as required by applicable law. Due to potential changes in the methodology, the approved rate may be applied to inpatient and outpatient net patient revenues either **in aggregate or separately**. Coordination with the Collin County LPPF is expected to address the remaining funding needs.

No members of the public were in attendance.

Vincent Hall requested a motion to approve the FY2027 Local Provider Participation Fund (LPPF) 6% Mandatory Rate which may be applied to inpatient and outpatient net patient revenues either in aggregate or separately. Ramon Miguez motioned to approve the FY2027 LPPF mandatory rate. Todd Furniss seconded. The motion passed unanimously.

Executive Session

At 12:38 PM, the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics, as necessary.

A. **Consultation with Attorney Regarding Certain Pending Litigation: Dallas County Hospital District v. BARA, et al; Construction Cleaning, Inc. v. Dallas County Hospital District Tex. Gov't Code §551.071**

Chair adjourned Executive Session and moved into Open Session at 12:57 PM.

Upon entering back into open session, Vice Chair, Yasmin Simon, proposed a motion to authorize investigation of the soil settlement issue in the Pending Litigation: Dallas County Hospital District v. BARA, et al; Construction Cleaning, Inc. v. Dallas County Hospital District and incur costs up to \$1.1 million without further Board approval. Ramon Miguez seconded the motion. The motion passed unanimously.

B. Update and Report by Chief Executive Officer Regarding Operational Performance and Plans

Dr. Fred Cerise provided updates on supplemental funding, hospital capacity, and strategic development. He reported that the CMS-Texas funding agreement is expected to improve Parkland's FY26 financial position significantly. The eighth floor will open October 1st, adding fifty-six beds and supporting expansion of behavioral medicine capacity. Dr. Cerise also discussed coordinated development of the Southwestern Medical District and preliminary discussions with Garland officials regarding a potential Parkland-operated urgent care facility, with no commitments made at this time.

C. Consideration and Appropriate Action Regarding Parkland's Strategic Plan

Dr. Fred Cerise presented the final Strategic Plan, organized around three focus areas: seamless access, quality of care, and mission sustainability. He highlighted priorities to improve patient access and navigation, strengthen high-reliability practices and population health outcomes, and support long-term organizational sustainability. Sustainability priorities include workforce engagement, financial performance, education, research, and artificial intelligence. Dr. Cerise noted that organizational goals will align with these strategic priorities and cascade throughout the health system.

Vincent Hall requested a motion to accept the final proposed Strategic Plan. Todd Furniss motioned to accept the Strategic Plan. Ramon Miguez seconded. The motion passed unanimously.

D. Discussion Regarding Changes to Patient Financial Assistance Policy Amendments

Jessica Hernandez presented updates to Parkland's Patient Financial Assistance and Self-Pay Charity Discount programs aimed at simplifying eligibility, reducing administrative barriers, and improving patient access. The revised approach incorporates presumptive eligibility, predictive analytics, targeted documentation review, simplified renewals, and three-month retroactive eligibility. Eligibility for Dallas County residents extends through 400% of the Federal Poverty Level, with varying assistance for other self-pay populations. Jessica noted that expanding eligibility is estimated to reduce collections by approximately \$2 million annually, with a portion potentially offset through supplemental

payment opportunities. The changes prioritize earlier access to care while supporting Parkland's financial position.

E. Consideration and Appropriate Action Regarding Amendments to the Parkland Retirement Income Plan and Mandatory Savings Plan Along with Other Employee Benefits

Felicia Miller presented proposed amendments to Parkland's employee benefit and retirement plans, including required SECURE Act updates, alignment of benefit eligibility with Workday FTE designations, and an increase in the dependent care spending account limit from \$5,000 to \$7,500. These amendments were initially presented at the Board Talent Development and Executive Compensation Committee meeting in August. Felicia also reviewed the required 403(b) plan restatement and updated Employee Health Plan Notice of Privacy Practices. She explained that part-time benefit eligibility will require a minimum 0.6 FTE designation beginning January 1, 2027. Management estimated approximately \$2 million in potential benefit-cost savings associated with the eligibility changes.

Vincent Hall requested a motion to approve all the benefit amendments discussed. Yasmin Simon motioned. Farida Minner seconded. The motion passed unanimously.

Break

VI. Executive Session

At 1:58 PM, the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics, as necessary.

A. Discussion Regarding Metrocare Operations, Leadership Transition, and Potential Opportunities for New Service Lines Tex. Gov't Code §551.085

Chair adjourned Executive Session and moved into Open Session at 3:15 PM.

Upon entering back into open session, Vice Chair, Yasmin Simon proposed a motion to expand the engagement with FTI to develop a financially stable operational plan moving forward regarding the Metrocare operations to continue serving their patients. Ramon Miguez seconded the motion. The motion passed unanimously.

VII. Action Items

- A. Board May Take Action on Any Agenda Item(s) Above

VIII. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 3:16 PM.

SO RECORDED:

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Appendix A (Contracts Reviewed for Appropriate Action)

Item	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.
September 23, 2026									
Medical Products and Services									
M1	Expense	Mod# 2 Two-year extension and adding funds for Orthopedic Implants	Arthrex Inc.	8/30/2021 - 7/31/2028	\$1,800,000	\$3,979,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander / Surgical Administration
M2	Expense	Mod#3 Adding funds for two-month extension Main Campus Ground Maintenance Extension	Bare Roots Landscape Design, Inc.	3/15/2021 – 11/30/2026	\$132,000	\$4,815,093	Non-Sole Source Modification	Yes	Roderick Stephens / Engineering Services
M3	Expense	Air Handler Cleaning services	G.n.S. Enterprises, LLC	10/1/2026 – 9/30/2029	\$243,000	\$243,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Khaled Abbas / Engineering Services
M4	Expense	Mod# 1 In-person American Sign Language Interpretation Services, adding funds and using final option year	GLOBO Language Solutions, Language Line Services, Inc., and MasterWord Services, Inc.	11/1/2022 - 10/31/2027	\$1,024,734	\$2,543,720	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Wendy Young / Language Services
M5	Expense	Panther Premium Support & Maintenance	Hologic Sales and Service, LLC	9/27/2026 – 9/26/2029	\$236,550	\$236,550	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Travis Kobernick / Clinical Engineering
M6	Expense	Mod#1 Add funds for Genesis Bi-wing Positioners	Infinitus Medical Technologies	12/19/2024 - 12/18/2027	\$600,000	\$1,350,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan / Perioperative Services

M7	Expense	Mod# 1 To Add Funds to the Multi-Award - Outpatient Durable Medical Equipment Supplies contract	Dalton Medical Corporation, Dallas Medical Enterprise, F&T Respiratory Care LLC, Gatasco Medical Supplies	12/12/2025 - 12/11/2026	\$65,000	\$257,000	Non-Sole Source Modification	Yes	Shannan Bradley / Care Management
M8	Revenue	Mod# 3 Two-year extension for Parkland Community Health Plan Administrative Services	Parkland Community Health Plan, Inc.	10/1/2021 - 9/30/2028	(\$4,617,628)	(\$17,951,542)	Sole Source Modification	N/A Revenue	Raquel Hardy / Finance
M9	Expense	Mod# 12 Clinical Services – Part A Expense	The University of Texas Southwestern Medical Center	10/1/2014 - 9/30/2027	\$671,621	\$9,809,802	Sole Source Modification	Yes	Sheila Fisher / Grants Management
M10	Revenue	Mod# 12 Clinical Services – Part B Revenue	The University of Texas Southwestern Medical Center	10/1/2014 - 9/30/2027	(\$2,564,588)	(\$25,314,304)	Sole Source Modification	N/A Revenue	Niccole McKinley / WISH Administration
M11	Revenue	DART Care – Licensed Mental Health Social Workers	Dallas Area Rapid Transit	9/24/2026 – 9/23/2030	(\$3,063,076)	(\$3,063,076)	N/A-Revenue	N/A Revenue	Geoffrey Camp / Behavioral Health
M12	Expense	Mod#2 One-month extension for OB/GYN Clinical Coverage	The University of Texas Southwestern Medical Center	7/12/2021 - 9/30/2026	\$50,262	\$3,170,076	Contract Extension without Competition	Yes	Ryan Alcantar / Employee Health Integration
Construction and Facilities									
C1	Revenue: Court Approval	Canton Oaks Sublease	Canton Long Term Care, LLC	Upon execution – 8/31/2028	\$0	\$0	Real Estate – Exemption	N/A-Revenue	Beall Carothers / Planning, Design & Construction

C2	Revenue: Court Approval	Corinth Rehabilitation Sublease	Corinth Health Care, LLC	Upon execution – 8/31/2028	\$0	\$0	Real Estate – Exemption	N/A-Revenue	Beall Carothers / Planning, Design & Construction
C3	Expense: Court Approval	Commercial Contract – Improved Property for the purchase of ±41,982 sf (0.9637 acres) of land and buildings located at 2411 Butler Street, Dallas, Texas	Hailu Ejigu and Enanu Ejigu	10/29/2026 – 3/12/2027	\$2,474,480	\$2,474,480	Real Estate – Exemption	Yes	Beall Carothers / Planning, Design & Construction
C4	Expense: Court Approval	Commercial Contract – Unimproved Property for the purchase of ±10,329 sf (0.2371 acres) of land located at 2415 Butler Street, Dallas, Texas	Lulite Ejigu	10/29/2026 – 3/12/2027	\$592,830	\$592,830	Real Estate – Exemption	Yes	Beall Carothers / Planning, Design & Construction
C5	Expense	Multiple Award Task Order Contract (MATOC) Construction Services	Batson-Cook Texas LLC, F.H. Paschen, SN Nielson & Associates LLC, Suffolk Construction, Hoar Construction, Gilbert May, Inc. d/b/a Phillips May/Corporation, Falkenberg Construction Co., Inc., TM Source Building Group, Inc., Real Construction Group, Talley Riggins Construction Group, Centennial Contractors	10/1/2026 – 9/30/2031	\$25,000,000	\$25,000,000	Request for Proposals (Best Value)	Yes	Thad Smith/ Planning, Design, and Construction
C6	Expense	Multiple Award Task Order Contract (MATOC), Architectural and Engineering (A&E) Design Services	Beck, LTD, SmithGroup, Environments for Health Architecture, HKS, Inc., Hofer Welker, LLC, KAI/Alliance, MEP Consulting Engineers, Inc., GSR Andrade Architects, SBL Architecture, Jacobs, Kirksey Architecture	10/1/2026 – 9/30/2031	\$5,000,000	\$5,000,000	Request for Qualifications	Yes	Thad Smith/ Planning, Design, and Construction

Information Technology									
IT1	Capital	Product or Service: Barco Workstations/Monitors Replacement	Optum / Change Healthcare Technologies, LLC	10/1/2026 – 9/30/2027	\$374,714	\$374,714	Sole Source	Yes	Greggory Ervin / Information Technology
Hospital Operations									
O1	Capital and Expense	Replacement of stroboscopy systems, such as CPUs, processors, and scopes used in the Speech Pathology Department	Pentax of America, Inc.	10/1/2026 – 12/31/2027	\$274,234	\$274,234	Sole Source	Yes	Joanna Brown / PM&R
O2	Expense	Mod#1 Add funds and 1-year term extension for Third Party Disability/FMLA Management Services	Sedgwick Claims Management Services, Inc. – MOVED TO OCT.	1/1/2022 - 12/31/2027	\$967,476	\$5,578,305	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tawana McCullough / Office of Talent Management
O3	Expense	Mod#2 Add Software as a Service (SaaS) Solution & Implementation for Point-of-Use Inventory Management in Operating Rooms and Procedural Areas and Warehouse Management System Implementation	Tecsys, Inc.	12/1/2023 - 11/30/2028	\$3,866,510	\$6,529,196	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Alex Zimmerman / Supply Chain
Ratification/Deviation/Informational Only									
R1	Expense-Ratification	Drop-In Backup Childcare Services	CDM Management, Inc. dba First Step	1/27/2025 - 12/31/2026	\$40,670	\$238,210	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Ryan Alcantar / Office of Talent Management
R2	Expense-Ratification	In-person American Sign Language Interpretation Services, adding funds	GLOBO Language Solutions, Language, Line Services, Inc., and MasterWord Service	11/1/2022 - 10/31/2026	\$252,586	\$1,518,986	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Wendy Young / Language Services

Consideration and Appropriate Action Regarding Contracts over \$200,000

Item	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.
October 28, 2026									
Medical Products and Services									
M1	Expense	Mod# 2 Extension and adding funds for Abbott Electrophysiology Products and Accessories	Abbott Laboratories	8/19/2021 - 8/31/2028	\$3,901,000	\$9,800,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	David Alexander/Cardiac Lab
M2	Expense	Mod# 2 Two-year contract extension and adding new products for staining supplies	Agilent Technologies, Inc.	5/30/2018 - 11/30/2028	\$812,100	\$3,915,309	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Tim Lenz/Scott Hampton/Anatomic Pathology
M3	Revenue	House Staff Services	The University of Texas Southwestern Medical Center	9/1/2025 - 6/30/2027	(\$11,000,000)	(\$19,000,000)	Sole Source Modification	N/A-Revenue	Elizabeth Ponce/Graduate Medical Education
M4	Expense	Mod#4 Two-year extension and adding funds for Medtronic Electrophysiology Products and Accessories	Medtronic USA, Inc.	8/14/2021-11/14/2028	\$3,001,000	\$7,498,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	David Alexander/Cardiac Lab
M5	Expense	Mod#4 Two- year extension and adding funds for Kahook Dual Blade Disposables	New World Medical	8/11/2017-11/10/2028	\$315,000	\$809,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander/Ambulatory Service Center
M6	Expense	Durable Medical Equipment Prosthetic Devices, Prosthetics, Orthotics, and Supplies Services	One Source Medical Solutions, Inc.	12/14/2026 – 12/13/2031	\$15,000,000	\$15,000,000	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Shannan Bradley, Alissa Tran, Pamela Bryant/Care Management, Hospital at Home, Supply Chain
M7	Expense	Mod#1 Adding funds for two-year extension for the chemistry lab	Sebia, Inc	1/1/2024-12/31/2028	\$485,000	\$1,335,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz/ Pathology

M8	Expense	Mod#2 Two-year extension and adding funds for Versajet accessories	Smith and Nephew, Inc.	7/1/2020 - 11/30/2028	\$315,000	\$1,136,039	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	David Alexander/Operating Room
M9	Expense	Ob/Gyn Clinical Coverage	The University of Texas Southwestern Medical Center	10/1/2026 – 9/30/2029	\$3,992,679	\$3,992,679	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Ryan Alcantar/Employee Health Integration
M10	Revenue	Mod# 5 Revenue Reporting Services for MIPS and TIPPS	The University of Texas Southwestern Medical Center	3/9/2022-9/30/2029	(\$1,532,387)	(\$3,690,113)	Contract Extension without Competition	N/A-Revenue	Keri Disney-Story/Finance Department
M11	Expense	Mod# 3 Add funding to the Endoprosthesis Vascular Stents and Implants contract	W.L. Gore & Associates, Inc.	5/1/2021-8/28/2028	\$4,500,000	\$11,801,000	Sole Source Modification	Yes, for the current fiscal year. Additional years' costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan and Shawn Grady/Operating Room and Interventional Radiology
M12	Expense	Mod#4 Add funds to Pathways Forward Program	The Salvation Army	3/1/2022-4/1/2027	\$250,000	\$2,644,465	Sole Source Modification	Yes	Shannan Bradley/Care Management
M13	Expense	Mod#7 Add funds to Outpatient Dialysis Services	Bio-Medical Applications of Texas, Inc	12/1/2021-12/31/2026	\$625,000	\$18,661,933	Sole Source Modification	Yes	Shannan Bradley/Post Acute Services
M14	Expense	Mod#2 Add funding to immunology reagent contract for the Parkland owned Dynex DSX machine	Werfen USA LLC	11/1/2016-11/1/2016	\$85,000	\$989,760	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz/Laboratory Services
Construction and Facilities									
C1	Capital	Design Services for Southeast Dallas Health Center	Cannon Design Inc.	10/29/2026 – 12/31/2030	\$23,626,298	\$23,626,298	Request for Qualifications	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Asma Momin/Planning, Design, and Construction

C2	Capital	Mod#2 Adding contingency funds Big OK Paper Parking Lot Improvements	Gilbert May, Inc. d/b/a Phillips May Corporation	4/24/2024 - 12/31/2026	\$164,160	\$4,478,623	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Paul Woodard /Parkland Design and Construction
C3	Expense: Court Approval	Commercial Contract of Sale for the purchase of 5431 Gregg Street, Dallas, TX	4304 Live Oak, LP	11/4/2026 – 3/19/2027	\$1,100,000	\$1,100,000	Real Estate – Exemption	Yes	Beall Carothers/Planning Design & Construction
C4	Expense: Court Approval	Mod# 2 4th Amendment to Office Lease (for Parkland Foundation & Corporate Communications)	Albany Road-Mockingbird, LLC	8/1/2017-1/31/2032	\$2,506,324	\$5,678,944	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Beall Carothers/Planning Design & Construction
C5	Capital	Acoustic Wall Panel Installation	Mexzim Corporation	11/1/2026 – 1/31/2027	\$208,022	\$208,022	Invitation for Bids	Yes	Hymavathi Vennapusa/Parkland Design & Construction
Information Technology									
IT1	Expense	Epic Resource for Epic Refuel Project (Project Align)	EPIC	11/9/2026 – 9/30/2027	\$342,200	\$342,200	Sole Source	Yes	Greggory Ervin and Brian Ramirez/Information Technology
IT2	Expense	Epic Refuel 2026 – Licenses for Application Implementation (Project Align)	EPIC	10/28/2026 – 12/31/2028	\$1,494,232	\$1,494,232	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Greggory Ervin and Deborah Johnson/Information Technology
IT3	Expense	Harmony Healthcare IT- Historical Healthcare Data Archiving solutions.	Harmony Healthcare IT (HHIT)	11/1/2026 – 8/31/2027	\$550,000	\$550,000	Sole Source	Yes	Deborah Johnson/Information Technology
IT4	Expense	Hyland LLC multi-year co-terming of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR)	Hyland LLC	11/1/2026 – 6/30/2031	\$3,673,382	\$3,673,382	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Deborah Johnson/Information Technology

IT5	Expense	Revenue Cycle Solutions: SmarterPrebill, SmarterDenials, and SmarterCharges	Smarter DX , Inc.	11/1/2026 – 10/31/2031	\$480,000	\$480,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kelli Rossi/Revenue Cycle
IT6	Expense	Utilization Management Solution: SmarterUtilization	Smarter DX , Inc.	11/1/2026 – 10/31/2031	\$500,000	\$500,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kelli Rossi/Revenue Cycle
Hospital Operations									
O1	Expense	Refurbishment of two (2) 300 hp Cleaver Brooks steam boilers located in the Linen department	Cleaver-Brooks Sales and Service, Inc.	11/1/2026 – 10/31/2027	\$202,045	\$202,045	Invitation for Bids	Yes	Jay Dyck/Linen Services
O2	Capital	Purchase 17 Affinity Birthing Beds	Hill-Rom Company, Inc	11/1/2026 – 6/30/2027	\$258,438	\$258,438	GPO Purchase	Yes	Andrew Hohman/Clinical Engineering
O3	Expense	Mod#3 One year extension of Benefits Flexible Spending Account Administrative Services	Inspira Financial Health, Inc.	1/1/2015 -12/31/2027	\$108,150	\$1,414,650	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Tawana McCullough/Office of Talent Management
O4	Expense	Mod#2 One-year term extension and change to the Scope of Work - Consulting Services for Affordable Care Act (ACA) Exchange Plan	Milliman, Inc.	11/14/2024-11/13/2027	\$1,725,000	\$4,615,000	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Kristin Alvarez /Value- Based Care
O5	Capital	OMEGA E-View AI ERCP Fluoroscopy System	Omega Medical Imaging, LLC	11/6/2026 – 11/5/2027	\$998,128	\$998,128	Sole Source	Yes	Patrick Eaton/Clinical Engineering
Ratification/Deviation/Informational Only									
R1	Expense- Ratification	Mod # 3 Pathways Forward Program, adding funds	The Salvation Army	3/1/2022-4/1/2027	\$808,983	\$2,394,465	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Shannan Bradley/Post Acute Services

R2	Expense-Ratification	Mod # 3 Recuperative Care, adding funds	The Salvation Army	11/15/2020-4/1/2027	\$160,446	\$657,012	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets	Shannan Bradley/Post Acute Services
D1	Capital-Approved Deviation	Purchasing new Sakura Tissue-Tek VIP (Vacuum	Sakura Finetek USA, Inc.	10/1/2026 9/30/2027	\$472,592	\$472,592	Sole Source	Yes	Tim Lenz/Bernie Buenvendida/Clinical Engineering



Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #2 Extension and adding funds for Abbott Electrophysiology Products and Accessories	
Business Owner: David Alexander		Business Owner Dept: Cardiac Lab	Contract Number: POCP-19452 A3
Vendor/Supplier: Abbott Laboratories Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract (4/27/2021)	\$4,500,000
		Modification #1 (8/27/2025)	\$1,300,000
		Action(s) Since Last BOM Approval Action# 1 (09/22/2026)	
Revenue, Expense or Capital: Expense		Board Approval Amount Modification# 2	\$3,901,000
Original Start Date: 8/19/2021 Current Expiration: 11/30/2026 Mod Start Date: 10/28/2026 Expiration after this Mod: 8/31/2028		New Total Contract Amount:	\$9,800,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): David Alexander, Senior Vice President, Nursing, Executive Nursing Leadership			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to extend and add funds for Abbott Electrophysiology Products and Accessories.

Background

This contract is for electrophysiology (EP) products used in the Cardiac Lab for cardiac ablation (procedures that ablate scar tissue in the heart to block abnormal electrical signals and restore normal heart rhythm). These products are proprietary to the EnSite capital equipment already placed here.

This additional funding is required due to sustained, multi-year growth in utilization driven by increased patient volume and a significant rise in Atrial Fibrillation (AFib) procedures, exceeding original forecasted demand. These products are used only for patients meeting established clinical criteria, and the increased utilization reflects both growing patient demand and the clinical needs of the population being treated. Rolling 12-month spend is approximately \$1.5 million. AFib procedure volume has increased steadily from approximately 210 cases in FY2023 to 268 cases in FY2024, 329 cases in FY2025, and 332 cases through August FY2026, demonstrating continued growth in service demand that necessitates additional contract funding.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is average compared to other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	Total
\$5,899,000	\$1,901,000	\$2,000,000	\$9,800,000

Sole Source Justification

This contract is for a good or service for a good or service for which there is only one acceptable source. Parkland owns the Abbott EnSite capital equipment. The products and accessories are proprietary to these systems; and no other products are compatible.

Document Contact/Author:	Bryson Hendrix
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification:# 2 Two-year contract extension and adding new products for staining supplies.	
Business Owner: Tim Lenz/Scott Hampton		Business Owner Dept: Anatomic Pathology	Contract Number: POCP-19175
Vendor/Supplier: Agilent Technologies, Inc. Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract and Original BOM (05/23/2018)	\$1,987,209
		Prior Board of Manager Approvals Modification#1 (12/20/2023)	\$1,116,000
		Board Approval Amount Modification# 2	\$812,100
Expense			
Original Start Date: 5/30/2018 Current Expiration: 11/30/2026 Mod Start Date: 12/1/2026 Expiration after this Mod: 11/30/2028		New Total Contract Amount:	\$3,915,309
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Enrique Gallegos, Senior Vice President, Operations & Associate Chief Operating Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification for a Two-year contract extension and adding new products for staining supplies.

Background

This contract extends Parkland's agreement with Agilent for staining supplies used in the Agilent stainers currently owned and operated by Parkland. These supplies support tissue-staining instruments that enable pathologists to more clearly visualize cells, tissues, infections, and tumor markers, which are critical for accurate diagnosis and cancer classification. Due to compatibility requirements with the existing Agilent stainers, there is no assurance that alternative stains or supplies would perform as intended or produce equivalent results. The additional items being added under this contract are buffer bottles that are proprietary to the Agilent staining systems owned by Parkland. These bottles are designed specifically for use with the Agilent stainers, and comparable products from other vendors are not compatible with the equipment. The buffer bottles are used to hold the wash buffer solution required for the operation of the staining instruments. Therefore, Agilent is the only source capable of providing these proprietary supplies for Parkland's existing equipment.

Fair and Reasonable Price Determination

Benchmarking was conducted on the supplier's quotation for reagents utilized on the stainers. ECRI's analysis stated that Parkland prices are equal to or better than the national benchmark average on all items cross-referenced. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	FY2029	Total
\$3,103,209	\$338,375	\$406,050	\$67,675	\$3,915,309

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The stains and supplies are proprietary for the Agilent stainer.

Document Contact/Author:	Tamisha Smallwood
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #1 House Staff Services	
Business Owner: Elizabeth Ponce		Business Owner Dept: Graduate Medical Education	Contract Number: PONCS-18118A5
Vendor/Supplier: The University of Texas Southwestern Medical Center		Original Contract initial BOM (09/24/2025) (09/01/2025 – 06/30/2026 partial academic year)	(\$8,000,000)
Basis of Original Contract Award N/A-Revenue		Board Approval Amount Modification #1 (07/01/2026-6/30/27 academic year)	(\$11,000,000)
Basis of this Modification Sole Source Modification			
Revenue, Expense or Capital: Revenue			
Original Start Date: 9/1/2025 Current Expiration: 6/30/2026 Mod Start Date: 7/1/2026 Expiration after this Mod: 6/30/2027		New Total Contract Amount:	(\$19,000,000)
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? N/A-Revenue FTE Impact: None			
Submitted By (Division VP): Joseph Chang, Senior Vice President, Chief Medical Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to House Staff Services.

Background

The Dallas County Hospital District d/b/a Parkland Health ("Parkland") employs House Staff in The University of Texas Southwestern Medical Center ("UT Southwestern") sponsored Graduate Medical Education programs.

If for any reason the entity to which a Parkland employed House Staff member is assigned refuses to reimburse Parkland, this agreement formalizes the ability of Parkland to invoice the equivalent amount to the appropriate UT Southwestern Clinical Department.

In addition, this agreement formalizes the ability of Parkland to invoice a UT Southwestern Clinical Department as necessary and instructed by the leadership of that Clinical Department.

Fair and Reasonable Price Determination

N/A - Revenue

Financial Forecast

Current Board Approved Contract Amount	FY2026	FY2027	Total
(\$8,000,000)	(\$2,750,000)	(\$8,250,000)	(\$19,000,000)

Document Contact/Author:	Elizabeth Ponce / Kathleen Larry
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #4 Two-year extension and adding funds for Medtronic Electrophysiology Products and Accessories	
Business Owner: David Alexander		Business Owner Dept: Cardiac Lab	Contract Number: POCP-19784 A8
Vendor/Supplier: Medtronic USA, Inc. Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract (7/27/2021)	\$1,500,000
		Modification #1 (10/30/2024)	\$399,000
		Modification #2 (5/21/2025)	\$900,000
		Modification #3 (4/22/2026)	\$600,000
Revenue, Expense or Capital: Expense		Action(s) Since Last BOM Approval Action# 1 (09/22/2026)	\$99,000
		Board Approval Amount Modification# 4	\$3,001,000
Original Start Date: 8/14/2021 Current Expiration: 11/14/2026 Mod Start Date: 10/28/2026 Expiration after this Mod: 11/14/2028		New Total Contract Amount:	\$6,499,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): David Alexander, Senior Vice President, Nursing, Executive Nursing Leadership			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification for two-year extend and adding funds for Medtronic Electrophysiology Products and Accessories.

Background

This contract is for electrophysiology (EP) products used in the Cardiac Lab for cardiac ablation (procedures that ablate scar tissue in the heart to block abnormal electrical signals and restore normal heart rhythm). These products are proprietary to Arctic Front and PulseSelect capital equipment already placed here.

This additional funding is required due to sustained, multi-year growth in utilization driven by increased patient volume and a significant rise in Atrial Fibrillation (AFib) procedures, exceeding original forecasted demand. These products are used only for patients meeting established clinical criteria, and the increased utilization reflects both growing patient demand and the clinical needs of the population being treated. Rolling 12-month spend is approximately \$1.5 million. AFib procedure volume has increased steadily from approximately 210 cases in FY2023 to 268 cases in FY2024, 329 cases in FY2025, and 332 cases through August FY2026, demonstrating continued growth in service demand that necessitates additional contract funding.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is average compared to other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	FY2029	Total
\$3,498,000	\$1,375,458	\$1,500,500	\$125,042	\$6,499,000

Sole Source Justification

This contract is for a good or service for a good or service for which there is only one acceptable source. Parkland owns the Medtronic ablation system. The products and accessories are proprietary to these systems; and no other products are compatible.

Document Contact/Author:	Bryson Hendrix
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #2 Two- year extension and adding funds for Kahook Dual Blade Disposables	
Business Owner: David Alexander		Business Owner Dept: Ambulatory Service Center	Contract Number: POCP-21504 A4
Vendor/Supplier: New World Medical Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract (08/11/2017)	\$150,000
		Prior Board of Manager Approvals Original BOM (07/26/2022) Modification# 1 (04/23/2025)	\$70,000 \$274,000
Revenue, Expense or Capital: Expense		Board Approval Amount Modification# 2	\$315,000
Original Start Date: 8/11/2017 Current Expiration: 11/10/2026 Mod Start Date: 11/11/2026 Expiration after this Mod: 11/10/2028		New Total Contract Amount:	\$809,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): David Alexander, Senior Vice President, Nursing, Executive Nursing Leadership			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification for a two-year extension and adding funds for Kahook Dual Blade disposables.

Background

The Kahook Dual Blade (KDB) is a single-use, ophthalmic surgical blade used during minimally invasive glaucoma surgery to lower intraocular pressure. The dual blade is specially designed to remove the damaged tissue blocking the eye's natural drainage system, creating a more permanent opening than a simple incision, which may help reduce the risk of the drainage pathway closing over time. By improving fluid outflow, it can help lower eye pressure and protect vision from glaucoma-related damage. Additionally, the KDB is the instrument Parkland's physicians are trained and experienced to use for this procedure, supporting procedural consistency and efficiency.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is consistent with other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2026	FY2027	FY2028	Total
\$494,000	\$13,125	\$157,500	\$144,375	\$809,000

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source that contains these unique characteristics. The Kahook Dual Blade is unique because it removes eye tissue that's blocking fluid drainage without leaving an implant behind and without requiring expensive equipment. Its specially designed dual blades allow surgeons to precisely remove the blockage, helping lower eye pressure and potentially reducing the need for glaucoma medications.

Document Contact/Author:	Bryson Hendrix
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Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Durable Medical Equipment Prosthetic Devices, Prosthetics, Orthotics, and Supplies Services	
Business Owner: Shannan Bradley, Alissa Tran, Pamela Bryant		Business Owner Dept: Care Management, Hospital at Home, Supply Chain	Contract Number: POCS-25038
Vendor/Supplier/Contractor: One Source Medical Solutions, Inc.		Source Selection Methodology: Request for Proposals (Best Value)	Fair and Reasonable Price Determination: Adequate Competition
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	12/14/2026 – 12/13/2029	\$9,000,000
	Out Years:	2 Year(s)	+\$6,000,000
	Total:	12/14/2026 – 12/13/2031	\$15,000,000
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	Yes
<u>If not</u> , what premium will be paid for this contract over the lowest bidder?			N/A
Approvals			
		Has the <u>final</u> contract been approved by Legal for legal sufficiency?	Yes
		Does this contract have an IT Component?	Yes; and IT approved
		Does this contract have a Construction Component?	No
Financial			
		Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
		FTE Impact:	None
Submitted By (Division VP): Edmundo Castañeda, Executive Vice President & Chief Operating Officer			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Durable Medical Equipment Prosthetic Devices, Prosthetics, Orthotics, and Supplies Services.

Background

This contract is for Durable Medical Equipment (DME) Prosthetic devices, Prosthetics, Orthotics, and Supplies (POS) Services. This service provides DME which includes wheelchairs, walkers, canes, oxygen, and related supplies, to support safe patient discharge, continuity of care, and reduce patient length of stay to support the Care Management Department and the Hospital at Home Department. The selected supplier is also the incumbent provider of these services.

Fair and Reasonable Price Determination

A fair and reasonable price was determined through adequate competition.

Competitive Range				
Vendor	Key Strengths	Key Weaknesses	Non-Cost Score	Price Differential
One Source Medical Solutions, Inc.	-One Source demonstrated experience across the entire DME POS program, including reimbursement, Hospital at Home, reporting, and inventory management. -One Source has Therapeutic Fitters and four bilingual Certified Compression Specialists on staff. -One Source described a methodology for identifying, tracking, and reporting item-level cost savings. -One Source demonstrated inventory reconciliation, audit controls, and shrinkage reporting capabilities.		36	\$0
Vendor B	-The Offeror provides storefront availability seven days a week. -The Offeror has extensive experience providing oxygen equipment, Positive Airway Pressure (PAP) therapy, respiratory devices, and patient education.	-In the Outcomes and Results Achieved section, the Offeror listed activities as currently ongoing versus goals achieved.	33	\$9,726

One Source Medical Solutions, Inc. was the highest technically rated and the lowest price.

Financial Forecast

Base Term	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses	\$2,500,000	\$3,000,000	\$3,000,000	\$500,000			\$9,000,000
Out Years	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses				\$2,500,000	\$3,000,000	\$500,000	\$6,000,000
Totals	\$2,500,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$500,000	\$15,000,000

Document Contact/Author:	Tracy Hayford
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #1 Adding funds for two-year extension for the chemistry lab	
Business Owner: Tim Lenz		Business Owner Dept: Pathology	Contract Number: POCP-22984
Vendor/Supplier: Sebia, Inc		Board of Manager Approvals Original Contract and Initial Board (01/01/2024)	\$850,000
Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification			
Revenue, Expense or Capital: Expense		Board Approval Amount Modification# 1	\$485,000
Original Start Date: 1/1/2024 Current Expiration: 12/31/2026 Mod Start Date: 1/1/2027 Expiration after this Mod: 12/31/2028		New Total Contract Amount:	\$1,335,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Enrique Gallegos, Senior Vice President & Assoc Chief Operating Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification for Adding funds for two-year extension for the chemistry lab.

Background

This contract provides laboratory reagents used with the Sebia Capillarys and Hydrasys electrophoresis systems in the chemistry laboratory for the diagnosis and monitoring of protein and hemoglobin (blood) disorders. The systems perform serum, urine, and whole blood electrophoresis testing to detect conditions such as multiple myeloma, other monoclonal gammopathies, and hemoglobin variants associated with sickle cell disease and related disorders. The FDA-approved platform supports both quantitative and qualitative hemoglobin analysis. The agreement is currently in its option period, and the organization is exercising its unilateral right to extend the contract for an additional two years, which was previously approved by the Board.

Fair and Reasonable Price Determination

The option period pricing is based on full and open competition.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	FY2029	Total
\$850,000	\$181,875	\$242,500	\$60,625	\$1,335,000

Sole Source Justification

The Sebia Capillarys and Hydrasys system is sole source for accepting serum, urine, and whole blood samples. This is the only FDA approved system to report quantitative hemoglobin A, A2 and F and qualitative hemoglobin S, C, E and D. In addition, Capillarys and Hydrasys instruments are owned by Parkland. The compatibility of equipment, accessories or replacement parts is the paramount consideration and there is no assurance that other supplies will perform the same function including additions or modifications to existing systems, software, licenses, maintenance, etc.

Document Contact/Author:	Tamisha Smallwood
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #2 Two-year extension and adding funds for Versajet accessories	
Business Owner: David Alexander		Business Owner Dept: Operating Room	Contract Number: POCP-18022 A5
Vendor/Supplier: Smith and Nephew, Inc. Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract (7/1/2020)	\$175,000
		Prior Board of Manager Approvals Initial (4/26/2022) Modification #1 (5/24/2023)	\$186,039 \$375,000
Revenue, Expense or Capital: Expense		Action(s) Since Last BOM Approval Action# 1 (9/16/2026)	\$85,000
		Board Approval Amount Modification# 2	\$315,000
Original Start Date: 7/1/2020 Current Expiration: 11/30/2026 Mod Start Date: 12/1/2026 Expiration after this Mod: 11/30/2028		New Total Contract Amount:	\$1,136,039
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): David Alexander, Senior Vice President, Nursing, Executive Nursing Leadership			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to two-year extension and adding funds for Versajet accessories.

Background

This contract is for disposable accessories and supplies used with the Versajet wound cleaning system that Parkland already owns and uses in the operating room. The Versajet is a specialized surgical device that uses a high-pressure stream of saline to help surgeons accurately remove damaged, dead, or infected tissue from wounds, burns, and other soft tissue injuries. At the same time, it suctions away the removed tissue, bacteria, and debris, helping to clean the wound while preserving as much healthy tissue as possible. The accessories covered under this contract are required for the continued use of the Versajet system during these procedures.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is average compared to other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	Total
\$821,039	\$157,500	\$157,500	\$1,136,039

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The products/services are additions or modifications to existing systems or equipment where there are no substitute or interchangeable components, software, or maintenance sources and compatibility is paramount. The accessories are proprietary to the Parkland owned Versajet console.

Document Contact/Author:	Bryson Hendrix
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Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Ob/Gyn Clinical Coverage	
Business Owner: Ryan Alcantar	Business Owner Dept: Employee Health Integration	Contract Number: POCS-26864	
Vendor/Supplier/Contractor: The University of Texas Southwestern Medical Center	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	10/1/2026 – 9/30/2029	\$3,992,679
	Out Years:	0 Year(s)	+\$0
	Total:	10/1/2026 – 9/30/2029	\$3,992,679
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	N/A-Interlocal Agreement
<u>If not</u> , what premium will be paid for this contract over the lowest bidder?			N/A
Approvals			
Has the <u>final</u> contract been approved by Legal for legal sufficiency?		Yes	
Does this contract have an IT Component?		No	
Does this contract have a Construction Component?		No	
Financial			
Is Funding included in the applicable FY Budget?		Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	
FTE Impact:		None	
Submitted By (Division VP): Edmundo Castañeda, Executive Vice President & Chief Operating Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract for Ob/Gyn Clinical Coverage.

Background

This contract is for OB/GYN clinical services provided by UT Southwestern Medical Center to Parkland employees. The clinical services provided in this contract include physician clinical services and medical administration for the Parkland outpatient employee health clinic.

Fair and Reasonable Price Determination

The Fair Market Value (FMV) for these services have been evaluated by an external third-party identified through Parkland's vendor selection process in accordance with institutional policies, procedures, and regulatory requirements. Funds are budgeted to cover the expense of this contract

Financial Forecast

Base Term	FY2027	FY2028	FY2029	Totals
Expenses	\$1,330,893	\$1,330,893	\$1,330,893	\$3,992,679

Sole Source Justification

This contract is an Interlocal Agreement, which is between local government entities or political subdivisions of the State of Texas. The government entity for this contract is The University of Texas Southwestern Medical Center, which is a state entity.

Document Contact/Author:	Ryan Alcantar / Kathleen Larry
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #5 Revenue Reporting Services for MIPS and TIPPS	
Business Owner: Keri Disney-Story		Business Owner Dept: Finance Department	Contract Number: POCS-20728 A5
Vendor/Supplier: The University of Texas Southwestern Medical Center		Original Contract (3/29/2022)	(\$297,440)
Basis of Original Contract Award N/A-Revenue		Prior Board of Manager Approvals: Modification #1 (8/23/2022)	(\$354,400)
Basis of this Modification Contract Extension without Competition		Modification #2 (8/23/2023)	(\$360,930)
		Modification #3 (10/30/2024)	(\$733,620)
		Modification #4 (12/17/2025)	(\$374,841)
Revenue, Expense or Capital:		Action(s): Action #1 (10/1/2026):	(\$36,495)
Revenue		This Board Approval Amount Modification# 5	(\$1,532,387)
Original Start Date: 3/9/2022 Current Expiration: 10/31/2026 Mod Start Date: 11/1/2026 Expiration after this Mod: 9/30/2029		New Total Contract Amount:	(\$3,690,113)
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? N/A-Revenue FTE Impact: None			
Submitted By (Division VP): Travis Smith, CFO			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract modification to continue providing MIPS and TIPPS services to UT Southwestern Medical Center.

Background

Under this contract, Parkland provides services and data to UT Southwestern Medical Center for Centers for Medicare & Medicaid Services ("CMS") Merit-based Incentive Payment System ("MIPS") and Texas Incentives for Physicians and Professional Services ("TIPPS") reporting. The data is then used by CMS to determine scores and payment adjustments for certain Medicare claims. These services are provided to UT Southwestern Medical Center by Parkland's Government Reimbursement and IT Departments.

Legal leadership from UT Southwestern Medical Center and Parkland decided to keep this contract separate from the Master Service Agreement between Parkland and UT Southwestern Medical Center. Amendments reflect contract extensions and actions reflect additional revenue.

Fair and Reasonable Price Determination

Revenue amounts are determined to be fair and reasonable based on the amount spent to complete these services, historical work provided, and the MSA amounts.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	FY2029	Total
(\$2,121,231)	(\$488,484)	(\$510,466)	(\$533,437)	(\$3,690,113)

Exempt from Competition Justification

Contracts between governmental agencies are exempt from competition.

Document Contact/Author:	Stephanie Toth
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: # 3 Add funding to the Endoprosthesis Vascular Stents and Implants contract	
Business Owner: Cheston Chan and Shawn Grady		Business Owner Dept: Operating Room and Interventional Radiology	Contract Number: POCP-19370 A9
Vendor/Supplier: W.L. Gore & Associates, Inc.		BOM Approved Contract Total (4/27/2021)	\$2,850,000
Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Modification #1 (3/29/2023) Modification #2 (3/27/2024)	\$1,743,000 \$2,613,000
Revenue, Expense or Capital: Expense		Action(s) Since Last BOM Approval Action# 1 (7/1/2026)	\$95,000
		Board Approval Amount Modification #3	\$4,500,000
Original Start Date: 5/1/2021 Current Expiration: 8/28/2028 Mod Start Date: 10/29/2026 Expiration after this Mod: 8/28/2028		New Total Contract Amount:	\$11,801,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years' costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): David Alexander, Senior Vice President, Nursing, Executive Nursing Leadership			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to add funding to the Endoprosthesis Vascular Stents and Implants contract.

Background

This contract modification facilitates the procurement of Gore vascular stents, implants, and related products used in the Operating Room and Interventional Radiology to treat blocked or weakened blood vessels and improve blood flow. Since the contract was originally approved in 2021, utilization of these products has gradually increased as demand for vascular and endovascular procedures, including treatments for blocked or narrowed blood vessels, has grown. As a result, contract expenditures have increased over the life of the agreement and additional funding is now required to support purchases through the remainder of the contract term. This modification will help ensure an uninterrupted supply of products and support the continued delivery of vascular care to Parkland patients.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price aligns with other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Approved Contract Amount	FY2027	FY2028	Total
\$7,301,000	\$2,250,000	\$2,250,000	\$11,801,000

Sole Source Justification

This contract is for a good or service for which it is impractical to obtain competition. Implants, heart valves, bone screws, prosthetics, etc. are patient care devices and are exempt.

Document Contact/Author:	William Jones
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #4 Add funds to Pathways Forward Program	
Business Owner: Shannan Bradley		Business Owner Dept: Post Acute Services	Contract Number: PPPS-20382_A6
Vendor/Supplier: The Salvation Army Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Original Contract (11/16/2021)	\$785,983
		Prior Board of Manager Approvals Modification #2 (4/24/2024): \$699,500 Modification #3 (10/2/2026): \$908,982	
		Board Approval Amount Modification# 4	
		New Total Contract Amount:	
Revenue, Expense or Capital: Expense			
Original Start Date: 3/1/2022 Current Expiration: 4/1/2027 Mod Start Date: 10/28/2026 Expiration after this Mod: 4/1/2027			
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Shannan Bradley, Vice President Care Management & Post-Acute Services, Operations Administration			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to add funds to the Pathways Forward Program.

Background

Additional funding is required to support the Pathways Forward Program and cover anticipated expenditures through the remainder of the current contract term. The Pathways Forward Program primarily targets high-utilization homeless patients that frequent the Emergency Department (ED). The program pays for 30 beds, and its goal is to transition patients to permanent supportive housing and reduce unnecessary ED visits. The Salvation Army provides shelter, crisis stabilization, and homeless recovery services modeled after Critical Time Intervention (CTI). The program was originally funded by Health Resources and Services Administration (HRSA) through monies budgeted and approved for The Salvation Army in the HOMES American Rescue Plan Act (ARPA) through FY23 budgets under the categories "Maintaining & Increasing Capacity" and "Recovery & Stabilization". Beginning FY24, the program is fully funded by Parkland.

Fair and Reasonable Price Determination

Rates are based on historical pricing and consistent with fees for like services in Parkland's hospital community.

Financial Forecast

Current Approved Contract Amount	FY2027	Total
\$2,394,465	\$250,000	\$2,644,465

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The service has no competition in Parkland's Hospital community area.

Document Contact/Author:	Terence Durham
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #7 Add funds for outstanding invoices for Outpatient Dialysis Services	
Business Owner: Shannan Bradley		Business Owner Dept: Care Management	Contract Number: POCS-20292_A11
Vendor/Supplier: Bio-Medical Applications of Texas, Inc		Original Contract (BOM 11/16/2021)	\$2,760,000
Basis of Original Contract Award Sole Source		Prior Board of Manager Approvals	
Basis of this Modification Sole Source Modification		Modification #1 (BOM not required)	\$0
		Modification #2 (BOM not required)	\$0
		Modification #3 (12/14/2022)	\$5,150,000
		Modification #4 (11/15/2023)	\$5,826,933
		Modification #5 (8/27/2025)	\$1,800,000
		Modification #6 (1/28/2026)	\$2,500,000
Revenue, Expense or Capital: Expense		Board Approval Amount Modification# 7	\$1,800,000
Original Start Date: 12/1/2021 Current Expiration: 12/31/2026 Mod Start Date: 10/28/2026 Expiration after this Mod: 12/31/2026		New Total Contract Amount:	\$19,836,933
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Shannan Bradley, Vice President Care Management & Post-Acute Services, Operations Administration			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to add funds to Bio-Medical applications of Texas, Inc. for Outpatient Dialysis Services.

Background

Additional funding is required to remit outstanding invoices for Outpatient Dialysis Services and cover anticipated expenditures through the remainder of the current contract term. This contract provides patient dialysis services performed directly by Bio-Medical Applications of Texas, Inc. (Fresenius Kidney Care) at one of its local dialysis facilities for patients referred by Parkland's Dialysis Center. Additionally, Fresenius provides emergency backup dialysis services for Parkland Correctional Health patients when needed.

The outstanding invoices have been submitted for payment without adequate funds remaining in the current contract to remit payment. The amount of the outstanding invoice is \$1.2M dating back to July 2026 due to delays in assessing the need for additional funding.

Parkland has completed a RFP process and selected vendors for outpatient dialysis services which the board approved in June 2026. As the newly awarded agreements are being finalized, this agreement will cover the necessary transactions from the current contract ending December 31, 2026.

Fair and Reasonable Price Determination

Pricing based on Medicare rates.

Financial Forecast

Current Approved Contract Amount	FY2027	Total
\$18,036,933	\$1,800,000	\$19,836,933

Document Contact/Author:	Terence Durham
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #2 Add funding to immunology reagent contract for the Parkland owned Dynex DSX machine	
Business Owner: Tim Lenz		Business Owner Dept: Laboratory Services	Contract Number: POCP-18997
Vendor/Supplier: Werfen USA LLC		Original Contract & Initial Board (9/28/2016)	\$413,215
Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Prior Board of Manager Approvals Modification #1 (8/24/2021)	\$401,545
Revenue, Expense or Capital:		Action(s) Since Last BOM Approval Action# 1 (11/01/2025) Action# 2 (9/22/2026)	\$50,000 \$40,000
Expense		Board Approval Amount Modification# 2	\$85,000
Original Start Date: 11/1/2016 Current Expiration: 10/31/2027 Mod Start Date: 10/28/2026 Expiration after this Mod: 10/31/2027		New Total Contract Amount:	\$989,760
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Enrique Gallegos, Senior Vice President & Assoc Chief Operating Officer			



**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to Add funding to immunology reagent contract for the Parkland owned Dynex DSX machine.

Background

This contract provides the Hematology department with the testing supplies and reagents needed to run enzyme linked immunosorbent assay (ELISA) tests on Parkland's existing Dynex DSX machine. The Dynex DSX is an automated laboratory instrument that helps detect and measure substances in blood, such as antibodies and antigens, which can aid in diagnosing autoimmune conditions and infectious diseases. This funding request will provide sufficient supplies to support testing needs through the remainder of the current contract term.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is 3% higher than the average because volumes are substantially smaller than those of other member hospitals. During the last extension in 2021, pricing was negotiated to remain firm. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Board Approved Contract Amount	FY2027	Total
\$904,760	\$85,000	\$989,760

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The reagents are proprietary to the Dynex DSX analyzer owned by Parkland and no other products are compatible.

Document Contact/Author:	Tamisha Smallwood
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Design Services for Southeast Dallas Health Center	
Business Owner: Asma Momin	Business Owner Dept: Planning, Design, and Construction	Contract Number: POCRE-25927	
Vendor/Supplier/Contractor: Cannon Design Inc.	Source Selection Methodology: Request for Qualifications	Fair and Reasonable Price Determination: Adequate Competition	
Revenue, Expense or Capital: Capital		Contract Dates	Contract Price
	Base Term:	10/29/2026 – 12/31/2030	\$23,626,298
	Out Years:	0 Year(s)	+\$0
	Total:	10/29/2026 – 12/31/2030	\$23,626,298
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	N/A-Request for Qualifications
If not, what premium will be paid for this contract over the lowest bidder?		N/A	
Approvals			
Has the <u>final</u> contract been approved by Legal for legal sufficiency?		Yes	
Does this contract have an IT Component?		No	
Does this contract have a Construction Component?		Yes; and Construction is approved	
Financial			
Is Funding included in the applicable FY Budget?		Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	
FTE Impact:		None	
Submitted By (Division VP): Lance Mendiola, Vice President, Construction, Facilities, Real Estate			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Design Services for Southeast Dallas Health Center.

Background

This contract will provide professional architectural and engineering design services for the replacement of the Southeast Dallas Health Center. The project includes development of a new facility to accommodate urgent care, an ambulatory surgery center (ASC), specialty services, imaging, infusion, and associated support functions. The scope also includes development of a site plan that considers future building expansions and campus growth, as well as site infrastructure improvements, parking, and demolition of the existing Health Center.

Fair and Reasonable Price Determination

A fair and reasonable price for the most qualified firm was established through an evaluation of historical pricing from comparable construction projects, alignment with the District's internal cost estimates, and validation by the Facilities team.

Competitive Range			
Vendor	Key Strengths	Key Weaknesses	Score (Max. 800)
Cannon Design	Great examples of past projects, discussed activation and proposal to compress timeline, solid methodology, well-resourced team with deep bench of expertise, Dallas-based key personnel, only team that addressed operations and approach to multi-hospital systems		699
Vendor A	Good team composition, strategy, relevant experience, good methodology	Program validation lacking	689
Vendor B	Good examples of past projects	Small team, no data/strategy focus, validating approach	675
Vendor C	Good examples of past projects	Small team, program validation lacking	633
Vendor D	Methodology acceptable	Team info limited and not robust, past experience not relevant	630

Financial Forecast

Base Term	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses	\$5,197,786	\$5,670,312	\$5,670,312	\$5,670,312	\$1,417,576	\$23,626,298

Document Contact/Author:	Steve Adrian
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: # 2 Big OK Paper Parking Lot Improvements	
Business Owner: Paul Woodard		Business Owner Dept: Parkland Design and Construction	Contract Number: POCRE-19095
Vendor/Supplier: Gilbert May, Inc. d/b/a Phillips May Corporation Basis of Original Contract Award Request for Proposals (Best Value) Basis of this Modification Non-Sole Source Modification		Original Contract (04/24/2024)	\$3,994,303
		Modification #1 (01/28/2026)	\$320,160
		Board Approval Amount Modification# 2	\$164,160
		New Total Contract Amount:	\$4,478,623
Revenue, Expense or Capital: Capital			
Original Start Date: 4/24/2024 Current Expiration: 12/31/2026 Mod Start Date: 11/1/2026 Expiration after this Mod: 12/31/2026			
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? Yes; and Construction is approved			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Lance Mendiola, Vice President of Construction, Facilities, Real Estate, Operations Administration			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification to OK Paper Parking Lot Improvements.

Background

This change is for an added amount of \$164,160 to Phillips-May for the removal and haul-off of 6,880 cubic yards of soil and 1,100 cubic yards of concrete. This material needed to be removed from the site (soil) to reduce the project's surface elevation to that required for the parking surface and to eliminate material (sub-surface concrete) because it was in the way of underground utility installation. This is for the benefit of the BIG OK Paper surface parking lot.

Fair and Reasonable Price Determination

A fair and reasonable price was determined through adequate competition for the original Task Order. The Facilities team has reviewed the change order costs, and a fair and reasonable price has been confirmed based on historical pricing for similar construction projects and the District's internal estimates. Based on Parkland's internal knowledge and cost assessments, the costs are in line with the market.

Financial Forecast

Current Board-Approved Contract Amount	FY2026	FY2027	Total
\$3,994,303	\$320,160	\$164,160	\$4,478,623

Document Contact/Author:	Kimberly Bell
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026	Product or Service: Commercial Contract of Sale for the purchase of 5431 Gregg Street, Dallas, TX		
Business Owner: Beall Carothers	Business Owner Dept: Planning Design & Construction	Contract Number: POCRE-26891	
Vendor/Supplier/Contractor: 4304 Live Oak, LP	Source Selection Methodology: Real Estate – Exemption	Fair and Reasonable Price Determination: Sole Source	
Revenue, Expense or Capital: Expense: Court Approval		Contract Dates	Contract Price
	Base Term:	11/4/2026 – 3/19/2027	\$1,100,000
	Out Years:	Choose an item. Year(s)	+not applicable
	Total:	11/4/2026 – 3/19/2027	\$1,100,000
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Real Estate If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? No Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Lance Mendiola, Vice President, Construction, Facilities, Real Estate			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Commercial Contract of Sale for the purchase of 5431 Gregg Street, Dallas, TX.

Background

The contract provides for the purchase of approximately 11,000 square feet of land at 5431 Gregg Street, Dallas, Texas, improved with an approximately 4,991-square-foot tenant-occupied building. This acquisition presents a unique opportunity to acquire property near Parkland's main campus, contiguous to Parkland's recently purchased properties at 5415 Gregg Street (King Lawn Sprinkler building) and 2339 Butler Street (car wash site), as well as vacant land at 5423/5427 Gregg Street, which closed on October 13, 2026. At the September 22, 2026 Budget & Finance Committee meeting, Parkland's Director of Real Estate Development referenced the possibility of providing additional information regarding a potential purchase of 5431 Gregg Street. This briefing is the result of completed negotiations with the ownership of 5431 Gregg Street. Parkland also executed purchase and sale agreements with the sellers of 2411 and 2415 Butler Street on October 13, 2026. If all pending purchases close, Parkland could own approximately 3.19 acres (approximately 139,282 square feet) of land and improvements at the Gregg Street/Butler Street intersection.

Fair and Reasonable Price Determination

Current submarket sales and comparable data indicate the purchase price is of fair and reasonable value. A real estate appraisal will be completed prior to the expiration of the inspection period to confirm the asset value.

Financial Forecast

Base Term	FY2027
Purchase Price:	\$1,100,000

During the contract's Inspection/Diligence period of one hundred twenty (120) days, Parkland will engage with independent, third-party vendors to perform a site survey based upon American Land Title Association standards (an "ALTA survey"), appraisal of the asset and Phase I Environmental Site Assessment ("Phase I ESA"). Diligence expenditures are estimated to total \$11,000 (\$3,000 for Phase I ESA, \$2,500 for appraisal, \$3,000 for ALTA survey and \$2,500 contingency).

Sole Source Justification

N/A – Real Estate Exemption

Document Contact/Author:	Beall Carothers Director Real Estate Development
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Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026	Modification: #2 - 4th Amendment to Office Lease (for Parkland Foundation & Corporate Communications)	
Business Owner: Beall Carothers	Business Owner Dept: Planning Design & Construction	Contract Number: POCRE-19330 A2
Vendor/Supplier: Albany Road-Mockingbird, LLC Basis of Original Contract Award Real Estate – Exemption Basis of this Modification Sole Source Modification	Original Contract (8/1/2017 commencement date w/ 4-25-2017 BOM approval)	\$1,793,948
	Prior Board of Manager Approvals Modification #1 (8/23/2022 BOM approval w/ 2-1-23 commencement date)	\$1,378,672
	Board Approval Amount Modification #2	\$2,506,324
Revenue, Expense or Capital: Expense: Court Approval		
Original Start Date: 8/1/2017 Current Expiration: 11/30/2026 Mod Start Date: 12/1/2026 Expiration after this Mod: 1/31/2032	New Total Contract Amount:	\$5,678,944
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? Yes; and Construction is approved		
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None		
Submitted By (Division VP): Lance Mendiola, Vice President of Construction, Facilities, Real Estate, Operations Administration		



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract modification #2 to 4th Amendment to Office Lease (for Parkland Foundation & Corporate Communications)

Background

In August 2018, the Parkland Foundation was forced to relocate to Suite 1100E of Mockingbird Towers, located at 1341 W. Mockingbird Lane, after the owner of its prior building at 2777 Stemmons Freeway declined to honor lease terms that had been negotiated in good faith with Parkland. Parkland's Real Estate Director subsequently secured 17,563 rentable square feet of replacement lease space at Mockingbird Towers for the Parkland Foundation and PCHP. PCHP has since relocated to another floor within the same facility under a separate lease agreement, and Corporate Communications has backfilled the space previously occupied by PCHP.

This Fourth Amendment to Lease renews the lease term for the 11th floor from December 1, 2026, through January 31, 2032. The landlord is providing a tenant improvement allowance of \$316,134 or \$18.00 per rentable square foot. After deducting the landlord's construction management fee and architectural allowance, \$288,606 is available for construction.

In April 2025, before any discussions with the landlord or leasing team regarding a tenant improvement allowance, Parkland's Planning, Design and Construction team estimated that refurbishing Suite 1100E would cost \$557,600. As mentioned above, subsequent lease negotiations secured a \$316,134 tenant improvement allowance from the landlord.

The project budget includes the base bid for new paint, carpet and solid surface covering; adding and/or reconfiguring offices from semi-private workspaces with half walls to private offices; related lighting, mechanical/HVAC and fire/life-safety work; FF&E; IT; signage; and contingency. The project breakdown is:

6/11/2026 (updated 7-20-26)

Parkland Foundation & Corp. Comm - 11th Floor, 1341 W. Mockingbird Improvement Breakdown
17,563 rentable square feet

	total	per sf
Landlord Provided Tenant Improvement:	\$316,134	\$18.00
CM Fee:	(\$12,645)	(\$0.72)
Architectural Fees:	(\$14,883)	(\$0.85)
Tenant Improvement Available for Construction:	\$288,606	\$16.43
Tenant Improvement Base Bid:	(\$211,071)	(\$12.02)
Remaining Tenant Improvement Allowance:	\$77,535	\$4.41
Add alternates:	(\$146,661)	(\$8.35)
FF&E (7-17-26):	(\$276,935)	(\$15.77)
IT (7-17-26):	(\$92,758)	(\$5.28)
Signage (7-17-26):	(\$11,182)	(\$0.64)
Contingency:	(\$107,599)	(6.13)
Total Out of Pocket Expense:	(\$557,600)	(\$31.75)
Project Estimate 4-29-25	\$557,600	\$31.75
Over/under project estimate of 4-29-25:	\$0	\$0.00

A comprehensive search of the submarket and as confirmed by Costar commercial property database platform determined Parkland is receiving a fair market value for this transaction. Additionally, Parkland Real Estate Department has negotiated an effective rate of \$22.57/sf over the lease renewal term or 24% below the quoted rental rate of \$28/sf and a tenant improvement allowance of \$18/sf or 260% above the quoted tenant improvement allowance of \$5.00/sf.

Financial Forecast

Current Approved Contract Amount	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032	Total
\$3,172,620							
Base Rent:	\$261,250	\$398,095	\$406,876	\$415,658	\$424,439	\$141,968	\$2,048,286
Common Area Maintenance ("CAM") Estimates:	\$66,676	\$83,488	\$87,454	\$91,607	\$95,959	\$32,854	\$458,038
FY Totals	\$327,926	\$481,583	\$494,330	\$507,265	\$520,398	\$174,822	\$2,506,324
New Contract Amount:							\$5,678,944

Note the "New Contract Amount" of \$5,678,944 represents the total for Suite 1100E. Parkland also leases additional square footage for Parkland Community Health Plan ("PCHP") (4th floor) and Sleep Lab/Nurse Call Line (3rd floor). Each of these suites are tracked in Parkland's contract management system as "individual" leases as each floor has unique lease terms and conditions as well as stand-alone lease commencement/expiration dates. As such, there have been additional funds approved by previous Board/Court actions obligating Parkland to rental expenditures exceeding \$5,678,944 as follows:

- Original Lease (11th floor (Foundation)): \$1,793,948 (lease term of 8-1-2017 to 1-31-2023)
- 1st Amd. to Lease (3rd floor (Sleep Lab)): \$6,601,819 (lease term of 12-31-2019 to 10-31-2030, plus renewal term of 11-1-2030 to 10-31-2035)
- 2nd Amd. to Lease (4th floor (PCHP)): \$4,237,630 (lease term of 8-1-2020 to 5-31-2031)
- 3rd Amd. to Lease (11th floor): \$1,378,672 (lease term from 2-1-24 to 11-30-26)
- 4th Amd. To Lease (11th floor): \$2,506,324 (lease term from 12-1-26 to 1-31-32)
- Total lease obligation committed to vendor: \$16,518,393

Sole Source Justification

N/A – Real Estate Exemption

Document Contact/Author:	Beall Carothers, Director Real Estate Development
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Acoustic Wall Panel Installation	
Business Owner: Hymavathi Vennapusa	Business Owner Dept: Parkland Design & Construction	Contract Number: POCRE-26829	
Vendor/Supplier/Contractor: Mexzim Corporation	Source Selection Methodology: Invitation for Bids	Fair and Reasonable Price Determination: Adequate Competition	
Revenue, Expense or Capital: Capital		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 1/31/2027	\$208,022
	Out Years:	0 Year(s)	+\$0
	Total:	11/1/2026 – 1/31/2027	\$208,022
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	Yes
If not, what premium will be paid for this contract over the lowest bidder?			N/A
Approvals			
Has the <u>final</u> contract been approved by Legal for legal sufficiency?		Yes	
Does this contract have an IT Component?		No	
Does this contract have a Construction Component?		Yes; and Construction is approved	
Financial			
Is Funding included in the applicable FY Budget?		Yes	
FTE Impact:		None	
Submitted By (Division VP): Lance Mendiola, Vice President, Construction, Facilities, Real Estate			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Acoustic Wall Panel Installation.

Background

This contract is for the turnkey furnishing and installation of acoustical wall panels in the first-floor Psychiatric Emergency Unit (PEU) at Parkland Hospital. The work includes all required labor, materials, equipment, supervision, infection-control measures, protection, cleanup, and closeout documentation. The acoustic wall installation is intended to address excessive reverberation and ambient noise levels within the PEU, creating a more therapeutic and supportive environment for patients while improving communication and speech intelligibility for staff and visitors. The acoustic wall panels will enhance patient comfort, reduce noise-related stressors, and support the operational needs of a behavioral health care setting.

The selected materials will be durable, cleanable, and designed for use in occupied healthcare environments, including behavioral health settings. Installation will be completed in a manner that minimizes disruption to ongoing hospital operations and maintains compliance with applicable safety, infection control, and facility requirements.

Fair and Reasonable Price Determination

A fair and reasonable price was determined through adequate competition. An Invitation to Bid was issued, and three bids were received. The recommended vendor is deemed the lowest responsive and responsible bidder.

Vendor	Price Differential
Mexzim Corporation	\$0
Vendor B	\$ 32,354
Vendor C	\$ 50,211

Financial Forecast

Base Term	FY2027	Totals
Expense	\$208,022	\$208,022

Document Contact/Author:	Kimberly Bell
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Epic Resource for Epic Refuel Project (Project Align)	
Business Owner: Greggory Ervin and Brian Ramirez		Business Owner Dept: Information Technology	Contract Number: POIT-26872
Vendor/Supplier/Contractor: EPIC		Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Sole Source
Revenue, Expense or Capital: Expense	Contract Dates		Contract Price
	Base Term:	11/9/2026 – 9/30/2027	\$342,200
	Out Years:	0 Year(s)	+\$0
	Total:	11/9/2026 – 9/30/2027	\$342,200
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Sole Source If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? Yes; and IT approved Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Joe Longo, Senior Vice President & Chief Information Officer			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Epic Resource for Epic Refuel Project (Project Align).

Background

This contract is for Epic consulting resources to support the Epic Refuel (Project Align) initiative, including application build, configuration, testing, implementation, and stabilization activities. These resources are needed because internal IT Digital Health analysts are heavily dedicated to the project and have limited capacity to perform the extensive Epic build and related implementation work required to meet project timelines. The services will support Parkland's Epic environment and benefit clinical, operational, and patient-facing departments by helping deliver a standardized, optimized Epic foundation while maintaining continuity of operations throughout the project lifecycle.

Fair and Reasonable Price Determination

The proposed pricing is fair and reasonable based on the specialized nature of the services and Epic's exclusive ability to provide qualified Epic resources for the Project Align implementation. As the software manufacturer and sole source provider of Epic-certified implementation resources, Epic is uniquely positioned to deliver the expertise required to support project objectives, implementation timelines, and stabilization activities.

Financial Forecast

Base Term	FY2027	Totals
Expenses	\$342,200	\$342,200

Sole Source Justification

Epic implementation services require specialized Epic system knowledge, proprietary tools, and established methodologies that are only available through Epic. Competition is not practicable because Epic is uniquely qualified to provide Epic-certified resources with the expertise necessary to support the Project Align initiative, including system build, configuration, testing, implementation, and stabilization activities. Utilizing Epic resources ensures alignment with Epic best practices, maintains system integrity, minimizes implementation risk, and supports continuity of operations throughout the project lifecycle.

Document Contact/Author:	Tonya Calhoun
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Epic Refuel 2026 – Licenses for Application Implementation (Project Align)	
Business Owner: Greggory Ervin and Deborah Johnson		Business Owner Dept: Information Technology	Contract Number: POIT-26816
Vendor/Supplier/Contractor: EPIC		Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Sole Source
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	10/28/2026 – 12/31/2028	\$1,494,232
	Out Years:	0 Year(s)	+\$0
	Total:	10/28/2026 – 12/31/2028	\$1,494,232
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Sole Source If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? Yes; and IT approved Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Joe Longo, Senior Vice President & Chief Information Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract for Epic Refuel 2026 – Licenses for Application Implementation (Project Align).

Background

This contract is for Epic implementation services to support the Project Align initiative and return Parkland's Epic environment to a standardized, enterprise-wide foundational build. The project includes the implementation and optimization of Epic Radiant Breast Imaging, Cupid Cardiology, and Lumens Endoscopy applications, along with associated interfaces, training, project coordination, and conversion services. These services will support enterprise standardization, workflow optimization, improved integration across Epic applications, and enhanced clinical documentation and reporting. The initiative will benefit radiology, breast imaging, cardiology, and endoscopy physicians, clinicians, technologists, and support staff through streamlined workflows, documentation, reporting, and imaging integration capabilities.

Fair and Reasonable Price Determination

The price is determined to be fair and reasonable based on the unique nature of the services, the strategic role of Epic as Parkland's core electronic health record vendor, and Epic's exclusive ability to provide Refuel implementation services.

Financial Forecast

Base Term	FY2027	FY2028	Totals
Expenses / Licenses / Implementation	\$747,116	\$747,116	\$1,494,232

Sole Source Justification

These services require unique system knowledge, tools, and methodologies that are not available from third-party vendors. Competition is not practicable due to the need to ensure system integrity, continuity of operations, and alignment with Epic best practices.

Document Contact/Author:	Tonya Calhoun
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Harmony Healthcare IT- Historical Healthcare Data Archiving solutions.	
Business Owner: Deborah Johnson	Business Owner Dept: Information Technology	Contract Number: POIT-26827	
Vendor/Supplier/Contractor: Harmony Healthcare IT (HHIT)	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 8/31/2027	\$550,000
	Out Years:	0 Year(s)	+\$0
	Total:	11/1/2026 – 8/31/2027	\$550,000
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	Yes
If not, what premium will be paid for this contract over the lowest bidder?			N/A
Approvals			
		Has the <u>final</u> contract been approved by Legal for legal sufficiency?	Yes
		Does this contract have an IT Component?	Yes; and IT approved
		Does this contract have a Construction Component?	No
Financial			
		Is Funding included in the applicable FY Budget?	Yes
		FTE Impact:	None
Submitted By (Division VP): Joe Longo, Senior Vice President & Chief Information Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract for Harmony Healthcare IT- Historical Healthcare Data Archiving solutions.

Background

Parkland Health maintains historical data across six legacy applications: PeopleSoft, SuccessFactors, CIPS, Accuflo, Pearl, and PMAS. Although these systems are no longer needed for routine operations, they contain financial, HR, supply chain, pharmacy, and departmental records that must remain accessible for compliance, legal, audit, regulatory, and historical purposes. Parkland requires an enterprise data archiving solution to securely consolidate and preserve legacy data in a centralized, searchable repository. The solution being provided by HHIT will support required data retention and access while enabling Parkland to reduce reliance on aging systems, lower IT overhead and technical debt, strengthen security and data governance, and support future system retirement and IT transformation.

Fair and Reasonable Price Determination

The proposed price is considered fair and reasonable based on an evaluation of the scope, complexity, level of effort, and professional services required to meet Parkland Health's historical data archiving requirements.

Financial Forecast

Base Term	FY2027	Totals
Licenses/ Support/ Maintenance	\$550,000	\$550,000

Sole Source Justification

Sole source is justified based on HHIT's unique qualifications and specialized expertise required to implement Parkland Health's centralized, secure, and searchable enterprise data archive. HHIT was identified through a previously conducted Request for Information (RFI) process and was recognized as a Tier 1 vendor based on Gartner research. The solution provided will preserve historical data, support applicable retention requirements, and facilitate the retirement of legacy systems.

Document Contact/Author:	Caroline Joel
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026	Product or Service: Hyland LLC multi-year co-terming of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR)		
Business Owner: Deborah Johnson	Business Owner Dept: Information Technology	Contract Number: POIT-26831	
Vendor/Supplier/Contractor: Hyland LLC	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense, or Capital: Expense		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 10/31/2031	\$3,673,382
	Out Years:	0 Year(s)	+\$0
	Total:	11/1/2026 – 6/30/2031	\$3,673,382
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Sole Source If <u>not</u> , what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? Yes; and IT approved Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Joe Longo, Senior Vice President & Chief Information Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract for Hyland LLC multi-year co-terming of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR).

Background

Parkland Health uses Hyland OnBase, Brainware, and Intelligent Medical Records (IMR) to support document management, data capture, and medical-record processing. This contract consolidates existing maintenance and subscriptions into a single five-year agreement, converts applicable licenses to subscriptions, and locks in pricing for the contract term.

Fair and Reasonable Price Determination

This is a sole-source subscription to co-term existing enterprise software services provided to Parkland Health by Hyland LLC, chosen for their ability to provide applicable technical and proprietary requirements. Price reasonableness was established through comparison with historical pricing.

Financial Forecast

Base Term	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
On-Premise Software Subscriptions/Maintenance	\$736,441	\$734,235	\$734,235	\$734,235	\$734,235	\$3,673,382

Sole Source Justification

This contract is for professional services to work on the multi-year co-terming of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR), currently provided to Parkland Health solely by Hyland LLC.

Document Contact/Author:	Caroline Joel
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Revenue Cycle Solutions: SmarterPrebill, SmarterDenials, and SmarterCharges	
Business Owner: Kelli Rossi	Business Owner Dept: Revenue Cycle	Contract Number: POIT-26802	
Vendor/Supplier/Contractor: SmarterDX, Inc.	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 10/31/2029	\$240,000
	Out Years:	2 Year(s)	+\$240,000
	Total:	11/1/2026 – 10/31/2031	\$480,000
Lowest Bidder			
Is this contractor the lowest bidder/supplier?		N/A-Sole Source	
If not, what premium will be paid for this contract over the lowest bidder?		N/A	
Approvals			
Has the <u>final</u> contract been approved by Legal for legal sufficiency?		Yes	
Does this contract have an IT Component?		Yes; and IT approved	
Does this contract have a Construction Component?		No	
Financial			
Is Funding included in the applicable FY Budget?		Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	
FTE Impact:		None	
Submitted By (Division VP): Kelli Rossi, Senior Vice President, Revenue Cycle			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Revenue Cycle Solutions: SmarterPrebill, SmarterDenials, and SmarterCharges.

Background

This acquisition helps Parkland recover revenue that might otherwise be missed by improving billing accuracy, identifying undercoded services, and increasing successful insurance claim recoveries. The solution is expected to generate approximately \$19.5 million annually in revenue improvement opportunities while reducing the administrative burden on staff.

Fair and Reasonable Price Determination

The pricing is considered fair and reasonable because the majority of fees are performance-based and tied directly to demonstrated revenue improvements. SmarterPrebill and SmarterCharges utilize a contingency fee structure equal to 20% of realized revenue improvements, ensuring vendor compensation is directly aligned with measurable financial results. The SmarterDenials solution includes a 12-month no-cost trial period, with subscription fees of \$10,000 per month commencing in Year 2. The agreement further protects Parkland's interests through a 90-day termination provision, minimizing financial risk while allowing Parkland to evaluate actual performance and value delivered.

Financial Forecast

Base Term	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses / Consumables		\$120,000	\$120,000			\$240,000
Out Years	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses / Consumables				\$120,000	\$120,000	\$240,000
Grand Totals		\$120,000	\$120,000	\$120,000	\$120,000	\$480,000

Sole Source Justification

This contract is for a service for which it is impractical to obtain competition because of required implementation timelines. Delaying the procurement would postpone revenue integrity improvements, reimbursement optimization opportunities, and operational efficiencies associated with clinical documentation improvement, coding accuracy, denial management, and charge capture activities. In addition, Parkland is currently engaged in Project Align and other transformation initiatives, and postponing implementation would likely increase project complexity, resource constraints, and overall costs. The anticipated delay would result in lost revenue recovery opportunities and defer financial benefits that are expected to be realized immediately upon implementation.

Document Contact/Author:	Baruh Bosch
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Utilization Management Solution: SmarterUtilization	
Business Owner: Kelli Rossi	Business Owner Dept: Revenue Cycle	Contract Number: POIT-26803	
Vendor/Supplier/Contractor: SmarterDX, Inc.	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 10/31/2029	\$0
	Out Years:	2 Year(s)	+\$500,000
	Total:	11/1/2026 – 10/31/2031	\$500,000
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Sole Source If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? Yes; and IT approved Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Kelli Rossi, Senior Vice President, Revenue Cycle			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Utilization Management Solution: SmarterUtilization.

Background

In simple terms, this solution helps Parkland staff quickly understand a patient's medical situation and make informed decisions about the appropriate level of care, discharge planning, and care coordination. By automatically summarizing patient information, the technology reduces time spent reviewing medical records, improves staff efficiency, and helps ensure patients receive the right care at the right time. The agreement also provides the solution at no cost through March 2030 and includes waived implementation fees, allowing Parkland to realize operational benefits with minimal financial risk.

Fair and Reasonable Price Determination

The pricing is considered fair and reasonable based on the scope of services provided, including implementation support, Epic integration, training, ongoing support, product enhancements, and access to SmarterUtilization's AI-enabled utilization management platform. SmarterDx will provide the solution at no charge through March 2030 and has waived implementation and integration fees totaling approximately \$40,000, resulting in immediate cost avoidance to Parkland. The agreement also includes a 90-day termination provision, which mitigates risk by allowing Parkland to evaluate performance and discontinue services if expected operational benefits are not realized. The anticipated benefits include improved workflow efficiency, enhanced utilization review processes, improved discharge planning activities, and support for workforce effectiveness initiatives.

Financial Forecast

Base Term	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses / Consumables	\$0	\$0	\$0			\$0
Out Years	FY2027	FY2028	FY2029	FY2030	FY2031	Totals
Expenses / Consumables				\$250,000	\$250,000	\$500,000
Grand Totals	\$0	\$0	\$0	\$250,000	\$250,000	\$500,000

Sole Source Justification

This contract is for a service for which it is impractical to obtain competition due to required implementation timelines. Delaying procurement would postpone operational efficiencies associated with utilization management, care coordination, discharge planning, and medical necessity review workflows. The solution supports staff responsible for utilization management activities through the use of artificial intelligence designed to enhance workflow effectiveness. SmarterDx was selected based on the business owner's evaluation of the solution's functionality, its ability to integrate directly into Parkland's Epic environment, and its alignment with Parkland's utilization management and care coordination objectives. Conducting a competitive procurement at this time would delay implementation and defer anticipated operational benefits.

In addition, Parkland is actively engaged in Project Align and other organizational transformation initiatives. Implementing the solution at this time aligns with current organizational priorities and available implementation resources. Delaying implementation could defer anticipated operational benefits and increase implementation complexity as resources are directed toward future transformation efforts.

Document Contact/Author:	Baruh Bosch
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Refurbishment of two (2) 300 hp Cleaver Brooks steam boilers located in the Linen department	
Business Owner: Jay Dyck	Business Owner Dept: Linen Services	Contract Number: PONCS-26654	
Vendor/Supplier/Contractor: Cleaver-Brooks Sales and Service, Inc.	Source Selection Methodology: Invitation for Bids	Fair and Reasonable Price Determination: Adequate Competition	
Revenue, Expense or Capital: Expense		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 10/31/2027	\$202,045
	Out Years:	0 Year(s)	+\$0
	Total:	11/1/2026 – 10/31/2027	\$202,045
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	Yes
<u>If not</u> , what premium will be paid for this contract over the lowest bidder?			N/A
Approvals			
		Has the <u>final</u> contract been approved by Legal for legal sufficiency?	Yes
		Does this contract have an IT Component?	No
		Does this contract have a Construction Component?	No
Financial			
		Is Funding included in the applicable FY Budget?	Yes
		FTE Impact:	None
Submitted By (Division VP): Eric Walker, Vice President, Support Services			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract for Refurbishment of two (2) 300 hp Cleaver Brooks steam boilers located in the Linen department.

Background

This contract covers the refurbishment of two 300-hp Cleaver Brooks steam boilers in the Linen Department. Installed when the laundry facility was constructed in 1989, the boilers are 37 years old. Laundry operations require at least one boiler to remain in service at all times, while the second provides backup capacity. Aging components have increased repair and maintenance costs, resulting in several major repairs and upgrades during the past year, including replacement of the condensate return system and steam header valves.

Replacing the boilers would require significant unbudgeted costs because of their location, including wall demolition and rental of a temporary boiler to prevent service interruptions. Boiler industry professionals and state inspectors confirmed that comprehensive refurbishment could restore the existing units to a like-new condition for approximately 25% to 30% of the cost of new boilers. This is a widely accepted practice in the boiler industry and offers a more budget-conscious alternative to full replacement. The solution is intended to extend the operational life of the existing boilers by an estimated 10 to 15 years, whereas new boiler installations would typically provide a service life of 25 to 30 years.

The contract includes refurbishment of both boilers. One unit is currently out of service and awaiting repair. These boilers are essential to laundry operations; failure of both units would halt laundry services.

Fair and Reasonable Price Determination

Parkland had issued an Invitation to Bid (IFB). Consistent with the IFB process, selection is based on the lowest responsive and responsible bid. The selected vendor, Cleaver Brooks, submitted the lowest bid that met all IFB requirements.

Vendor	Price Differential
Cleaver Brooks	\$0
Vendor B	\$94,844
Vendor C	\$179,575

Financial Forecast

Base Term	FY2027	Totals
Expenses / Consumables	\$202,045	\$202,045

Document Contact/Author:	Gracy Thomas
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: Purchase 17 Affinity Birthing Beds	
Business Owner: Andrew Hohman	Business Owner Dept: Clinical Engineering	Contract Number: POCP-26861	
Vendor/Supplier/Contractor: Hill-Rom Company, Inc.	Source Selection Methodology: GPO Purchase	Fair and Reasonable Price Determination: Adequate Competition	
Revenue, Expense or Capital: Capital		Contract Dates	Contract Price
	Base Term:	11/1/2026 – 6/30/2027	\$258,438
	Out Years:	0 Year(s)	+\$0
	Total:	11/1/2026 – 6/30/2027	\$258,438
Lowest Bidder Is this contractor the lowest bidder/supplier? GPO Purchase If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? No Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Lance Mendiola, Vice President, Construction, Facilities, Real Estate			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract for Purchase 17 Affinity Birthing Beds.

Background

Parkland Health is purchasing 17 of the 47 birthing beds planned for replacement in the Labor & Delivery department to replace equipment that has exceeded its 10-year useful life. The existing beds are 11 to 13 years old and experiencing significant wear, increased maintenance needs, and reliability concerns. This purchase will complete the replacement of all 47 birthing beds as part of the fleet renewal initiative, improving safety, standardization, and operational reliability while supporting high-quality patient care for Labor & Delivery patients and clinical staff.

Fair and Reasonable Price Determination

The GPO contract and pricing was obtained in a solicitation process performed by Vizient. Market research conducted through ECRI shows that the Parkland pricing is consistent with pricing paid by other healthcare facilities for comparable equipment. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

A fair and reasonable price was determined through adequate competition.

Financial Forecast

Base Term	FY2026
Expenses	\$258,438

Document Contact/Author:	Adrian Baltimore
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #3 One year extension of Benefits Flexible Spending Account Administrative Services	
Business Owner: Tawana McCullough		Business Owner Dept: Office of Talent Management	Contract Number: HR-20128_A4
Vendor/Supplier: Inspira Financial Health, Inc. Basis of Original Contract Award Request for Proposals (Best Value) Basis of this Modification Contract Extension without Competition		Original Contract (1/1/2015)	\$665,000
		Prior Board of Manager Approvals Modification #1 (8/27/2019)	\$100,000
		Modification #2 (9/28/2021)	\$541,500
		Revenue, Expense or Capital: Expense	
Original Start Date: 1/1/2015 Current Expiration: 12/31/2026 Mod Start Date: 1/1/2027 Expiration after this Mod: 12/31/2027		New Total Contract Amount:	\$1,414,650
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Felicia Miller, Executive Vice President & Chief Talent Officer			

**DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH BOARD BRIEFING
DOCUMENT**

Parkland

Recommendation

Approve this contract modification for a One year extension of Benefits Flexible Spending Account Administrative Services.

Background

The contract for Benefits Flexible Spending Account (FSA) Administrative Services consists of administering Parkland's Health Care FSA and Dependent Care FSA programs, including enrollment and eligibility management, claims processing and reimbursement, debit card administration, participant customer service, regulatory compliance, required plan documentation, reporting, and employee communications and education. The services also include system integration, account management, and ongoing support to ensure efficient and compliant program operations.

The contract was originally awarded through a competitive Request for Proposal (RFP) process, with an effective contract date of January 2015. In August 2019, the contract was extended for an additional one-year term. A second one-year extension was granted in 2020 due to operational impacts associated with the COVID-19 pandemic. Following the expiration of the extended term, a new Request for Proposal (RFP) was issued, and the incumbent vendor was awarded the contract in July 2021.

An extension is requested due to the significant implementation effort required to transition to a new vendor. Parkland's IT resources are currently focused on the Workday and EPIC Refuel initiatives, limiting the ability to support the extensive system integration, data migration, testing, and implementation activities necessary for a vendor transition. Extending the current agreement will ensure uninterrupted services and mitigate operational and implementation risks.

Fair and Reasonable Price Determination

A fair and reasonable price was determined through adequate competition

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	Total
\$1,306,500	\$81,113	\$27,037	\$1,414,650

Document Contact/Author:	Terence Durham
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Modification: #2 One-year term extension and change to the Scope of Work - Consulting Services for Affordable Care Act (ACA) Exchange Plan	
Business Owner: Kristin Alvarez		Business Owner Dept: Value-Based Care	Contract Number: PONCS-24546 A3
Vendor/Supplier: Milliman, Inc. Basis of Original Contract Award Request for Proposals (Best Value) Basis of this Modification Non-Sole Source Modification		Original Contract (BOM 10/30/2024)	\$1,290,000
		Modification #1 (02/25/2026)	\$1,600,000
		Board Approval Amount Modification # 2	\$1,725,000
Revenue, Expense or Capital: Expense			
Original Start Date: 11/14/2024 Current Expiration: 11/13/2026 Mod Start Date: 11/14/2026 Expiration after this Mod: 11/13/2027		New Total Contract Amount:	\$4,615,000
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Yes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Monal Shah, SVP, Chief Clin Transf Officer			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

Recommendation

Approve this contract modification for one-year term extension and change to the Scope of Work - Consulting Services for Affordable Care Act (ACA) Exchange Plan.

Background

The original engagement consisted of two parts: optimization of existing contracts/revenue cycle and feasibility of an ACA plan. The second term covered the implementation phase of the Affordable Care Act (ACA). Each year, the scope is updated based on progress from the previous year and will be carried through to completion by Plan Year 1 (CY2028), when members will begin receiving services through the health plan. The proposed SOW for the upcoming term covers ACA Plan Strategy & Operational Implementation Support, Plan Year (PY/CY) 2028 Actuarial Services & Rate Setting, PY2028 Qualified Health Plan (QHP) Form and Binder Filing, and PY2028 Risk Adjustment Operations.

Parkland has moved from the planning phase for the ACA plan to the implementation phase, including continued work on the following: Texas Department of Insurance (TDI) licensing in 2026; QHP licensing in 2027, to allow enrollment starting in November 2027; Pharmacy Benefit Manager (PBM) and off-exchange exploration; and product development. The development of an ACA plan will increase enterprise value by allowing Parkland Community Health Plan (PCHP) access to federal premium tax credit subsidies that will ultimately pay for medical claims. If this does not get approved, Parkland will not be able to receive the federal tax subsidies through the ACA.

Fair and Reasonable Price Determination

A fair and reasonable price was determined through adequate competition.

Financial Forecast

Current Board Approved Contract Amount	FY2027	FY2028	Total
\$2,890,000	\$1,581,250	\$143,750	\$4,615,000

Document Contact/Author:	Gracy Thomas
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Parkland

Board Approval Request For Contracts Over \$200,000

BOM Date: October 28, 2026		Product or Service: OMEGA E-View AI ERCP Fluoroscopy System	
Business Owner: Patrick Eaton		Business Owner Dept: Clinical Engineering	Contract Number: POCP-26830
Vendor/Supplier/Contractor: Omega Medical Imaging, LLC		Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price
Revenue, Expense or Capital: Capital	Contract Dates		Contract Price
	Base Term:	11/6/2026 – 11/5/2027	\$998,128
	Out Years:	0 Year(s)	+\$0
	Total:	11/6/2026 – 11/5/2027	\$998,128
Lowest Bidder			
		Is this contractor the lowest bidder/supplier?	N/A-Sole Source
If not, what premium will be paid for this contract over the lowest bidder?		N/A	
Approvals			
		Has the <u>final</u> contract been approved by Legal for legal sufficiency?	Yes
		Does this contract have an IT Component?	Yes; and IT approved
		Does this contract have a Construction Component?	No
Financial			
		Is Funding included in the applicable FY Budget?	Yes
		FTE Impact:	None
Submitted By (Division VP): Lance Mendiola,Vice President, Construction, Facilities, Real Estate			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: OMEGA E-View AI ERCP Fluoroscopy System

VENDOR: Omega Medical Imaging, LLC

COST:	Base Term:	\$998,128
	Out Years:	+ \$0
	Total:	\$998,128

Recommendation

Approve this contract for OMEGA E-View AI ERCP Fluoroscopy System.

Background

This contract is for the purchase of an OMEGA Fluoroscopy System to replace the existing Siemens Fluoroscopy System in the main Gastroenterology (GI) Lab. The system is used to provide real-time X-ray imaging during procedures and specifically can be used for ERCP (Endoscopic Retrograde Cholangiopancreatography) and Advanced GI procedures. The current system is twelve years old and at the end of support, which limits serviceability and parts availability. Replacing it with a supported model will reduce the risk associated with limited-service coverage and obsolete parts. Additionally, the department currently operates one of these systems. Procuring a second system would maintain equipment standardization, support consistent clinical workflows, and reduce variation in staff training and system operation.

Fair and Reasonable Price Determination

The item being purchased is a sole source for the reasons discussed below. ECRI market research shows that the Parkland price is average compared to other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Base Term	FY2026
Equipment / Licenses	\$998,128

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The product or service has no competition. This product offers functionalities that no other system on the market provides. Clinical studies and internal vendor research have shown that it can reduce radiation exposure to patients and staff significantly. It is the only system specifically designed and built for Interventional Endoscopy Procedures. Additionally, the innovative I-C design allows the C-arm to swing away from the table, enabling the table to be used for non-X-ray procedures such as EUS. This design also facilitates safer patient loading and provides full access to the patient during emergency situations—features that no other system on the market offers.

Document Contact/Author:	Andrew Barter
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Monthly Ratification Report

Require Board Approval

Contract Date		Contract Number	Vendor Name	Description	Amount	Cost Center Number	Department
4/30/2025, 10/1/2026		PPPS-20382_AS	The Salvation Army	Mod # 3 Pathways Forward Program, adding funds	\$808,983	86490	Post Acute Services

CEO Approval

Fred Cerise
Fred Cerise (Oct 2, 2026 07:55:09 CDT)

Dr. Fred Cerise

10/02/2026
Date



Parkland

Ratification Notice

BOM Date: October 28, 2026		Modification: Mod # 3 Pathways Forward Program, adding funds	
Business Owner: Shannan Bradley		Business Owner Dept: Post Acute Services	Contract Number: PPPS-20382_A5
Vendor/Supplier: The Salvation Army Basis of Original Contract Award Sole Source Basis of this Modification Sole Source Modification		Aggregate amount last approved by the BOM (4/24/2024): Action #1:	\$1,485,483 \$99,999
Revenue, Expense or Capital: Expense-Ratification		Amount to be Ratified: (4/30/2025): \$758,983 (10/1/2026): \$50,000	\$808,983
Original Start Date: 3/1/2022 Current Expiration: 4/1/2027 Mod Start Date: 9/30/2026 Expiration after this Mod: 4/1/2027		New Contract Amount:	\$2,394,465
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Shannan Bradley, Vice President Care Management & Post-Acute Services, Operations Administration			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 3 Pathways Forward Program, adding funds

VENDOR: The Salvation Army

COST: Aggregate amount last approved by the
BOM (4/24/2024): \$1,485,483

Action #1: \$99,999

Amount to be Ratified + **\$808,983**

Amount to be Approved (going forward):

Total: \$2,394,465

Recommendation

Approve this contract modification to Pathways Forward Program, adding funds.

Ratification Reason

Ratification is required because additional funds were added to the contract without obtaining the required Board approval, after the applicable board approval threshold was exceeded.

Background

The Pathways Forward Program primarily targets high-utilization homeless patients that frequent the Emergency Department (ED). The program pays for 30 beds and its goal is to transition patients to permanent supportive housing and reduce unnecessary ED visits. The Salvation Army provides shelter, crisis stabilization, and homeless recovery services modeled after Critical Time Intervention (CTI). The program was originally funded by Health Resources and Services Administration (HRSA) through monies budgeted and approved for The Salvation Army in the HOMES American Rescue Plan Act (ARPA) through FY23 budgets under the categories "Maintaining & Increasing Capacity" and "Recovery & Stabilization". Beginning FY24 the Program is fully funded by Parkland.

Fair and Reasonable Price Determination

Rates are based on historical pricing and consistent with fees for like services in Parkland's hospital community.

Financial Forecast

Current Contract Amount	FY2025	FY2026	Total
\$1,485,483	\$858,982	\$50,000	\$2,394,465

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The service has no competition in Parkland's Hospital community area.

Document Contact/Author:	Terence Durham
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Monthly Ratification Report

110 Item R2

Require Board Approval

Contract Date	Contract Number	Vendor Name	Description	Amount	Cost Center Number	Department
4/3/2026, 4/6/2026,6/17/2026, 9/18/2026	PPPS-18364_A10	The Salvation Army	Mod # 3 Recuperative Care, adding funds	5160,446	86490	Post Acute Services

CEO Approval

Fred Cerise

Fred Cerise (Oct 2, 2026 07:55:35 CDT)

Dr. Fred Cerise

10/02/2026

Date



Parkland

Ratification Notice

BOM Date: October 28, 2026		Modification: Mod # 3 Recuperative Care, adding funds	
Business Owner: Shannan Bradley		Business Owner Dept: Post Acute Services	Contract Number: PPPS-18364_A10
Vendor/Supplier: The Salvation Army		Aggregate amount last approved by the BOM (4/24/2024):	\$396,666
Basis of Original Contract Award Sole Source			
Basis of this Modification Sole Source Modification			Action #1: \$99,900
Revenue, Expense or Capital: Expense-Ratification		Amount to be Ratified: Action #1 (4/3/2026): \$10,801 Action #2 (4/6/2026): \$9,645 Action #3 (6/17/2026): \$40,000 Action #4 (9/18/2026): \$100,000	\$160,446
Original Start Date: 11/15/2020 Current Expiration: 4/1/2027		New Contract Amount:	\$657,012
Mod Start Date: 9/29/2026 Expiration after this Mod: 4/1/2027			
Approvals Has the <u>final</u> modification been approved by Legal for legal sufficiency? Legal approved base document, amendment has no changes Does this modification have an IT Component? No Does this modification have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets. FTE Impact: None			
Submitted By (Division VP): Shannan Bradley, Vice President Care Management & Post-Acute Services, Operations Administration			



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 3 Recuperative Care, adding funds

VENDOR: The Salvation Army

COST:	Aggregate amount last approved by the BOM	
	(4/24/2024):	\$396,666
	Action #1:	\$99,900
	Amount to be Ratified	+ \$160,446
	Amount to be Approved (going forward):	
	Total:	\$657,012

Recommendation

Approve this contract modification to Recuperative Care, adding funds.

Ratification Reason

Ratification is required because additional funds were added to the contract without obtaining the required Board approval, after the applicable board approval threshold was exceeded.

Background

The Recuperative Care Program provides short-term residential care for patients who no longer need hospitalization but still require support during recovery. The program pays for 8 recuperative care beds specifically for homeless patients who lack insurance and have no place to be discharged to after hospitalization. Parkland pays for beds at The Salvation Army Carr Facility for surgical recovery for its unfunded patients through the established Recuperative Care Program which was established during the Covid pandemic period rather than sending the non-funded patients to our skilled nursing facilities.

Fair and Reasonable Price Determination

Rates are based on historical pricing and consistent with fees for like services in Parkland's hospital community.

Financial Forecast

Current Contract Amount	FY2026	Total
\$396,666	\$260,346	\$657,012

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The service has no competition in Parkland's Hospital community area.

Document Contact/Author:	Terence Durham
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Parkland

Approved Deviation Request New Contract

113

Must be approved before: October 1 st , 2026		Reason for deviation request: The Anatomic Pathology (AP) lab's tissue processors are experiencing frequent breakdowns that require costly repairs. The breakdowns are directly impacting the AP's ability to issue patient results in a timely manner.	
BOM Date: October 28, 2026		Product or Service: Purchasing new Sakura Tissue-Tek VIP (Vacuum Infiltration Processor) equipment for Laboratory Services	
Business Owner: Tim Lenz/Bernie Buenvenida	Business Owner Dept: Clinical Engineering	Contract Number: POCP-26751	
Vendor/Supplier/Contractor: Sakura Finetek USA, Inc.	Source Selection Methodology: Sole Source	Fair and Reasonable Price Determination: Market Price	
Revenue, Expense or Capital: Capital-Approved Deviation		Contract Dates	Contract Price
	Base Term:	10/1/2026 – 9/30/2027	\$472,592
	Out Years:	0 Year(s)	+\$0
	Total:	10/1/2026 – 9/30/2027	\$472,592
Lowest Bidder Is this contractor the lowest bidder/supplier? N/A-Sole Source If not, what premium will be paid for this contract over the lowest bidder? N/A			
Approvals Has the <u>final</u> contract been approved by Legal for legal sufficiency? Yes Does this contract have an IT Component? No Does this contract have a Construction Component? No			
Financial Is Funding included in the applicable FY Budget? Yes FTE Impact: None			
Submitted By (Division VP): Jenni Burnes, Vice President, Ancillary Services, Operations Administration			
Request: Authorize the appropriate Contracting Officer to execute this contract with the stipulation that it will be presented to the Parkland Board of Managers for approval at the next regularly scheduled meeting.		<i>Fred Cerise</i> Fred Cerise (Oct 2, 2026 07:40:06 CDT) Date: _____ Dr. Fred Cerise, President & CEO RFMA RFMA (Oct 2, 2026 09:22:53 CDT) Date: _____ Chair Finance Committee	



DALLAS COUNTY HOSPITAL DISTRICT PARKLAND HEALTH BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Purchasing new Sakura Tissue-Tek VIP (Vacuum Infiltration Processor) equipment for Laboratory Services

VENDOR: Sakura Finetek USA, Inc.

COST:	Base Term:	\$472,592
	Out Years:	+ \$0
	Total:	\$472,592

Recommendation

Approve this contract for Purchasing new Sakura Tissue-Tek VIP (Vacuum Infiltration Processor) equipment for Laboratory Services.

Approved Deviation Reason

This deviation is requested to expedite the purchase of a Sakura Tissue-Tek VIP tissue processor to replace aging equipment experiencing frequent breakdowns and costly repairs. These failures are delaying AP's ability to provide timely patient results and impacting patient care. Due to extended contract negotiations with the vendor, the agreement missed the September Board deadline, and AP cannot delay the purchase until the October Board given the continued equipment failures and associated patient care impact.

Background

Two of the laboratory's five current processors are currently nonfunctional. The existing processors are approximately 12 years old, exceeding their typical seven-year life cycle. AP lab is acquiring 6 new units to replace the five current malfunctioning units and add an additional unit due to volume increase. These instruments are critical to preparing patient biopsies and resections for diagnostic testing, and equipment failures can irreversibly affect tissue quality and subsequent in-house and molecular testing. The Sakura Tissue-Tek VIP was identified as the only solution meeting the laboratory's requirements for processing quality, capacity, configuration, and space constraints while supporting existing histology, Immunohistochemistry (IHC), special stain, and molecular workflows. With the six new processors, capacity will increase from approximately 200 to 275–300 cassettes per instrument, helping accommodate daily volumes of 500–750 cassettes and allowing tissue-specific processing programs to improve workflow efficiency and specimen quality. Individual processing chambers also help minimize workflow disruption and specimen impact in the event of an instrument malfunction.

Fair and Reasonable Price Determination

Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price falls below the average price range and is 5% lower than that of other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Base Term	FY2027	Totals
Equipment / Licenses	\$472,592	\$472,592

Sole Source Justification

This contract is for a good or service for which there is only one acceptable source. The products are additions or modifications to existing equipment where there are no substitute or interchangeable components and compatibility is paramount. The Sakura Tissue-Tek instrument is compatible with current reagents and instrumentation for subsequent testing Hematoxylin and Eosin (H&E) staining, IHC staining, Special stains, and molecular testing), and the available space in the lab. Other vendors were evaluated and compared to current instrumentation, but none offer the same level of quality, specimen capacity, reagent use, and instrument footprint as the Sakura instrument.

Document Contact/Author:	Tamisha Smallwood
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CONTRACT RESOLUTION
Board of Managers
October 28, 2026

PARKLAND HEALTH

RESOLUTION NO. _____

Be it resolved, the Parkland Health Board of Managers, by a vote of _____ Yes and _____ Nay, does by this resolution (adopt/reject) _____ the following:

WHEREAS, Parkland Health management requested approval for certain contracts and approval/rejection is as checked below:

Approved	Rejected	Withdrawn	Type	Service or Product	Vendor	Contract Term	Aggregate Contract Amount Approved	Budgeted
			Expense	Mod# 2 Extension and adding funds for Abbott Electrophysiology Products and Accessories	Abbott Laboratories	8/19/2021 - 8/31/2028	\$3,901,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Mod# 2 Two-year contract extension and adding new products for staining supplies	Agilent Technologies, Inc.	5/30/2018 - 11/30/2028	\$812,100	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Revenue	House Staff Services	The University of Texas Southwestern Medical Center	9/1/2025 - 6/30/2027	(\$11,000,000)	N/A-Revenue
			Expense	Mod#4 Two-year extension and adding funds for Medtronic Electrophysiology Products and Accessories	Medtronic USA, Inc.	8/14/2021-11/14/2028	\$3,001,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Mod#4 Two- year extension and adding funds for Kahook Dual Blade Disposables	New World Medical	8/11/2017-11/10/2028	\$315,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Durable Medical Equipment Prosthetic Devices, Prosthetics, Orthotics, and Supplies Services	One Source Medical Solutions, Inc.	12/14/2026 – 12/13/2031	\$15,000,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Mod#1 Adding funds for two-year extension for the chemistry lab	Sebia, Inc	1/1/2024-12/31/2028	\$485,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Mod#2 Two-year extension and adding funds for Versajet accessories	Smith and Nephew, Inc.	7/1/2020 - 11/30/2028	\$315,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Ob/Gyn Clinical Coverage	The University of Texas Southwestern Medical Center	10/1/2026 – 9/30/2029	\$3,992,679	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Revenue	Mod# 5 Revenue Reporting Services for MIPS and TIPPS	The University of Texas Southwestern Medical Center	3/9/2022-9/30/2029	(\$1,532,387)	N/A-Revenue
			Expense	Mod# 3 Add funding to the Endoprosthesis Vascular Stents and Implants contract	W.L. Gore & Associates, Inc.	5/1/2021-8/28/2028	\$4,500,000	Yes, for the current fiscal year. Additional years' costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Mod#4 Add funds to Pathways Forward Program	The Salvation Army	3/1/2022-4/1/2027	\$250,000	Yes
			Expense	Mod#7 Add funds for outstanding invoices for Outpatient Dialysis Services	Bio-Medical Applications of Texas, Inc	12/1/2021-12/31/2026	\$1,800,000	Yes
			Expense	Mod#2 Add funding to immunology reagent contract for the Parkland owned Dynex DSX machine	Werfen USA LLC	11/1/2016-10/31/2027	\$85,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Capital	Design Services for Southeast Dallas Health Center	Cannon Design Inc.	10/29/2026 – 12/31/2030	\$23,626,298	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Capital	Mod#2 Adding contingency funds Big OK Paper Parking Lot Improvements	Gilbert May, Inc. d/b/a Phillips May Corporation	4/24/2024 - 12/31/2026	\$164,160	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets

			Expense: Court Approval	Commercial Contract of Sale for the purchase of 5431 Gregg Street, Dallas, TX	4304 Live Oak, LP	11/4/2026 – 3/19/2027	\$1,100,000	Yes
			Expense: Court Approval	Mod# 2 4th Amendment to Office Lease (for Parkland Foundation & Corporate Communications)	Albany Road-Mockingbird, LLC	8/1/2017-1/31/2032	\$2,506,324	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Capital	Acoustic Wall Panel Installation	Mexzim Corporation	11/1/2026 – 1/31/2027	\$208,022	Yes
			Expense	Epic Resource for Epic Refuel Project (Project Align)	EPIC	11/9/2026 – 9/30/2027	\$342,200	Yes
			Expense	Epic Refuel 2026 – Licenses for Application Implementation (Project Align)	EPIC	10/28/2026 – 12/31/2028	\$1,494,232	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Harmony Healthcare IT- Historical Healthcare Data Archiving solutions.	Harmony Healthcare IT (HHIT)	11/1/2026 – 8/31/2027	\$550,000	Yes
			Expense	Hyland LLC multi-year co-terming of existing Software Maintenance and Subscriptions for OnBase, Brainware, and Intelligent Medical Records (IMR)	Hyland LLC	11/1/2026 – 6/30/2031	\$3,673,382	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Revenue Cycle Solutions: SmarterPrebill, SmarterDenials, and SmarterCharges	Smarter DX , Inc.	11/1/2026 – 10/31/2031	\$480,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Utilization Management Solution: SmarterUtilization	Smarter DX , Inc.	11/1/2026 – 10/31/2031	\$500,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Refurbishment of two (2) 300 hp Cleaver Brooks steam boilers located in the Linen department	Cleaver-Brooks Sales and Service, Inc.	11/1/2026 – 10/31/2027	\$202,045	Yes
			Capital	Purchase 17 Affinity Birthing Beds	Hill-Rom Company, Inc	11/1/2026 – 6/30/2027	\$258,438	Yes
			Expense	Mod#3 One year extension of Benefits Flexible Spending Account Administrative Services	Inspira Financial Health, Inc.	1/1/2015 -12/31/2027	\$108,150	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Expense	Mod#2 One-year term extension and change to the Scope of Work - Consulting Services for Affordable Care Act (ACA) Exchange Plan	Milliman, Inc.	11/14/2024-11/13/2027	\$1,725,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets
			Capital	OMEGA E-View AI ERCP Fluoroscopy System	Omega Medical Imaging, LLC	11/6/2026 – 11/5/2027	\$998,128	Yes

THEREFORE, BE IT RESOLVED, that the Parkland Health Board of Managers approves these contracts as noted.

Dated this 28th of October 2026.

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Eric G. Bing, MD, PhD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Byron Cryer, MD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Todd Furniss, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Reina Gonzalez, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Vincent Hall	Yes	_____	No	_____	Abstain	_____	Absent	_____
Ramon Miguez, PE	Yes	_____	No	_____	Abstain	_____	Absent	_____
Farida Minner, RN	Yes	_____	No	_____	Abstain	_____	Absent	_____
Marjorie Petty, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Miriam Sharma, RN	Yes	_____	No	_____	Abstain	_____	Absent	_____
Yasmin Simon, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Jeff Tillotson, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____

Consideration and Appropriate Action Regarding Capital Substitution(s)

Parkland Health
FY2027 Capital Substitution
For October 2026 Board Meeting

Ref # Division		Project Total	Substitution Amount	Description
1	Nursing Administration	\$879,900	\$879,900	Lifts for Safe Patient Handling
	Explanation	Texas Senate Bill 1525 requires hospitals and nursing homes to implement safe patient handling and movement programs. The bill restricts manual lifting or movement of all or most of a patient's weight to emergency, life-threatening, or other exceptional circumstances. An internal assessment was recently completed and found that we were deficient in our patient handling processes. Due to the limited number of patient lifts, manual lifting (including transfers and repositioning) occurs often in non-emergent situations. To enhance safety and align with safe patient handling practices, the purchase of 44 lifts totaling \$503K for equipment are being requested, which include the following: ceiling lifts (38), mobile bariatric lifts (4), and fall recovery devices (2). An additional \$377K is also needed for construction related costs due to the relocation of 10 lights in the BICU. The lights would interfere with the railings for the lifts in their current location. The lifts will be installed in high-risk areas to include the following: intensive care units, Radiology, and Neurosurgery. Benefits of approving the request include the following: reduction in injuries and physical strain to the backs of employees; safer environment to retain nurses.		
	Driver(s) of Increased Expense:	\$503,000 for equipment; \$376,900 for construction related costs		
	Description of Item:	ceiling lifts (38), mobile bariatric lifts (4), and fall recovery devices (2)		
Grand Total		\$879,900	\$879,900	

PARKLAND HEALTH
RESOLUTION NO. _____

Be it resolved, the Parkland Health Board of Managers, by a vote of _____ Yes and
_____ Nay, does by this resolution (adopt/reject) _____ the following:

WHEREAS, Parkland Health management requests approval for the use of contingency funds for capital items in the amount of
\$879,900 _____ for FY27 as itemized in the listing presented to the Board of Managers, and

THEREFORE, BE IT RESOLVED, that the Parkland Health Board of Managers approves
the use of funds as submitted.

Dated this ____th Day of _____ 2026.

Vincent Hall
Chair

Brad Nitschke, JD,
Assistant Secretary

Eric G. Bing, MD, PhD	Yes_____	No _____	Abstain _____	Absent _____
Byron Cryer, MD	Yes_____	No _____	Abstain _____	Absent _____
Todd Furniss, JD	Yes_____	No _____	Abstain _____	Absent _____
Reina Gonzalez, JD	Yes_____	No _____	Abstain _____	Absent _____
Vincent Hall	Yes_____	No _____	Abstain _____	Absent _____
Ramon Miguez, PE	Yes_____	No _____	Abstain _____	Absent _____
Farida Minner, RN	Yes_____	No _____	Abstain _____	Absent _____
Marjorie Petty, JD	Yes_____	No _____	Abstain _____	Absent _____
Miriam Sharma, RN	Yes_____	No _____	Abstain _____	Absent _____
Yasmin Simon, JD	Yes_____	No _____	Abstain _____	Absent _____
Jeff Tillotson, JD	Yes_____	No _____	Abstain _____	Absent _____

**Consideration and Appropriate Action
Regarding the Internal Audit Charter Updated
to Reflect the New IIA Global Standards and
Align with Board Bylaws**



Internal Audit Charter	Published: ~~08/20/2025~~ 06/11/2026
Charters Manual	Page 1 of 4

Purpose

The Internal Audit ([IA](#)) function of Dallas County Hospital District is established to provide independent, objective assurance, and advisory services aimed at enhancing and protecting organizational value and advancing responsible stewardship of taxpayer resources. The purpose is to support the board of managers and executive management in accomplishing organizational objectives by bringing a systematic approach to evaluating and improving the effectiveness of operations, risk management, control and governance processes.

The Internal Audit department of Dallas County Hospital District has been established, granted authority, and is responsible for the performance of its duties as set forth below.

The Board of Managers has authorized the formation of an Audit Committee (See Audit Committee Charter). The Audit Committee has reviewed this charter, and the Board of Managers has approved it to set forth the purposes, structure, authority, and duties and responsibilities of Internal Audit.

Scope

Internal Audit performs audits and advisory services that evaluate, assess and provide assurance in areas including, but is not limited to:

- Risk management: Internal Audit assesses the effectiveness of risk management practices, ensuring risks are appropriately identified, understood and effectively managed.
- Control systems: Internal Audit evaluates the reliability and integrity of financial and operational information, and the processes established to ensure compliance with policies, laws and regulations.
- Governance: Internal Audit reviews corporate governance processes to ensure they align with organizational goals and standards.
- Fraud/Waste/Abuse: Internal Audit will perform assessments aimed at the prevention, detection, and/or investigation of fraud, waste, and abuse.

The scope of Internal Audit covers the entire organization, including all affiliates: Parkland Community Health Plan, Parkland Center for Clinical Innovation, The Parkland Foundation, and Nursing Homes.



Internal Audit Charter	Published: ~~08/20/2025~~ 06/11/2026
Charters Manual	Page 2 of 4

Responsibilities

IAS is responsible for assessing the various functions and control systems within the hospital and advising Administration and the Board concerning their condition. The fulfillment of this accountability is not confined to but includes:

- Appraising the effectiveness and application of administrative and financial controls and the reliability and integrity of data developed and reported by the hospital.
- Evaluating the sufficiency, adequacy and compliance with hospital policies and procedures, as well as compliance with all applicable governmental laws and regulations.
- Reviewing operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned.
- Ascertaining the adequacy of controls for the safeguarding of assets, and when appropriate, verifying the existence of those assets.
- Performing special reviews as requested by Administration and the Board.
- Conducting appraisals of the effectiveness and efficiency in the use of hospital resources and making appropriate recommendations.
- Performing a risk assessment and developing an annual audit plan.
- Coordinating audit planning and scheduling activities with Administration and external auditors.
- Coordinating audit activities with Compliance, Legal, Quality, Safety as part of the organization's enterprise risk management activity.
- Maintain appropriate professional staff to accomplish Internal Audit's mission.
- Maintenance of a robust Quality Assurance and Improvement program to ensure high-quality audit results.



Internal Audit Charter	Published: <u>08/20/2025</u> ~~06/11/2026~~
Charters Manual	Page 3 of 4

Professional Standards

Internal Audit is committed to operating in conformance to The Institute of Internal Auditors' International Professional Practices Framework and Global Internal Audit Standards. This commitment requires all auditors to maintain confidentiality, integrity, and objectivity in all audit activities.

Confidentiality

Internal auditors are expected to respect the confidentiality of information obtained during their work. Information will only be disclosed in alignment with legal or regulatory requirements or as otherwise approved by the Chief Audit Executive (CAE) and the Audit Committee. Information related to audits conducted under the attorney-client privilege may be disclosed to the extent directed by the General Counsel or designee.

Board and Executive Management Actions and Support

In accordance with the Audit Committee Charter, the Audit Committee is responsible for overseeing Internal Audit's independence, reviewing its charter including Internal Audit's purpose, audit plan, and budget, and ensuring the adequacy of Internal Audit resources. The Audit Committee will review Internal Audit's strategy and its performance objectives and quality assessment plans. The Board of Managers will approve the Internal Audit Department Charter.

The CAE and Audit Committee will agree on the frequency and nature of periodic updates including audit plan results and meetings including audit committee meetings, CAE private meeting with the Audit Committee in executive session and one-on-one meetings between the CAE and the Audit Committee Chair. The Audit Committee will provide input into and review the CAE's qualifications, compensation and performance evaluation.

Executive management is expected to provide Internal Audit with support and enable access to resources, information, and personnel as necessary to fulfill its purpose and mandate. Executive management will position the CAE within the organization to enable Internal Audit's mandate, charter and purpose. Executive management will support Internal Audit's direct access and interactions with the Audit Committee, and review and support Internal Audit's charter, strategy, performance objectives, quality assessments and audit engagement results.

Independence, Reporting Structure and Objectivity

To maintain independence, the CAE reports functionally to the Audit Committee and administratively to the Chief Financial Officer (CFO). This structure ensures that the



Internal Audit Charter	Published: ~~08/20/2025~~ 06/11/2026
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Internal Audit charter, budget and resources are determined in alignment with organizational needs and approved by the Audit Committee.

The CAE will assert annually that they and the internal audit function are objective and free from conflicts that could threaten objectivity and impede Internal Audit from carrying out its purpose, mandate and scope of services.

The Internal Audit function will maintain a quality assurance and improvement program to assess and enhance Internal Audit's conformance (with the International Professional Practices Framework and Global Internal Audit Standards) and performance (against Internal Audit's strategic and operational objectives). The program includes ongoing and annual internal assessments and an external assessment at least every five years, in alignment with the Global Internal Audit Standards.

Aligned Assurance

Internal Audit will coordinate with other assurance functions within Dallas County Hospital District to maximize risk assurance coverage and minimize duplication. If the CAE cannot achieve an appropriate level of coordination, the issue must be communicated to executive management and if necessary escalated to the board.

Stakeholder Communication and Reporting

Internal Audit will communicate audit plan engagement results, significant findings, recommendations and conclusions as appropriate to the Audit Committee and relevant executive management on a timely basis. Periodic reports will summarize audit work performed, key findings, risk areas and follow-up on prior recommendations. For reviews and audits of Dallas County Hospital District affiliates, Internal Audit reports findings and recommendations to related affiliate committees and governance as well as executive management and the Audit Committee.

Review

This charter will be reviewed annually by the CAE and presented to the Audit Committee for review and to the Board of Managers for approval. This process will ensure it remains aligned with organizational needs and regulatory standards.



Internal Audit Charter	Published: 06/11/2026
Charters Manual	Page 1 of 4

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Internal Audit Charter	Published: 06/11/2026
Charters Manual	Page 2 of 4

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Internal Audit Charter	Published: 06/11/2026
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Review

This charter will be reviewed annually by the CAE and presented to the Audit Committee for review and to the Board of Managers for approval. This process will ensure it remains aligned with organizational needs and regulatory standards.

Consideration and Appropriate Action Regarding the 2026 Southwestern Medical District Budget Modification

2026 SOUTHWESTERN MEDICAL DISTRICT RESOLUTION

The Board of Managers previously approved the budgeted amount of \$422,111 via Resolution 2026012805. Following approval, but prior to execution of the Contract, the SWMD members were advised that the budgeted amounts were incorrect due to an administrative / clerical error.

This Resolution will provide for the approval of the corrected budgeted amount of \$589,490 for Parkland's continued participation in the Southwestern Medical District ("SWMD") with Children's and UT Southwestern. Parkland's obligation for the Fiscal Year 2026 budget covers the following shared expenses that benefit the three participants as outlined in the Operating Agreement:

1. Wayfinding
2. Shared Shuttle Routes
3. Permits, Surveys, Designs, and Easements
4. FDB Drug Database License Agreement
5. Landscaping & Other Maintenance
6. Branding and Marketing

ANNUAL OPERATING CONTRACT

I. CONTRACTING PARTIES:

This contract and agreement, hereinafter referred to as “**Agreement**,” is entered into by and between Dallas County Hospital District, located at 5200 Harry Hines Boulevard, Dallas, Texas 75235, hereinafter referred to as “**Parkland**” and Southwestern Medical District, a 501(c)(3) organization incorporated under the provisions of the Texas Non-Profit Corporation Act, located at 5323 Harry Hines Boulevard, Dallas, Texas 75390-9166, hereinafter referred to as “**SWMD**.”

II. STATEMENT OF SERVICES TO BE PERFORMED:

The attached **Exhibit 1** sets out the services to be provided by SWMD to Parkland, what initiates the services to be provided, and the payment amount agreed upon for those services.

III. INSURANCE:

SWMD shall maintain comprehensive liability insurance to cover the acts and omissions of its officers, employees and agents during the term of this Agreement, said coverage shall at all times be at least One Million Dollars (\$1,000,000) combined single limit per person per occurrence. Parkland shall be self insured at such coverage levels as deemed appropriate. Upon request, each party shall furnish the other with a copy of policies or other evidence of insurance coverage, and shall give at least thirty (30) days' written notice before any such insurance is canceled or changed with respect to such party's coverage or limits of liability.

IV. DISPUTE RESOLUTION:

Parkland and SWMD shall make a good-faith attempt to resolve any claim for breach of contract made by SWMD that cannot be resolved in the ordinary course of business. The Chief Business Officer of Parkland shall examine SWMD's claim and any counterclaim and negotiate with SWMD in an effort to resolve such claims. The parties hereto specifically agree that Parkland has not waived its right to seek redress in the courts.

V. PAYMENT FOR SERVICES:

- A. As set out in Exhibit 1, Parkland shall pay SWMD a total of \$589,490.00.
- B. Payment for services shall be made within thirty (30) days of receipt of an invoice addressed to the Accounts Payable Department, Dallas County Hospital District, 5200 Harry Hines Boulevard, Dallas, Texas, 75235.

VI. MISCELLANEOUS CLAUSES:

- A. **Venue; Governing Law.** Dallas County, Texas shall be the proper place of venue for suit on or in respect of the Agreement. The Agreement and all of the rights and

obligations of the parties hereto and all of the terms and conditions hereof shall be construed, interpreted and applied in accordance with and governed by and enforced under the laws of the State of Texas.

- B. **Entire Agreement; Modifications.** The Agreement supersedes all prior agreements, written or oral, between SWMD and Parkland and shall constitute the entire Agreement and understanding between the parties with respect to the subject matter hereof. The Agreement and each of its provisions shall be binding upon the parties and may not be waived, modified, amended or altered except by a writing signed by Parkland and SWMD.

VII. TERM OF AGREEMENT:

This Agreement is to begin January 1, 2026 and extend through December 31, 2026 and shall continue thereafter on a year to year basis upon approval of an annual budget, or until terminated by either party with sixty (60) days written notice. This Agreement may be amended from time to time by written agreement of both parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the effective date specified herein.

SOUTHWESTERN MEDICAL
DISTRICT

DALLAS COUNTY HOSPITAL
DISTRICT

By: _____
Daniel K. Podolsky, M.D.
President

By: _____
Travis Smith
Executive Vice President and
Chief Financial Officer

Date: _____

Date: _____

EXHIBIT 1**SERVICES TO BE RENDERED BY SOUTHWESTERN MEDICAL DISTRICT****CONSULTING AND OTHER SERVICES**

SWMD will provide consulting and other services at the request of Parkland. These services may include access to the First DataBank pharmacy drug database; shared shuttle routes; Manager's salary and benefits; landscaping, maintenance, and tree pruning; branding and marketing; signage maintenance and repair; annual municipal license fees; plans and studies; and other services. In return for these services, Parkland will fund a proportionate amount of the operating costs for SWMD, as well as certain finance & administrative costs including insurance expenses and tax preparation fees.

Parkland shall pay SWMD a total of \$589,490.00 for these services.

**PARKLAND HEALTH
BOARD OF MANAGERS**

RESOLUTION NO. _____

2026 SOUTHWESTERN MEDICAL DISTRICT BUDGET

Be it resolved, the Dallas County Hospital District Board of Managers by a vote of ____ Yes and ____ Nay, does by this resolution (adopt/reject) _____ the following:

WHEREAS, Parkland Health (“Parkland”), UT Southwestern, and Children’s Health are members of, and jointly participate in and fund, the Southwestern Medical District (“SWMD”); and

WHEREAS the SWMD supports the common efforts of the three member organizations through wayfinding, shared shuttle routes, common permits, surveys, easements, drug database license, landscaping and other general maintenance, and branding and marketing for the benefit of the medical district, and

WHEREAS the SWMD Board approved the 2026 budget; and

WHEREAS, Management has recommended that the Parkland Board of Managers approve continued participation in the SWMD and authorize the payment of Parkland’s share of funding for the SWMD; and

THEREFORE, BE IT RESOLVED, that the Parkland Board of Managers approves and authorizes Parkland to fund its share of the 2026 SWMD budget and execution of the 2026 Operating Contract.

Dated this _____ day of _____, _____.

Vincent Hall
Chair

Brad Nitschke
Assistant Secretary

Eric G. Bing, MD, PhD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Byron Cryer, MD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Todd Furniss, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Reina Gonzalez, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Ramon Miguez, PE	Yes	_____	No	_____	Abstain	_____	Absent	_____
Farida Minner, RN	Yes	_____	No	_____	Abstain	_____	Absent	_____
Marjorie Petty, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Miriam Sharma	Yes	_____	No	_____	Abstain	_____	Absent	_____
J. Yasmin Simon, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____
Jeff Tillotson, JD	Yes	_____	No	_____	Abstain	_____	Absent	_____

**Consideration and Appropriate Action
Regarding The Parkland Health Foundation
New Board Appointees Claudia Jaramillo,
Marjorie Petty, R'Kes Starling, and B. Michelle
Williams**

Foundation Board Member Appointment

- The Foundation's bylaws authorize the Board of Managers to appoint directors to the Foundation Board of Directors.
- The Foundation Board of Directors may elect additional directors.
- At all times, the number of Board of Managers-appointed directors must exceed the number of Foundation Board-elected directors.
- **Requested Action:** Approve the appointment of the proposed candidates to the Parkland Health Foundation Board of Directors.

Foundation Board Member Appointment: Claudia Jaramillo, NACD.DC, MBA

- Seasoned global finance executive and board leader with nearly 30 years of experience in financial stewardship, strategic transformation, risk oversight and corporate governance.
- Currently serves on the Board of the Perot Museum of Nature and Science and brings extensive board committee experience, including audit, governance, compensation and investment oversight.
- Offers valuable diversity of perspective through her international leadership experience, multilingual background and commitment to advancing women leaders through the global WISE (Women Inspiring, Supporting, and Empowering) network.



Foundation Board Member Appointment: Marjorie Petty, JD

- Accomplished healthcare and public policy leader with extensive experience in health system governance, public administration, regulatory oversight, and healthcare access initiatives at the federal, state, and local levels.
- Currently serves on the Parkland Board of Managers and previously served as Regional Director for the U.S. Department of Health and Human Services, overseeing healthcare programs, operations, and stakeholder engagement across five states and 68 federally recognized tribes.
- Brings extensive governance and community leadership experience through service on the Parkland Board of Managers, leadership as President of the Delta Dental Insurance Company of Kansas Board and a career dedicated to improving healthcare access and outcomes for diverse and underserved populations.



Foundation Board Member Appointment: R'Kes Starling, RPh, MBA

- Accomplished healthcare executive and entrepreneur with more than two decades of experience advancing healthcare access, affordability and innovation across specialty pharmacy, clinical research and emerging therapies.
- Brings extensive leadership and governance experience through executive roles with leading healthcare organizations, service on multiple advisory and nonprofit boards and board leadership with the Association of Clinical Research Professionals.
- Offers valuable expertise in healthcare transformation, digital innovation and health equity, with a demonstrated commitment to expanding access to care and improving outcomes for underserved and historically underrepresented populations.



Foundation Board Member Appointment: B. Michelle Williams, MBA

- Accomplished executive and ecosystem builder with extensive experience leading innovation, entrepreneurship and economic development initiatives that connect technology, capital and community to drive sustainable growth.
- Currently serves as Executive Director in the Office of the Chancellor at Dallas College and as an Advisory Board Member for Charles Schwab Bank, providing strategic counsel and governance-minded leadership on organizational growth, performance and long-term priorities.
- Brings extensive community leadership experience as President and Founding Board Member of the Dallas-Fort Worth Urban League Young Professionals, as well as a founder and advocate for equitable access to entrepreneurship, economic opportunity and leadership development.



**Deliberation and Appropriate Action
Regarding the Replacement of the Current
Core Plus Bond Manager with Brown Brothers
Harriman Credit Partners, LLC.**

Recommended Investments Changes

*Addition of Hedge Funds
and
Changes in Investment Managers*

October 27, 2026

III A – Recommend Brown Brothers to Replace Core Plus Bond Manager¹⁴⁴

- After the DOJ initiated a criminal investigation of the Western Asset Management Company Core Plus fund in November 2024, Parkland opted to withdraw funds from this investment strategy; we moved these monies to an index fund to allow time to choose another bond manager
- Given the focus on private equity/debt and other focus areas we prioritized other asset classes with the most potential for active managers to add financial value, deferring the Core Plus search

III A – Recommend Brown Brothers to Replace Core Plus Bond Manager¹⁴⁵

- Meketa considered 15 strategies for management of the Core Plus bond
- They recommended Parkland interview six potential firms that best met desired criteria
- These organizations stood out for:
 - Complementary to existing bond manager IR+M
 - Employee-owned firms with stable team
 - Strong track record and consistent results
 - Below median fees
 - Clear investment philosophy and able to clearly differentiate “core-plus” approach

III A – Recommend Brown Brothers to Replace Core Plus Bond Manager¹⁴⁶

Manager Overviews

	BBH	F1	F2	F3	F4	F5
Firm Location	New York, NY	San Diego, CA	Chicago, IL	Seattle, WA	New York, NY	Austin, TX
Firm Inception	1818	1989	1997	1991	2002	1996
Ownership Structure	Subsidiary of Employee-Owned Firm ¹	Majority Employee-Owned	Subsidiary of Majority Employee-Owned Firm	100% Employee-Owned	100% Employee-Owned	100% Employee-Owned
Strategy Name	Core Plus Fixed Income	Active Core Plus	Core Plus Fixed Income	Core Strategic Income	Strategic Core Strategy	Core Plus Fixed Income
Strategy Inception	January 1986	January 2009	January 2007	September 2014	September 2008	January 2019
AUM (Firm)	\$59.7 billion	\$5.8 billion	\$10.8 billion	\$12.9 billion	\$11.4 billion	\$30.5 billion
AUM (Strategy)	\$20.5 billion	\$2.3 billion	\$5.3 billion	\$2.7 billion	\$2.0 billion	\$13.0 million ²

Deliberation and Appropriate Action Regarding the Addition of Hedge Funds to the Parkland Investments Policy Statement

III B - Addition of Hedge Funds to the Parkland Investment Policy

- The pension has limited inflation-protected assets
- Considering adding an opportunistic “diversifiers” bucket could help mitigate downward risk without endangering return
- Classic diversifying strategies are not typically correlated to traditional risk factors on average
- Most diversify strategies are facilitated through a manager of manager program or hedge fund structure

III B - Addition of Hedge Funds to the Parkland Investment Policy

- Adding diversifiers = Similar Risk/Return Profile
- Below is the impact of adding 5% to a diversifiers allocation, funded from investment grade bonds

	Current Policy (%)	Adding Diversifiers (%)
US Large Cap Equity	24	24
US Mid Cap Equity	4	4
US Small Cap Equity	4	4
Developed Market Equity (Non-US)	15	15
Developed Market Small Cap Equity (Non-US)	4	4
Emerging Market Equity	4	4
Private Equity	5	5
Private Debt	5	5
Investment Grade Bonds	25	20
Real Estate	10	10
Diversifiers	0	5
20 Year Expected Return	7.86%	7.90%
20 Year Expected Volatility	12.03%	12.07%
Sharpe Ratio	0.40	0.40

III B - Addition of Hedge Funds to the Parkland Investment Policy

- Changes required in the Parkland Health investment policy
 - Page 11 – Take 5% from investment grade bonds and move to diversifying strategies
 - Page 13 – Add diversifying strategies to list of investment vehicles
 - Page 15 – Include diversifying strategies as a defined asset class and include diversifying strategies in the list of excepted classes for stated prohibited transactions
 - Page 18 – Add diversifying strategies as an asset class for peer groups and benchmarks

Deliberation and Appropriate Action Regarding Titan as the Manager for the New Hedge Fund

III C – Recommend Titan as Manager for New Hedge Fund

- Meketa considered 14 strategies for management of the new hedge fund
- They recommended Parkland interview two potential firms
- These organizations stood out for:
 - Their approach (concentrated multi-manager funds)
 - Access to underlying smaller/capacity constrained strategies
 - Historical track records
 - Low beta to equity markets
 - Reasonable fee structures

III C – Recommend Titan as Manager for New Hedge Fund

Manager Comparison

	Firm 1	Titan Advisors
Firm Location	Evanston, IL	Stamford, CT
Firm Inception	2002	2001
Strategy Name	Evanston Alpha Strategies	Titan Masters Fund
Strategy Type	Diversified Fund of Funds	Diversified Fund of Funds
Strategy Inception	May 2011	May 2001
AUM (Strategy)¹	\$163 million	\$279 million
AUM (Firm)	\$4.1 billion	\$2.4 billion
Fees	0.55% management fee and 5% performance fee over the greater of 3% or T-Bills hurdle, subject to a high-water mark.	0.40% management fee and 7.5% performance fee above a 3% hurdle, subject to a high-water mark.
Liquidity	Up to 10% of an investment may be withdrawn in the first through third calendar quarters after the investment was made. Quarterly redemptions, with 65 days' notice thereafter.	Quarterly redemptions, with 65 days' notice

Action Required

- Select and appoint Brown Brothers Harriman & Co. as Core Plus manager
- Vote to recommend the Board of Managers approve changes to the Parkland Retirement Plan Investment policy to allow diversifiers
- Select and appoint Titan Advisors as Hedge Fund manager

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DALLAS COUNTY HOSPITAL DISTRICT

RETIREMENT INCOME PLAN

Proposed edits October 2026

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RETIREMENT PLAN INVESTMENT POLICY

SECTION I

PURPOSE OF INVESTMENT POLICY

The Dallas County Hospital District dba: Parkland Health (“Parkland”) maintains a defined benefit pension plan known as the Dallas County Hospital District Retirement Income Plan (“Plan”) that provides retirement benefits for those Parkland employees who are eligible to participate. The Plan was initially adopted January 1, 1982 by Parkland as a replacement for Social Security benefits. The purpose of the Plan is to provide financial security to our employees after retirement. The Plan is funded by the employees through a 6.2% payroll deduction (effective January 2018; no caps or limits) on base earnings, with Parkland providing any additional funding required to meet the actuarial determined contribution as calculated by an independent actuary. Since Parkland is a political subdivision of the State of Texas, the Plan is not subject to ERISA, but is subject to State regulation through the Texas Pension Review Board and the accounting for the Plan must comply with Government Accounting Standards Board requirements. Any changes to the Plan require approval by Parkland’s Board of Managers. This Investment Policy (“Policy”) defines the investment policy for assets of the Plan. This Policy sets forth administration responsibilities for the Plan and Plan assets, asset allocation strategy for the Plan, investment guidelines for Plan assets and performance measurement standards for investment of Plan assets. The objectives of this Policy are formulated in response to the following:

- the anticipated financial needs of the Plan;
- consideration of risk tolerance; and
- the need to document and communicate with the Plan’s investment managers, advisors, and service providers regarding the purpose of investment policy, administration, asset allocation strategy, investment guidelines and performance measurement standards for the Plan and the Plan assets and ultimately to Plan participants.

This Policy shall apply to the following parties that have responsibilities regarding the Plan Assets:

- Parkland’s Board of Managers;
- The Budget and Finance Committee of Parkland’s Board of Managers;
- The Plan Investment Committee;
- The Plan Investment Consultant;
- The Plan’s Investment Managers;
- The Plan’s Trustee(s)/Custodian(s); and
- Parkland’s staff, as contemplated by this Policy and as requested from time to time by the Investment Committee and/or the Budget and Finance Committee.
- Transition Managers

This Policy shall be reviewed annually and communicated to all the foregoing parties involved in the oversight of the Plan, together with any amendments of this Policy from time to time.

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INVESTMENT OBJECTIVES

Investments will be made in the sole interest of the participants and beneficiaries of the Plan and in accordance with the following objectives:

- To ensure an adequate pool of assets to support the benefit obligations to participants, retirees and beneficiaries;
- Obtain a reasonable rate of return consistent with a prudent level of portfolio risk, while controlling costs incurred in administering and managing the assets; and
- Improvement in the Plan's funded status, providing improved benefit certainty and benefit levels for employees participating in the Plan and the opportunity to reduce employer contributions to the Plan.

SECTION II

ADMINISTRATION

The Board of Managers is responsible for ensuring that all Plan assets are managed effectively and prudently. The responsibilities of the Board's Budget and Finance Committee and other parties related to the management of the Plan assets are as follows:

A. Budget and Finance Committee

The Budget and Finance Committee shall have the authority and responsibility to:

- Recommend adoption of this Policy and amendments from time to time as deemed necessary, desirable or appropriate;
- Recommend appointments to the Investment Committee;
- Select and appoint experienced and qualified Investment Managers to manage all or a portion of the Plan's assets, and to remove Investment Managers from time to time as deemed necessary, desirable or appropriate; Investment Managers shall be selected from established and financially sound organizations that have a proven and demonstrable record in managing funds with characteristics appropriate for the risk/return profile of the Plan's assets. The process for the

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selection of Investment Managers for the Plan will involve a disciplined approach, and will be fully documented in the Budget and Finance Committee's records; and

- Approve the hiring of a Custodian and an Investment Consultant to assist the Investment Committee and Parkland staff in implementing policy and managing the Plan
- Monitor the investments of the Plan assets, including periodic monitoring (at least quarterly) of the investment performance results and a periodic analysis and review (at least quarterly) of the overall investment portfolio of the Plan and its performance as measured by the performance measurement standards set forth in this Policy.

B. Investment Committee

The Investment Committee shall:

- Serve as experienced investment professionals to the Budget and Finance Committee;
- Be composed of members who are selected based upon their overall investment experience, including managing or supervising similar-sized investment portfolios, and their willingness to serve as community volunteers without compensation, but with reimbursement for reasonable out-of-pocket expenses incurred in accomplishing their Investment Committee-related duties;
- Be subject to indemnification related to actions taken within the scope of their duties as members of the Investment Committee, to the fullest extent allowed by applicable law;
- Recommend to the Budget and Finance Committee appropriate Investment Consultants, Investment Managers, Trustees and Custodians, mutual funds or other vendors to implement the Policy; and
- Suggest investment goals and objectives for the Plan and recommend an appropriate asset allocation strategy to be incorporated into this Policy.

C. Investment Managers

Investment Managers shall:

- Manage an investment strategy within the guidelines set forth in this policy;
- Implement selection and timing of investments within the guideline limitations in this Policy, and consistent with each Investment Manager's stated philosophy and style;
- Supply timely written quarterly reports of investment performance results to Parkland staff and the Investment Consultant;

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- Meet and/or communicate with Parkland staff, the Investment Committee, and the Investment Consultant as requested to review investment performance and discuss current strategy;
- Notify the Investment Committee, the Investment Consultant, the Budget and Finance Committee and Parkland staff in writing of any material deviations from the stated investment approach;
- Conduct the purchase and sale of investments in a manner designed to receive the combination of best price and execution;
- Promptly vote proxy ballots for the exclusive benefit of the Plan and in accordance with this Policy; and
- Proactively provide documentation of all relevant compliance issues to Parkland staff and the Investment Consultant within seven (7) days, including, but not be limited to, the following:
 - Regulatory reports
 - Changes in personnel
 - Changes in ownership
 - Any notices to or from the Securities and Exchange Commission (“SEC”)
 - The commencement of any judicial or administrative proceedings

D. Investment Consultant

The Investment Consultant shall:

- Disclose any relationship or revenue between themselves and any candidate manager they may introduce to the plan.
- Be approved by the Budget and Finance Committee based on a recommendation by the Investment Committee.
- Assist the Investment Committee, the Budget and Finance Committee and Parkland staff in an open and competitive process to select Investment Managers and provide its rankings and recommendations for selection of Investment Managers to the Investment Committee and the Budget and Finance Committee.
- Review the performance of the Investment Managers versus their respective benchmarks and relevant peer groups; and make recommendations to the Investment Committee and Budget and Finance Committee as needed.

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- Monitor the Investment Managers' style and characteristics to ensure they are running strategies consistent with the Policy.
- Review and analyze investment performance reports from the Investment Managers and prepare and deliver comprehensive quarterly reports regarding the Investment Managers' performance to the Investment Committee, Budget and Finance Committee and Parkland staff.
- Present to the Investment Committee and Parkland staff any recommended changes to this Policy.
- Assist the Investment Committee, the Budget and Finance Committee and Parkland staff with the review of capital markets, this policy, investment structure, and investment strategies.
- Periodically revisit each benchmark index for its continued appropriateness.
- Monitor the total investment portfolio for unintended risk associated with over-allocation to certain securities within asset classes, sectors, or geography that may overlap.
- Educate the Investment Committee and Parkland staff on investment issues that could impact the Plan.
- Annual review of investment management fees and comparisons with fees of other managers with similar strategies.

E. Trustee/Custodian

The trustee/custodian shall:

- Be a reputable, well-established, financially sound financial institution that is recognized as an industry leader. The trustee/custodian shall be approved by the Budget and Finance Committee based on a recommendation by the Investment Committee.
- Fulfill all fiduciary duties required of a trustee/custodian by pertinent state and federal laws and regulations.
- Safe keep the Plan's assets in accordance with the Trust Agreement.
- Supply timely reports of transactions and valuations of Plan assets.

F. Staff

Parkland staff shall:

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- Implement the decisions of the Budget and Finance Committee and the Investment Committee.
- Review asset allocation on an ongoing basis and initiate portfolio rebalancing pursuant to parameters in this Policy.
- Coordinate communications between the Investment Committee and the Budget and Finance Committee.
- Organize Investment Committee meetings and distribute materials related to the meetings.
- Coordinate review and execution of legal documents related to the Plan's investment and administration.

G. Transition Manager

Transition management is the cost effective and efficient portfolio restructuring of institutional assets from single or multiple investment managers/asset classes to a new investment allocation over a short-term investment horizon. During the transition process, the transition manager is looked upon as a discretionary caretaker of the portfolio(s) to be liquidated and as the conduit for the funding of the target portfolio(s). The responsibilities of a transition manager should include the following responsibilities.

- Transition management (portfolio transition) services from the legacy portfolio(s) to the target portfolio(s).
- The transition manager will act as a fully-discretionary fiduciary and will perform the transition with utmost care and prudence. The fund sponsor realizes that markets fluctuate and risks are inherent during the transition period. However, market forces do not absolve the transition manager from negligence and applying the highest level of care and prudence inherent in a fiduciary.
- Minimize tracking error and maintain asset class (benchmark) exposure. During the transition period, the preservation of capital must be taken into consideration through the expert use of all sources of liquidity, namely: in-kind transfers ("cherry picking" of the legacy portfolio for the

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target portfolio), internal and external crossing networks, primary exchanges, non-displayed liquidity, and principal trades. The strategic and tactical deployment of cash, futures, ETFs, and other hedging strategies are included in the tools required to accomplish a smooth transition.

- Before the transition, the transition manager should provide the fund sponsor a written portfolio transition (liquidation) strategy, including the timeframe required, to achieve the desired objective of liquidating the legacy portfolio(s) and building (and/or funding) the target portfolio(s).
- During the transition period, daily reporting of all trade activity from commencement of the liquidation to the completion and full funding of the target portfolios should be available to Parkland.
- After the completion of the transition, the transition manager should provide Parkland with a report on the outcome and results of the transition. The report should include relevant statistics (i.e., tracking error, costs, VWAPs, t-standard, etc.) and full trading/transaction reports.
- Coordination of the firm's trading activity with investment managers (both legacy and target portfolios) and the custodial bank.
- The transition manager must carry the appropriate coverage for errors and omissions and professional liability insurance.

Conflicts of Interest

To avoid conflicts of interest, all members of the Investment Committee, the Budget and Finance Committee, Parkland staff and the Investment Consultant shall agree to adhere, and shall adhere, to Parkland's conflict of interest policies.

Investment Manager Selection Parameters

The following parameters articulate the general criteria used to select Investment Managers. All or part of these criteria may be employed in choosing an Investment Manager.

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- At the time of engagement, investment managers will affirm that they act in a fiduciary capacity towards the Plan and its participants.
- The Investment Manager must have an investment philosophy that is clearly defined.
- The Investment Manager must demonstrate that the broader organization and investment team have been stable and have committed the resources to maintain the success of its strategy.
- An Investment Manager should have sufficient assets under management relative to the particular asset class and the placement size being awarded.
- An Investment Manager should have been managing the particular investment strategy chosen for at least three years prior to being retained by the Plan. This parameter can be waived if the Investment Manager has had experience with a comparable firm or strategy during that three-year time period.
- The Investment Manager's fee schedule should be reasonable in comparison to the relevant investment universe.

Other prudent criteria may be used by the Investment Committee and the Budget and Finance Committee to select investment options, as deemed necessary.

Investment Manager Watch List Process

The Investment Consultant and/or the Investment Committee may recommend that an Investment Manager be placed on a "Watch List" if concerns develop regarding some aspect of the Investment Manager or its performance. Given that these concerns may or may not be of sufficient importance to justify termination of the Investment Manager, the Watch List is intended to serve as a management tool for the Investment Consultant and the Investment Committee to evaluate the Investment Manager. The Investment Committee may place an Investment Manager on the Watch List for any of the following reasons:

- a. The Investment Manager has not met its performance standards for a sustained period.
- b. The Investment Manager has changed key professionals responsible for the management of the strategy, or such change appears imminent.
- c. The Investment Manager has had a significant change in ownership or control.

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- d. The Investment Manager has changed investment focus or has experienced style drift, departing materially from the investment objectives or parameters previously represented.
- e. Judicial or administrative proceedings have been commenced that involve the Investment Manager.
- f. The Investment Manager has violated, or received notice of a violation of, an SEC rule or regulation.
- g. Other criteria, as determined by the Budget and Finance Committee, the Investment Committee and the Investment Consultant.

Formal Investment Manager Review

When an Investment Manager has been placed on the Watch List, the Investment Committee, in conjunction with the Investment Consultant, shall review the Investment Manager's operations and performance, and the Investment Committee and the Investment Consultant shall make any recommendations about the Investment Manager to the Budget and Finance Committee.

Upon completion of the review, the Budget and Finance Committee may (i) retain the Investment Manager, (ii) reduce the assets under management by the Investment Manager or (iii) terminate the Investment Manager and transfer the assets to a temporary index vehicle or a new Investment Manager.

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SECTION III

ASSET ALLOCATION STRATEGY

The Budget and Finance Committee is guided by the philosophy that asset allocation is the most significant determinant of long-term investment return. Asset allocation targets shall be established by the Budget and Finance Committee to achieve the total return objectives of the Plan within acceptable risk levels, as considered on a prospective basis.

The Investment Consultant will be responsible for providing asset class education and the necessary tools and analysis to enable the Investment Committee and Parkland's staff to make prudent recommendations to the Budget and Finance Committee, and to enable the Budget and Finance Committee to make prudent decisions, regarding the selection of asset classes, a strategic asset allocation, and allowable minimum and maximum ranges. When requested by the Investment Committee, Budget and Finance Committee, and/or Parkland staff an asset allocation study will be conducted by the Investment Consultant. The asset allocation strategy will be reviewed at least annually and any changes to the strategy may or may not require an asset allocation study.

The asset structure is designed to reflect a proper balance of the Plan's need for total return and the risk tolerance established by the Budget and Finance Committee.

The Budget and Finance Committee determined, based on extensive work done by the Investment Consultant and recommendations by the Investment Committee, that the Plan's desired investment objective has a strong probability of being achieved with an acceptable level of risk if the Plan invests in the Asset Classes as described on the following page.

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Asset Class	Strategic Target (%)	Allowable Range
Growth		
US Large Cap	24	18-30
US Mid Cap	4	2-6
US Small Cap	4	2-6
Dev. Market Equity (non-US)	15	12-18
Developed Market Small Cap	4	2-6
Emerging Market Equity	4	2-6
Private Equity	5	0-8
Income Assets		
Private Debt	5	0-8
Risk Mitigating Assets		
Investment Grade Bonds	~~25~~ 20	~~20-30~~ 15-25
Diversifiers		
<u>Diversifying Strategies</u>	<u>5</u>	<u>0-8</u>
Real Estate	10	7-13

Exposure of the total Plan assets to cash equivalents on average should not exceed 5% of the total Plan's value on a market value basis. Each Investment Manager's portfolio should reflect the guidelines established for that particular Asset Class. Cash exposure may drop to zero at the discretion of the Investment Manager.

Rebalancing Policy

One essential component of a strategic asset allocation policy is the development and use of rebalancing ranges for the target allocation. The Budget and Finance Committee and Investment Committee believe that systematic rebalancing should reduce portfolio volatility and increase portfolio return over the long term. The ranges specified in the table above are a function of the expected volatility of each asset class and the proportion of the total fund allocated to the asset class.

If the Plan experiences positive cash flow (*i.e.*, contributions exceed disbursements), the Plan's assets shall be rebalanced by directing new contributions to the under-allocated assets. If the Plan experiences negative cash flow, funds to make distributions will be withdrawn from over-allocated assets. If the Plan's cash flow is not sufficient to keep the allocation within the defined ranges stated above, then purchase or sale transactions are required.

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The Budget and Finance Committee is charged with the responsibility of monitoring the asset allocation policy. In order to adhere to a systematic rebalancing policy, the Budget and Finance Committee delegates' authority to Parkland staff to follow and execute the asset allocation and rebalancing policy described in this Policy. The Investment Committee and the Investment Consultant will monitor the asset allocation on a quarterly basis at a minimum.

SECTION IV

INVESTMENT GUIDELINES

All investments shall be made solely in the interest of beneficiaries of the Plan, and for the exclusive purposes of providing benefits to such beneficiaries and defraying the reasonable expenses of administering the Plan.

All Plan assets should be properly diversified to reduce the potential of a single security or single sector of securities having a disproportionate or significant impact on the Plan.

Where institutional mutual or commingled funds (including index funds) are used, it is expected that the investments generally conform to these guidelines described below, though the Budget and Finance Committee recognizes that the prospectus or guidelines of the fund supersede those of the Plan. On a quarterly basis, the Investment Managers shall review their investments for compliance with these guidelines. If the investments differ from these guidelines in any material respect, the Investment Manager shall notify the Plan in writing. At least one Investment Manager shall be selected to manage an Asset Class.

If there is any question regarding these guidelines and the authorization granted to purchase and/or hold a security because of its issuer, type, effective duration, or effective credit quality, the Investment Manager must consult with the Budget and Finance Committee and its Investment Consultant prior to purchase of the security.

The Budget and Finance Committee has established, based on recommendations by the Investment Committee and the Investment Consultant, the following Asset Classes as appropriate investment strategies for Plan Assets. The Budget and Finance Committee may, from time to time, modify this list based on, among other things, recommendations from the Investment Committee and/or the Investment Consultant:

- Domestic Equities
- Non-U.S. Equities
- Private Equity
- Fixed Income Securities and Cash Equivalents
- Private Debt

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- Private Real Estate
- Diversifying Strategies

A. Domestic Equities

Domestic equities shall be restricted to securities of companies that are actively traded on major U.S. exchanges. Equity holdings may also include American Depositary Receipts (ADRs), Exchange-Traded Funds (ETFs), mutual funds registered under the Investment Advisers Act of 1940 and publicly traded partnerships (such as master limited partnerships) traded on U.S. exchanges. Preferred and convertible preferred stocks may be held. Publicly traded Real Estate Investment Trust (REITs) shares may be held and are considered part of the allocation to equities.

Futures and options can be used as a substitute for equity securities provided that they are at least 100% collateralized by high quality, low volatility fixed income securities and therefore do not represent leveraging of the assets.

B. Non-U.S. Equities

The majority of non-U.S. equity holdings shall be securities issued by companies headquartered in countries included in the MSCI All Country World ex-U.S. Index (ACWI ex-U.S.). Issues may be purchased and sold on exchanges in other countries that offer a ready market for individual issues and have no restrictions on the transfer of funds to and from the U.S.

Managers holding foreign currency denominated securities are permitted to employ currency hedging strategies.

C. Private Equity

Given the unique characteristics of private equity strategies, the Investment Committee shall adopt a Private Markets Strategic Plan to govern the selection, monitoring, performance reporting and guidelines of these strategies. The Private Markets Strategic Plan shall be reviewed annually for appropriateness and shall also include a pacing plan to guide allocation decisions.

D. Fixed Income

Fixed income investments shall be marketable securities, which may include, but not necessarily be limited to U.S. Treasury, Federal Agencies and U.S. Government guaranteed obligations, and corporate issues. Mortgage pass-throughs, and non-dollar denominated bonds may also be held. Fixed income may include opportunistic or strategic allocations to High Yield, Non-U.S. and/or Emerging Market Debt

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securities at the discretion of the Investment Manager. Fixed Income managers may utilize ETFs, mutual funds registered under the Investment Advisers Act of 1940, commingled vehicles or separate accounts for managing their investments.

Foreign currency fixed income holdings are restricted to investment grade securities of issuers in countries represented in the Citigroup World Government Non-U.S. Bond Index. Foreign currency securities must be actively traded in major markets.

Privately placed fixed income issues may be held if the credit risk is carefully evaluated and judged to conform to this Policy, and there is a secondary market for potential sale before maturity or call date.

In addition to the securities outlined above, the following securities are considered permissible for a fixed income manager, but only if specifically stated in the individual manager's guidelines:

Municipal Securities, Convertible Bonds, Collateralized Mortgage Obligations (CMO), Commercial Mortgage-Backed Securities (CMBS), Asset-Backed Securities (ABS), and Residential Mortgage-Backed Securities (RMBS).

If an Investment Manager has any questions about the authorization granted to purchase and/or hold a security because of its issuer, type, effective duration, or effective credit quality, the manager must consult with Parkland staff prior to purchase of the security.

The duration of each fixed income portfolio should not exceed 150% of the Bloomberg U.S. Aggregate Bond Index duration.

The weighted average credit quality of the portfolio will not fall below BBB- or equivalent. No more than 5% of the fixed income portfolio, at time of purchase, may be invested in issuances of any one company or entity, except for government or agency issues.

E. Private Debt

Given the unique characteristics of private debt strategies, the Investment Committee shall adopt a Private Markets Strategic Plan to govern the selection, monitoring, performance reporting and guidelines of these strategies. The Private Markets Strategic Plan shall be reviewed annually for appropriateness and shall also include a pacing plan to guide allocation decisions.

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F. Cash Equivalents

Cash equivalent reserves shall consist of cash instruments having a quality rating by at least one rating agency of A-1, P-1 or higher with an average maturity of 90 days or less.

G. Private Real Estate

Private real estate investments may be made indirectly through such vehicles as joint ventures, general or limited partnerships, limited liability companies, private REITs, private mortgage loans (but not publicly traded mortgage securities) and other loans including mezzanine debt, or interests in companies or entities that directly or indirectly hold real estate or real estate interests, or other open-end commingled fund structures.

This Asset Class should be broadly diversified, investing primarily in existing, majority leased income-producing properties with strong cash flows that are expected to increase over time, providing potential for capital appreciation. Ownership should primarily be through equity interest with the use of leverage being limited to no more than 40% of the total assets in this Asset Class. This Asset Class should also be diversified by property types with investments in office, residential, retail, industrial, hotel and self-storage properties and by the various geographic regions of the country.

H. Diversifying Strategies

Diversifying strategies is a broad category meant to capture strategies that seek to be uncorrelated to traditional risk factors (e.g. equities, credit spreads, rates) on average. Often (but not always) these strategies are implemented through a manager-of-manager vehicle or hedge fund structure. Common examples of diversifiers (non-exclusive list) include: global macro strategies, alternative risk premia strategies, insurance linked strategies, relative value/event driven strategies, equity market neutral strategies and multi-strategy investment products.

Prohibited Transactions

The following securities and transactions are not authorized without a written request that sets forth a detailed explanation and recommendation from the Investment Manager and that receives the prior written approval from the Investment Committee, except that the following prohibitions shall not apply to Investment Managers for the Private Equity, Private Debt, Diversifying Strategies or Private Real Estate Asset Classes:

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- a. Collateralized debt obligations;
- b. Letter stock and other unregistered equity securities;
- c. Commodities or commodity contracts (except for unleveraged stock or bond index futures and currency futures and options);
- d. Short sales, warrants or margin transactions; or any leveraged investments;
- e. Venture capital partnerships or other private equity investments.
- f. Bonds or other financial instruments issued by the Dallas County Hospital District or its affiliates.

Any financial options and futures employed must be primarily for defensive and hedge strategies undertaken to preserve principal. They may also be used as a substitute for the underlying security, providing there is no leverage.

Diversification

Investments shall be diversified with the intent to minimize the risk of large losses. Consequently, the total portfolio will be constructed and maintained to provide prudent diversification with regard to the concentration of holdings in individual issues, corporations or industries.

SECTION V

PERFORMANCE MEASUREMENT STANDARDS

The most important performance standard is the achievement of long-term investment results consistent with this Policy. The asset allocation Policy will be the primary determinant of return over time. Implementation of this Policy will be directed toward achieving this standard with an acceptable level of risk measured by standard deviation.

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Performance measurement standards are required for determining whether or not the Plan's goals are being met. They also provide an objective basis for evaluating how well individual Investment Managers perform and how they complement each other and add value collectively. The performance measurement standards will be used as the benchmarks against which results will be measured and evaluated; however, it is understood there is no guarantee that such results will be achieved.

There are performance measurement standards for the aggregate of the Plan assets as well as for each Asset Class and Investment Manager.

AGGREGATE PLAN ASSET PERFORMANCE MEASUREMENT STANDARDS

While keeping in mind the actuarial return assumptions of the Plan, the aggregate of the Plan's assets will be managed with the goal of achieving the following over a five-year period:

- An annualized rate of return, net of management fees, that meets the actuarial assumed return as determined by the Plan's actuary;
- A return, net of management fees, that outperforms a hypothetical portfolio composed of indices weighted according to the target allocation as mutually determined by the Investment Committee and Investment Consultant; and
- Comparable volatility of returns, as measured by the standard deviation of quarterly returns of the benchmark index as calculated by the Investment Consultant.

The return on the aggregate of the Plan's assets will periodically be compared to a weighted average composite of the asset class benchmarks and a universe of other public retirement income plans.

INVESTMENT MANAGERS

To ensure that results of Investment Managers are fairly evaluated, the Investment Committee and the Budget and Finance Committee will use the following comparative performance statistics for actively managed products. The performance of the strategy managed by each Investment Manager will be expected to achieve minimum performance standards as follows and as set forth in the chart below. Active managers should:

- a. Rank in the top 50% of an appropriate peer group of actively managed portfolios (as indicated below);
- b. Meet or exceed an appropriate benchmark index (as indicated below), net of management fees;

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- c. Maintain a risk level, as measured by the standard deviation of quarterly returns, which is comparable to that of the appropriate benchmark index, as indicated below. To the extent that the Investment Manager takes more/less risk than the market and/or the appropriate peer group, returns are expected to increase/decrease commensurately; and

These performance measurement standards should be achieved over three-year periods. Although failure to achieve these performance measurement standards will not result in the automatic termination of an Investment Manager, the Investment Committee and the Budget and Finance Committee shall review any Investment Manager that fails to achieve the standards and shall document its reasons for retaining the Investment Manager and such manager will be placed on a watch list.

The specific peer groups and benchmarks for each Asset Class are detailed here:

Asset Class	Peer Group <i>Exceed 50th Percentile</i>	Benchmark Index <i>Outperform</i> <i>Net of Investment Fees</i>
U.S. Equity		<i>Russell 3000 Index</i>
Large Cap Core (Passive)	<i>eV US Large Cap Equity</i>	S&P 500 +/- 10 basis points
Small/Mid Cap Value Equity	<i>eV US Small-Mid Cap Value Equity</i>	Russell 2500 Value
Small/Mid Cap Growth Equity	<i>eV US Small-Mid Cap Growth Equity</i>	Russell 2500 Growth
Non-U.S. Equity		MSCI ACWI ex-US IMI
Non-U.S. Equity	<i>eV EAFE Equity</i>	MSCI EAFE (net)
Non-U.S. Small Cap Equity	<i>eV ACWI ex-US Small Cap Equity</i>	MSCI EAFE Small Cap or World ex-US Small Cap (net)
Emerging Market Equity	<i>eV Emerging Markets Equity</i>	MSCI Emerging Markets (net)
Private Equity	<i>n/a</i>	MSCI ACWI +2% 1Qtr lagged
Private Real Estate	<i>n/a</i>	NFI-ODCE Equal Weight Net
<u>Diversifying Strategies</u>	<i><u>n/a</u></i>	<u>HFRI FOF Index</u>
Fixed Income		Bloomberg US Aggregate
Core Fixed Income	<i>eV US Core Fixed Income</i>	Bloomberg US Aggregate

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Core Plus Fixed Income	<i>eV US Core Plus Fixed Income</i>	Bloomberg US Aggregate
Private Debt	n/a	50% Credit Suisse Leveraged Loan Index + 50% Bloomberg US High Yield + 1% 1 Qtr lagged

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DALLAS COUNTY HOSPITAL DISTRICT

RETIREMENT INCOME PLAN

Proposed edits October 2026

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RETIREMENT PLAN INVESTMENT POLICY

SECTION I

PURPOSE OF INVESTMENT POLICY

The Dallas County Hospital District dba: Parkland Health (“Parkland”) maintains a defined benefit pension plan known as the Dallas County Hospital District Retirement Income Plan (“Plan”) that provides retirement benefits for those Parkland employees who are eligible to participate. The Plan was initially adopted January 1, 1982 by Parkland as a replacement for Social Security benefits. The purpose of the Plan is to provide financial security to our employees after retirement. The Plan is funded by the employees through a 6.2% payroll deduction (effective January 2018; no caps or limits) on base earnings, with Parkland providing any additional funding required to meet the actuarial determined contribution as calculated by an independent actuary. Since Parkland is a political subdivision of the State of Texas, the Plan is not subject to ERISA, but is subject to State regulation through the Texas Pension Review Board and the accounting for the Plan must comply with Government Accounting Standards Board requirements. Any changes to the Plan require approval by Parkland’s Board of Managers. This Investment Policy (“Policy”) defines the investment policy for assets of the Plan. This Policy sets forth administration responsibilities for the Plan and Plan assets, asset allocation strategy for the Plan, investment guidelines for Plan assets and performance measurement standards for investment of Plan assets. The objectives of this Policy are formulated in response to the following:

- the anticipated financial needs of the Plan;
- consideration of risk tolerance; and
- the need to document and communicate with the Plan’s investment managers, advisors, and service providers regarding the purpose of investment policy, administration, asset allocation strategy, investment guidelines and performance measurement standards for the Plan and the Plan assets and ultimately to Plan participants.

This Policy shall apply to the following parties that have responsibilities regarding the Plan Assets:

- Parkland’s Board of Managers;
- The Budget and Finance Committee of Parkland’s Board of Managers;
- The Plan Investment Committee;
- The Plan Investment Consultant;
- The Plan’s Investment Managers;
- The Plan’s Trustee(s)/Custodian(s); and
- Parkland’s staff, as contemplated by this Policy and as requested from time to time by the Investment Committee and/or the Budget and Finance Committee.
- Transition Managers

This Policy shall be reviewed annually and communicated to all the foregoing parties involved in the oversight of the Plan, together with any amendments of this Policy from time to time.

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INVESTMENT OBJECTIVES

Investments will be made in the sole interest of the participants and beneficiaries of the Plan and in accordance with the following objectives:

- To ensure an adequate pool of assets to support the benefit obligations to participants, retirees and beneficiaries;
- Obtain a reasonable rate of return consistent with a prudent level of portfolio risk, while controlling costs incurred in administering and managing the assets; and
- Improvement in the Plan's funded status, providing improved benefit certainty and benefit levels for employees participating in the Plan and the opportunity to reduce employer contributions to the Plan.

SECTION II

ADMINISTRATION

The Board of Managers is responsible for ensuring that all Plan assets are managed effectively and prudently. The responsibilities of the Board's Budget and Finance Committee and other parties related to the management of the Plan assets are as follows:

A. Budget and Finance Committee

The Budget and Finance Committee shall have the authority and responsibility to:

- Recommend adoption of this Policy and amendments from time to time as deemed necessary, desirable or appropriate;
- Recommend appointments to the Investment Committee;
- Select and appoint experienced and qualified Investment Managers to manage all or a portion of the Plan's assets, and to remove Investment Managers from time to time as deemed necessary, desirable or appropriate; Investment Managers shall be selected from established and financially sound organizations that have a proven and demonstrable record in managing funds with characteristics appropriate for the risk/return profile of the Plan's assets. The process for the

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selection of Investment Managers for the Plan will involve a disciplined approach, and will be fully documented in the Budget and Finance Committee's records; and

- Approve the hiring of a Custodian and an Investment Consultant to assist the Investment Committee and Parkland staff in implementing policy and managing the Plan
- Monitor the investments of the Plan assets, including periodic monitoring (at least quarterly) of the investment performance results and a periodic analysis and review (at least quarterly) of the overall investment portfolio of the Plan and its performance as measured by the performance measurement standards set forth in this Policy.

B. Investment Committee

The Investment Committee shall:

- Serve as experienced investment professionals to the Budget and Finance Committee;
- Be composed of members who are selected based upon their overall investment experience, including managing or supervising similar-sized investment portfolios, and their willingness to serve as community volunteers without compensation, but with reimbursement for reasonable out-of-pocket expenses incurred in accomplishing their Investment Committee-related duties;
- Be subject to indemnification related to actions taken within the scope of their duties as members of the Investment Committee, to the fullest extent allowed by applicable law;
- Recommend to the Budget and Finance Committee appropriate Investment Consultants, Investment Managers, Trustees and Custodians, mutual funds or other vendors to implement the Policy; and
- Suggest investment goals and objectives for the Plan and recommend an appropriate asset allocation strategy to be incorporated into this Policy.

C. Investment Managers

Investment Managers shall:

- Manage an investment strategy within the guidelines set forth in this policy;
- Implement selection and timing of investments within the guideline limitations in this Policy, and consistent with each Investment Manager's stated philosophy and style;
- Supply timely written quarterly reports of investment performance results to Parkland staff and the Investment Consultant;

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- Meet and/or communicate with Parkland staff, the Investment Committee, and the Investment Consultant as requested to review investment performance and discuss current strategy;
- Notify the Investment Committee, the Investment Consultant, the Budget and Finance Committee and Parkland staff in writing of any material deviations from the stated investment approach;
- Conduct the purchase and sale of investments in a manner designed to receive the combination of best price and execution;
- Promptly vote proxy ballots for the exclusive benefit of the Plan and in accordance with this Policy; and
- Proactively provide documentation of all relevant compliance issues to Parkland staff and the Investment Consultant within seven (7) days, including, but not be limited to, the following:
 - Regulatory reports
 - Changes in personnel
 - Changes in ownership
 - Any notices to or from the Securities and Exchange Commission (“SEC”)
 - The commencement of any judicial or administrative proceedings

D. Investment Consultant

The Investment Consultant shall:

- Disclose any relationship or revenue between themselves and any candidate manager they may introduce to the plan.
- Be approved by the Budget and Finance Committee based on a recommendation by the Investment Committee.
- Assist the Investment Committee, the Budget and Finance Committee and Parkland staff in an open and competitive process to select Investment Managers and provide its rankings and recommendations for selection of Investment Managers to the Investment Committee and the Budget and Finance Committee.
- Review the performance of the Investment Managers versus their respective benchmarks and relevant peer groups; and make recommendations to the Investment Committee and Budget and Finance Committee as needed.

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- Monitor the Investment Managers' style and characteristics to ensure they are running strategies consistent with the Policy.
- Review and analyze investment performance reports from the Investment Managers and prepare and deliver comprehensive quarterly reports regarding the Investment Managers' performance to the Investment Committee, Budget and Finance Committee and Parkland staff.
- Present to the Investment Committee and Parkland staff any recommended changes to this Policy.
- Assist the Investment Committee, the Budget and Finance Committee and Parkland staff with the review of capital markets, this policy, investment structure, and investment strategies.
- Periodically revisit each benchmark index for its continued appropriateness.
- Monitor the total investment portfolio for unintended risk associated with over-allocation to certain securities within asset classes, sectors, or geography that may overlap.
- Educate the Investment Committee and Parkland staff on investment issues that could impact the Plan.
- Annual review of investment management fees and comparisons with fees of other managers with similar strategies.

- **Trustee/Custodian**

The trustee/custodian shall:

- Be a reputable, well-established, financially sound financial institution that is recognized as an industry leader. The trustee/custodian shall be approved by the Budget and Finance Committee based on a recommendation by the Investment Committee.
- Fulfill all fiduciary duties required of a trustee/custodian by pertinent state and federal laws and regulations.
- Safe keep the Plan's assets in accordance with the Trust Agreement.
- Supply timely reports of transactions and valuations of Plan assets.

- **Staff**

Parkland staff shall:

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- Implement the decisions of the Budget and Finance Committee and the Investment Committee.
- Review asset allocation on an ongoing basis and initiate portfolio rebalancing pursuant to parameters in this Policy.
- Coordinate communications between the Investment Committee and the Budget and Finance Committee.
- Organize Investment Committee meetings and distribute materials related to the meetings.
- Coordinate review and execution of legal documents related to the Plan's investment and administration.
- **Transition Manager**

Transition management is the cost effective and efficient portfolio restructuring of institutional assets from single or multiple investment managers/asset classes to a new investment allocation over a short-term investment horizon. During the transition process, the transition manager is looked upon as a discretionary caretaker of the portfolio(s) to be liquidated and as the conduit for the funding of the target portfolio(s). The responsibilities of a transition manager should include the following responsibilities.

- Transition management (portfolio transition) services from the legacy portfolio(s) to the target portfolio(s).
- The transition manager will act as a fully-discretionary fiduciary and will perform the transition with utmost care and prudence. The fund sponsor realizes that markets fluctuate and risks are inherent during the transition period. However, market forces do not absolve the transition manager from negligence and applying the highest level of care and prudence inherent in a fiduciary.
- Minimize tracking error and maintain asset class (benchmark) exposure. During the transition period, the preservation of capital must be taken into consideration through the expert use of all sources of liquidity, namely: in-kind transfers ("cherry picking" of the legacy portfolio for the

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target portfolio), internal and external crossing networks, primary exchanges, non-displayed liquidity, and principal trades. The strategic and tactical deployment of cash, futures, ETFs, and other hedging strategies are included in the tools required to accomplish a smooth transition.

- Before the transition, the transition manager should provide the fund sponsor a written portfolio transition (liquidation) strategy, including the timeframe required, to achieve the desired objective of liquidating the legacy portfolio(s) and building (and/or funding) the target portfolio(s).
- During the transition period, daily reporting of all trade activity from commencement of the liquidation to the completion and full funding of the target portfolios should be available to Parkland.
- After the completion of the transition, the transition manager should provide Parkland with a report on the outcome and results of the transition. The report should include relevant statistics (i.e., tracking error, costs, VWAPs, t-standard, etc.) and full trading/transaction reports.
- Coordination of the firm's trading activity with investment managers (both legacy and target portfolios) and the custodial bank.
- The transition manager must carry the appropriate coverage for errors and omissions and professional liability insurance.

Conflicts of Interest

To avoid conflicts of interest, all members of the Investment Committee, the Budget and Finance Committee, Parkland staff and the Investment Consultant shall agree to adhere, and shall adhere, to Parkland's conflict of interest policies.

Investment Manager Selection Parameters

The following parameters articulate the general criteria used to select Investment Managers. All or part of these criteria may be employed in choosing an Investment Manager.

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- At the time of engagement, investment managers will affirm that they act in a fiduciary capacity towards the Plan and its participants.
- The Investment Manager must have an investment philosophy that is clearly defined.
- The Investment Manager must demonstrate that the broader organization and investment team have been stable and have committed the resources to maintain the success of its strategy.
- An Investment Manager should have sufficient assets under management relative to the particular asset class and the placement size being awarded.
- An Investment Manager should have been managing the particular investment strategy chosen for at least three years prior to being retained by the Plan. This parameter can be waived if the Investment Manager has had experience with a comparable firm or strategy during that three-year time period.
- The Investment Manager's fee schedule should be reasonable in comparison to the relevant investment universe.

Other prudent criteria may be used by the Investment Committee and the Budget and Finance Committee to select investment options, as deemed necessary.

Investment Manager Watch List Process

The Investment Consultant and/or the Investment Committee may recommend that an Investment Manager be placed on a "Watch List" if concerns develop regarding some aspect of the Investment Manager or its performance. Given that these concerns may or may not be of sufficient importance to justify termination of the Investment Manager, the Watch List is intended to serve as a management tool for the Investment Consultant and the Investment Committee to evaluate the Investment Manager. The Investment Committee may place an Investment Manager on the Watch List for any of the following reasons:

- a. The Investment Manager has not met its performance standards for a sustained period.
- b. The Investment Manager has changed key professionals responsible for the management of the strategy, or such change appears imminent.
- c. The Investment Manager has had a significant change in ownership or control.

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- d. The Investment Manager has changed investment focus or has experienced style drift, departing materially from the investment objectives or parameters previously represented.
- e. Judicial or administrative proceedings have been commenced that involve the Investment Manager.
- f. The Investment Manager has violated, or received notice of a violation of, an SEC rule or regulation.
- g. Other criteria, as determined by the Budget and Finance Committee, the Investment Committee and the Investment Consultant.

Formal Investment Manager Review

When an Investment Manager has been placed on the Watch List, the Investment Committee, in conjunction with the Investment Consultant, shall review the Investment Manager's operations and performance, and the Investment Committee and the Investment Consultant shall make any recommendations about the Investment Manager to the Budget and Finance Committee.

Upon completion of the review, the Budget and Finance Committee may (i) retain the Investment Manager, (ii) reduce the assets under management by the Investment Manager or (iii) terminate the Investment Manager and transfer the assets to a temporary index vehicle or a new Investment Manager.

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ASSET ALLOCATION STRATEGY

The Budget and Finance Committee is guided by the philosophy that asset allocation is the most significant determinant of long-term investment return. Asset allocation targets shall be established by the Budget and Finance Committee to achieve the total return objectives of the Plan within acceptable risk levels, as considered on a prospective basis.

The Investment Consultant will be responsible for providing asset class education and the necessary tools and analysis to enable the Investment Committee and Parkland's staff to make prudent recommendations to the Budget and Finance Committee, and to enable the Budget and Finance Committee to make prudent decisions, regarding the selection of asset classes, a strategic asset allocation, and allowable minimum and maximum ranges. When requested by the Investment Committee, Budget and Finance Committee, and/or Parkland staff an asset allocation study will be conducted by the Investment Consultant. The asset allocation strategy will be reviewed at least annually and any changes to the strategy may or may not require an asset allocation study.

The asset structure is designed to reflect a proper balance of the Plan's need for total return and the risk tolerance established by the Budget and Finance Committee.

The Budget and Finance Committee determined, based on extensive work done by the Investment Consultant and recommendations by the Investment Committee, that the Plan's desired investment objective has a strong probability of being achieved with an acceptable level of risk if the Plan invests in the Asset Classes as described on the following page.

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Asset Class	Strategic Target (%)	Allowable Range
Growth		
US Large Cap	24	18-30
US Mid Cap	4	2-6
US Small Cap	4	2-6
Dev. Market Equity (non-US)	15	12-18
Developed Market Small Cap	4	2-6
Emerging Market Equity	4	2-6
Private Equity	5	0-8
Income Assets		
Private Debt	5	0-8
Risk Mitigating Assets		
Investment Grade Bonds	20	15-25
Diversifiers		
Diversifying Strategies	5	0-8
Real Estate	10	7-13

Exposure of the total Plan assets to cash equivalents on average should not exceed 5% of the total Plan's value on a market value basis. Each Investment Manager's portfolio should reflect the guidelines established for that particular Asset Class. Cash exposure may drop to zero at the discretion of the Investment Manager.

Rebalancing Policy

One essential component of a strategic asset allocation policy is the development and use of rebalancing ranges for the target allocation. The Budget and Finance Committee and Investment Committee believe that systematic rebalancing should reduce portfolio volatility and increase portfolio return over the long term. The ranges specified in the table above are a function of the expected volatility of each asset class and the proportion of the total fund allocated to the asset class.

If the Plan experiences positive cash flow (*i.e.*, contributions exceed disbursements), the Plan's assets shall be rebalanced by directing new contributions to the under-allocated assets. If the Plan experiences negative cash flow, funds to make distributions will be withdrawn from over-allocated assets. If the Plan's cash flow is not sufficient to keep the allocation within the defined ranges stated above, then purchase or sale transactions are required.

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The Budget and Finance Committee is charged with the responsibility of monitoring the asset allocation policy. In order to adhere to a systematic rebalancing policy, the Budget and Finance Committee delegates' authority to Parkland staff to follow and execute the asset allocation and rebalancing policy described in this Policy. The Investment Committee and the Investment Consultant will monitor the asset allocation on a quarterly basis at a minimum.

SECTION IV

INVESTMENT GUIDELINES

All investments shall be made solely in the interest of beneficiaries of the Plan, and for the exclusive purposes of providing benefits to such beneficiaries and defraying the reasonable expenses of administering the Plan.

All Plan assets should be properly diversified to reduce the potential of a single security or single sector of securities having a disproportionate or significant impact on the Plan.

Where institutional mutual or commingled funds (including index funds) are used, it is expected that the investments generally conform to these guidelines described below, though the Budget and Finance Committee recognizes that the prospectus or guidelines of the fund supersede those of the Plan. On a quarterly basis, the Investment Managers shall review their investments for compliance with these guidelines. If the investments differ from these guidelines in any material respect, the Investment Manager shall notify the Plan in writing. At least one Investment Manager shall be selected to manage an Asset Class.

If there is any question regarding these guidelines and the authorization granted to purchase and/or hold a security because of its issuer, type, effective duration, or effective credit quality, the Investment Manager must consult with the Budget and Finance Committee and its Investment Consultant prior to purchase of the security.

The Budget and Finance Committee has established, based on recommendations by the Investment Committee and the Investment Consultant, the following Asset Classes as appropriate investment strategies for Plan Assets. The Budget and Finance Committee may, from time to time, modify this list based on, among other things, recommendations from the Investment Committee and/or the Investment Consultant:

- Domestic Equities
- Non-U.S. Equities
- Private Equity
- Fixed Income Securities and Cash Equivalents
- Private Debt

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- Private Real Estate
- Diversifying Strategies

A. Domestic Equities

Domestic equities shall be restricted to securities of companies that are actively traded on major U.S. exchanges. Equity holdings may also include American Depositary Receipts (ADRs), Exchange-Traded Funds (ETFs), mutual funds registered under the Investment Advisers Act of 1940 and publicly traded partnerships (such as master limited partnerships) traded on U.S. exchanges. Preferred and convertible preferred stocks may be held. Publicly traded Real Estate Investment Trust (REITs) shares may be held and are considered part of the allocation to equities.

Futures and options can be used as a substitute for equity securities provided that they are at least 100% collateralized by high quality, low volatility fixed income securities and therefore do not represent leveraging of the assets.

B. Non-U.S. Equities

The majority of non-U.S. equity holdings shall be securities issued by companies headquartered in countries included in the MSCI All Country World ex-U.S. Index (ACWI ex-U.S.). Issues may be purchased and sold on exchanges in other countries that offer a ready market for individual issues and have no restrictions on the transfer of funds to and from the U.S.

Managers holding foreign currency denominated securities are permitted to employ currency hedging strategies.

C. Private Equity

Given the unique characteristics of private equity strategies, the Investment Committee shall adopt a Private Markets Strategic Plan to govern the selection, monitoring, performance reporting and guidelines of these strategies. The Private Markets Strategic Plan shall be reviewed annually for appropriateness and shall also include a pacing plan to guide allocation decisions.

D. Fixed Income

Fixed income investments shall be marketable securities, which may include, but not necessarily be limited to U.S. Treasury, Federal Agencies and U.S. Government guaranteed obligations, and corporate issues. Mortgage pass-throughs, and non-dollar denominated bonds may also be held. Fixed income may include opportunistic or strategic allocations to High Yield, Non-U.S. and/or Emerging Market Debt

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securities at the discretion of the Investment Manager. Fixed Income managers may utilize ETFs, mutual funds registered under the Investment Advisers Act of 1940, commingled vehicles or separate accounts for managing their investments.

Foreign currency fixed income holdings are restricted to investment grade securities of issuers in countries represented in the Citigroup World Government Non-U.S. Bond Index. Foreign currency securities must be actively traded in major markets.

Privately placed fixed income issues may be held if the credit risk is carefully evaluated and judged to conform to this Policy, and there is a secondary market for potential sale before maturity or call date.

In addition to the securities outlined above, the following securities are considered permissible for a fixed income manager, but only if specifically stated in the individual manager's guidelines:

Municipal Securities, Convertible Bonds, Collateralized Mortgage Obligations (CMO), Commercial Mortgage-Backed Securities (CMBS), Asset-Backed Securities (ABS), and Residential Mortgage-Backed Securities (RMBS).

If an Investment Manager has any questions about the authorization granted to purchase and/or hold a security because of its issuer, type, effective duration, or effective credit quality, the manager must consult with Parkland staff prior to purchase of the security.

The duration of each fixed income portfolio should not exceed 150% of the Bloomberg U.S. Aggregate Bond Index duration.

The weighted average credit quality of the portfolio will not fall below BBB- or equivalent. No more than 5% of the fixed income portfolio, at time of purchase, may be invested in issuances of any one company or entity, except for government or agency issues.

E. Private Debt

Given the unique characteristics of private debt strategies, the Investment Committee shall adopt a Private Markets Strategic Plan to govern the selection, monitoring, performance reporting and guidelines of these strategies. The Private Markets Strategic Plan shall be reviewed annually for appropriateness and shall also include a pacing plan to guide allocation decisions.

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F. Cash Equivalents

Cash equivalent reserves shall consist of cash instruments having a quality rating by at least one rating agency of A-1, P-1 or higher with an average maturity of 90 days or less.

G. Private Real Estate

Private real estate investments may be made indirectly through such vehicles as joint ventures, general or limited partnerships, limited liability companies, private REITs, private mortgage loans (but not publicly traded mortgage securities) and other loans including mezzanine debt, or interests in companies or entities that directly or indirectly hold real estate or real estate interests, or other open-end commingled fund structures.

This Asset Class should be broadly diversified, investing primarily in existing, majority leased income-producing properties with strong cash flows that are expected to increase over time, providing potential for capital appreciation. Ownership should primarily be through equity interest with the use of leverage being limited to no more than 40% of the total assets in this Asset Class. This Asset Class should also be diversified by property types with investments in office, residential, retail, industrial, hotel and self-storage properties and by the various geographic regions of the country.

H. Diversifying Strategies

Diversifying strategies is a broad category meant to capture strategies that seek to be uncorrelated to traditional risk factors (e.g. equities, credit spreads, rates) on average. Often (but not always) these strategies are implemented through a manager-of-manager vehicle or hedge fund structure. Common examples of diversifiers (non-exclusive list) include: global macro strategies, alternative risk premia strategies, insurance linked strategies, relative value/event driven strategies, equity market neutral strategies and multi-strategy investment products.

Prohibited Transactions

The following securities and transactions are not authorized without a written request that sets forth a detailed explanation and recommendation from the Investment Manager and that receives the prior written approval from the Investment Committee, except that the following prohibitions shall not apply to Investment Managers for the Private Equity, Private Debt, Diversifying Strategies or Private Real Estate Asset Classes:

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- a. Collateralized debt obligations;
- b. Letter stock and other unregistered equity securities;
- c. Commodities or commodity contracts (except for unleveraged stock or bond index futures and currency futures and options);
- d. Short sales, warrants or margin transactions; or any leveraged investments;
- e. Venture capital partnerships or other private equity investments.
- f. Bonds or other financial instruments issued by the Dallas County Hospital District or its affiliates.

Any financial options and futures employed must be primarily for defensive and hedge strategies undertaken to preserve principal. They may also be used as a substitute for the underlying security, providing there is no leverage.

Diversification

Investments shall be diversified with the intent to minimize the risk of large losses. Consequently, the total portfolio will be constructed and maintained to provide prudent diversification with regard to the concentration of holdings in individual issues, corporations or industries.

SECTION V

PERFORMANCE MEASUREMENT STANDARDS

The most important performance standard is the achievement of long-term investment results consistent with this Policy. The asset allocation Policy will be the primary determinant of return over time. Implementation of this Policy will be directed toward achieving this standard with an acceptable level of risk measured by standard deviation.

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Performance measurement standards are required for determining whether or not the Plan's goals are being met. They also provide an objective basis for evaluating how well individual Investment Managers perform and how they complement each other and add value collectively. The performance measurement standards will be used as the benchmarks against which results will be measured and evaluated; however, it is understood there is no guarantee that such results will be achieved.

There are performance measurement standards for the aggregate of the Plan assets as well as for each Asset Class and Investment Manager.

AGGREGATE PLAN ASSET PERFORMANCE MEASUREMENT STANDARDS

While keeping in mind the actuarial return assumptions of the Plan, the aggregate of the Plan's assets will be managed with the goal of achieving the following over a five-year period:

- An annualized rate of return, net of management fees, that meets the actuarial assumed return as determined by the Plan's actuary;
- A return, net of management fees, that outperforms a hypothetical portfolio composed of indices weighted according to the target allocation as mutually determined by the Investment Committee and Investment Consultant; and
- Comparable volatility of returns, as measured by the standard deviation of quarterly returns of the benchmark index as calculated by the Investment Consultant.

The return on the aggregate of the Plan's assets will periodically be compared to a weighted average composite of the asset class benchmarks and a universe of other public retirement income plans.

INVESTMENT MANAGERS

To ensure that results of Investment Managers are fairly evaluated, the Investment Committee and the Budget and Finance Committee will use the following comparative performance statistics for actively managed products. The performance of the strategy managed by each Investment Manager will be expected to achieve minimum performance standards as follows and as set forth in the chart below. Active managers should:

- a. Rank in the top 50% of an appropriate peer group of actively managed portfolios (as indicated below);
- b. Meet or exceed an appropriate benchmark index (as indicated below), net of management fees;

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- c. Maintain a risk level, as measured by the standard deviation of quarterly returns, which is comparable to that of the appropriate benchmark index, as indicated below. To the extent that the Investment Manager takes more/less risk than the market and/or the appropriate peer group, returns are expected to increase/decrease commensurately; and

These performance measurement standards should be achieved over three-year periods. Although failure to achieve these performance measurement standards will not result in the automatic termination of an Investment Manager, the Investment Committee and the Budget and Finance Committee shall review any Investment Manager that fails to achieve the standards and shall document its reasons for retaining the Investment Manager and such manager will be placed on a watch list.

The specific peer groups and benchmarks for each Asset Class are detailed here:

Asset Class	Peer Group <i>Exceed 50th Percentile</i>	Benchmark Index <i>Outperform Net of Investment Fees</i>
U.S. Equity		<i>Russell 3000 Index</i>
Large Cap Core (Passive)	<i>eV US Large Cap Equity</i>	S&P 500 +/- 10 basis points
Small/Mid Cap Value Equity	<i>eV US Small-Mid Cap Value Equity</i>	Russell 2500 Value
Small/Mid Cap Growth Equity	<i>eV US Small-Mid Cap Growth Equity</i>	Russell 2500 Growth
Non-U.S. Equity		<i>MSCI ACWI ex-US IMI</i>
Non-U.S. Equity	<i>eV EAFE Equity</i>	MSCI EAFE (net)
Non-U.S. Small Cap Equity	<i>eV ACWI ex-US Small Cap Equity</i>	MSCI EAFE Small Cap or World ex-US Small Cap (net)
Emerging Market Equity	<i>eV Emerging Markets Equity</i>	MSCI Emerging Markets (net)
Private Equity	<i>n/a</i>	<i>MSCI ACWI +2% 1Qtr lagged</i>
Private Real Estate	<i>n/a</i>	<i>NFI-ODCE Equal Weight Net</i>
Diversifying Strategies	<i>n/a</i>	<i>HFRI FOF Index</i>
Fixed Income		<i>Bloomberg US Aggregate</i>
Core Fixed Income	<i>eV US Core Fixed Income</i>	Bloomberg US Aggregate

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Core Plus Fixed Income	<i>eV US Core Plus Fixed Income</i>	Bloomberg US Aggregate
Private Debt	n/a	50% Credit Suisse Leveraged Loan Index + 50% Bloomberg US High Yield + 1% 1 Qtr lagged

Consideration and Appropriate Action Regarding Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non- Physician Clinical Providers

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH

RESOLUTION NO. _____

RESOLUTION

Be it resolved, the Dallas County Hospital District Board of Managers by a vote of _____ YES and _____ NAY, does by this resolution (adopt/reject) _____ the following:

WHEREAS, the Medical Executive Committee recommends approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers as presented.

THEREFORE BE IT RESOLVED that the Board of Managers approves the recommended Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers.

Dated this 28th of October 2026

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Eric G. Bing, MD, PhD	Yes_____ No_____ Abstain _____ Absent_____
Byron Cryer, MD	Yes_____ No_____ Abstain _____ Absent_____
Todd Furniss, JD	Yes_____ No_____ Abstain _____ Absent_____
Reina Gonzalez, JD	Yes_____ No_____ Abstain _____ Absent_____
Vincent Hall	Yes_____ No_____ Abstain _____ Absent_____
Ramon Miguez, PE	Yes_____ No_____ Abstain _____ Absent_____
Farida Minner, RN	Yes_____ No_____ Abstain _____ Absent_____
Marjorie D. Petty, JD	Yes_____ No_____ Abstain _____ Absent_____
Miriam Sharma, RN	Yes_____ No_____ Abstain _____ Absent_____
Yasmin Simon, JD	Yes_____ No_____ Abstain _____ Absent_____
Jeff Tillotson, JD	Yes_____ No_____ Abstain _____ Absent_____

Presentation on Proposed New Rule for Acceptance of IGT Funding for the Texas Medicaid Program

FFY2027 LPPF Program Changes

Documentation for New Requirements

October 28, 2026

LPPF Changes

- The federal reconciliation bill has created many changes in how supplemental payments work. During negotiations for CHIRP several funding methodology changes were required to receive program approval by CMS.
- The mandatory assessment must be separately calculated for inpatient versus outpatient.
- The basis for the assessment must use a prescribed data source, typically the Medicare cost report.
- Additional minor changes are required to comply.
 - New bank account for assessments based on revised calculations

HHSC Requested Documentation

- Board action is required for several items HHSC has required.
- The Parkland Board must call a public hearing and provide the following documentation:
 1. Signed Resolution – Resolution must require the imposition of all mandatory payments exclusively and separately on net patient revenue attributable to inpatient hospital services and separately on net patient revenue attributable to outpatient services.
 2. Rules and Procedures – Rules and procedures that align with the signed resolution. For Parkland this necessitates several changes to the LPPF program rules and procedures.
 3. Public Hearing Meeting Minutes – Minutes must reflect language from the signed resolution.

Action Required

- Vote on an order adopting a rule change that clearly requires separate LPPF assessment calculations for inpatient and outpatient revenues.
- Vote on a resolution that shows separate assessment rates approved for inpatient and outpatient. This resolution will address other HHSC requirements including creation of a new bank account and a requirement to use Medicare cost report as the basis for net revenue

Public Comments Regarding Proposed New Rule for Acceptance of IGT Funding for the Texas Medicaid Program

**DALLAS COUNTY HOSPITAL DISTRICT
HEALTH CARE PROVIDER PARTICIPATION PROGRAM
RULES AND PROCEDURES**

General Provisions

Rule 1. Definitions. In these rules and procedures:

- (a) "Board" means the board of hospital managers of the District.
- (b) "District" means the Dallas County Hospital District.
- (c) "Mandatory payment" means a mandatory payment authorized under Chapter 298A, Subtitle D, Title 4, Health and Safety Code.
- (d) "Institutional health care provider" means a nonpublic hospital that provides inpatient hospital services.
- (e) "Paying hospital" means an institutional health care provider required to make a mandatory payment.
- (f) "Program" means the health care provider participation program authorized under Chapter 298A, Subtitle D, Title 4, Health and Safety Code.
- (g) "Year" means state fiscal year (September through August).

Rule 2. Health Care Provider Participation Program; Participation in Program; Purpose.

- (a) The Board has adopted, on the affirmative vote of at least a majority of the Board, a resolution authorizing the District to participate in the Program.
- (b) The Program authorizes the District to collect a mandatory payment from each institutional health care provider located in the District to be deposited in a local provider participation fund established by the District.
- (c) The Program's purpose is to enable the District to collect mandatory payments from institutional health care providers to fund the nonfederal share of a Medicaid supplemental payment program or the Medicaid managed care rate enhancements for nonpublic hospitals to support the provision of health care by institutional health care providers to District residents in need of health care.
- (d) To the extent any provision or procedure under Chapter 298A, Subtitle D, Title 4, Texas Health & Safety Code causes a mandatory payment to be ineligible for federal matching funds, the Board may provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare & Medicaid Services.

Powers and Duties of Board

Rule 3. Limitation on Authority to Require Mandatory Payment. The Board may require a mandatory payment from an institutional health care provider only in the manner provided in these rules and procedures.

Rule 4. Institutional Health Care Provider Reporting; Inspection of Records.

- (a) The Board will require each institutional health care provider to submit to the District a copy of any financial and utilization data required by and reported to the Department of State Health Services under Texas Health & Safety Code Sections 311.032 and 311.033 and any rules adopted by the executive commissioner of the Health and Human Services Commission to implement those sections.
- (b) The District may inspect the records of an institutional health care provider to the extent necessary to ensure that the provider has submitted all required data under these rules and procedures.

General Financing Provisions

Rule 5. Hearing.

- (a) Each year, the Board will hold a public hearing on the amounts of any mandatory payments that the Board intends to require during the year and how the revenue derived from those payments is to be spent.
- (b) Not later than the fifth day before the date of the hearing required under Rule 5(a), the Board will publish notice of the hearing in a newspaper of general circulation in the District and provide written notice of the hearing to each institutional health care provider in the District.
- (c) A representative of a paying hospital is entitled to appear at the time and place designated in the public notice and to be heard regarding any matter related to the mandatory payments.

Rule 6. Depository.

- (a) The Board will designate one or more banks as a depository for the local provider participation fund wherein mandatory payments received by the District will be deposited.
- (b) All income received by the District under these rules and procedures, including revenue from mandatory payments remaining after fees for assessing and collecting the payments are deducted, will be deposited in the local provider participation fund and may be withdrawn only as provided by these rules and procedures.
- (c) All funds under these rules and procedures will be secured in the manner provided for securing other funds of the District.

Rule 7. Local Provider Participation Fund; Authorized Uses of Money.

- (a) The local provider participation fund of the District will consist of:
 - (1) revenue received by the District attributable to mandatory payments;
 - (2) money received from the Health and Human Services Commission as a refund of an intergovernmental transfer from the District to the state for the purpose of providing the nonfederal share of Medicaid supplemental payment program payments, provided that the intergovernmental transfer does not receive a federal matching payment; and
 - (3) the earnings of the fund.
- (b) Money deposited to the local provider participation fund may be used only to:
 - (1) fund intergovernmental transfers from the District to the state to provide the nonfederal share of Medicaid payments for:
 - (A) uncompensated care payments to nonpublic hospitals affiliated with the District, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315) ;
 - (B) uniform rate enhancements for nonpublic hospitals in the Medicaid managed care service area in which the District is located;
 - (C) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to nonpublic hospitals described by Rule 7(b)(1)(A) or Rule 7(b)(1)(B); or
 - (D) any reimbursement to nonpublic hospitals for which federal matching funds are available;
 - (2) pay the administrative expenses of the District in administering the Program, including collateralization of deposits;
 - (3) refund a mandatory payment collected in error from a paying hospital;

- (4) refund to paying hospitals a proportionate share of the money the District:
 - (A) receives from the Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments; or
 - (B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments;
 - (5) transfer funds to the Health and Human Services Commission if the District is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the District made intergovernmental transfers described by Rule 7(b)(1); and
 - (6) reimburse the District if the District is required by the rules governing the uniform rate enhancement program described by Rule 7(b)(1)(B) to incur an expense or forego Medicaid reimbursements from the state because the balance of the local provider participation fund is not sufficient to fund that rate enhancement program.
- (c) Money in the local provider participation fund may not be commingled with other District funds.
- (d) An intergovernmental transfer of funds described by Rule 7(b)(1) and any funds received by the District, state, or other entity as a result of an intergovernmental transfer described by that rule may not be used by the District, the state, or any other entity to:
- (1) expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152); or
 - (2) fund the nonfederal share of payments to nonpublic hospitals available through the Medicaid disproportionate share hospital program or the delivery system reform incentive payment program.

Mandatory Payments

Rule 8. Mandatory Payments Based on Paying Hospital Net Patient Revenue.

- (a) Except as provided by Rule 10, the Board may require an annual mandatory payment to be assessed on the net patient revenue of each institutional health care provider located in the District.
- (b) The Board may provide for the mandatory payment to be assessed quarterly. Mandatory payments are typically due no later than 60 days after such payment is assessed.
- (c) In the first year in which the mandatory payment is required, it is to be assessed on the net patient revenue of an institutional health care provider as determined by the data reported to the Department of State Health Services under Sections 311.032 and 311.033 in the most recent fiscal year for which that data was reported. If no such data are available for an institutional health care provider, the mandatory payment may be calculated based on the institutional health care provider's Medicare cost report submitted for the previous fiscal year or the closest subsequent fiscal year for which the provider submitted the Medicare cost report.
- (d) The District will update the amount of the mandatory payment on an annual basis.
- (e) Notwithstanding anything to the contrary in these rules, mandatory payments imposed for a tax period beginning on or after October 1, 2026 shall be imposed exclusively and separately on each institutional healthcare provider's net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services, both derived from the most recent Medicare Cost Report. If a Medicare Cost Report is unavailable for an institutional healthcare provider, the District shall use another acceptable data source.

Rule 9. Mandatory Payment Requirements

- (a) The amount of a mandatory payment must be uniformly proportionate with the amount of net patient revenue generated by each paying hospital in the District.

- (b) The Board will set the amount of the mandatory payment.
- (c) Subject to the maximum amount prescribed by Rule 10(a), the Board will set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the District for activities under these rules and procedures and to fund an intergovernmental transfer for purposes described in Rule 7(b). The annual amount of revenue from mandatory payments that will be paid for administrative expenses by the District is \$150,000, plus the cost of collateralization of deposits, regardless of actual expenses.

Rule 10. Mandatory Payment Prohibitions.

- (a) The amount of the mandatory payment required of each paying hospital may not exceed an amount that, when added to the amount of the mandatory payments required from all other paying hospitals in the District, equals an amount of revenue that exceeds six percent of the aggregate net patient revenue of all paying hospitals in the District.
- (b) A mandatory payment may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).
- (c) A paying hospital may not add a mandatory payment required under this section as a surcharge to a patient.
- (d) No mandatory payments may be authorized for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for nonpublic hospitals and to cover the administrative expenses of the District.
- (e) The District may only assess and collect a mandatory payment if a waiver program, uniform rate enhancement, or reimbursement described by Rule 7(b)(1) is available to the District for nonpublic hospitals in the District.

Rule 11. Assessment and Collection of Mandatory Payments.

- (a) The District may designate an official of the District or contract with another person to assess and collect the mandatory payments.
- (b) The person charged by the District with the assessment and collection of mandatory payments will charge and deduct from the mandatory payments collected for the District a collection fee in an amount not to exceed the person's usual and customary charges for like services.
- (c) If the person charged with the assessment and collection of mandatory payments is an official of the District, any revenue from a collection fee will be deposited in the District general fund and, if appropriate, will be reported as fees of the District.

**ORDER ADOPTING A RULE FOR THE ADMINISTRATION OF THE DALLAS
COUNTY HOSPITAL DISTRICT LOCAL PROVIDER PARTICIPATION FUND (LPPF)**

WHEREAS, pursuant to Sections 298A.052 and 298A.153 of the Texas Health and Safety Code, the Board of Managers for the Dallas County Hospital District may adopt rules relating to the administration of the mandatory payment;

WHEREAS, the Texas Health and Human Services Commission has indicated there is good cause for a new LPPF rule to require that the imposition of all mandatory payments be exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services using Medicare Cost Reports; and

WHEREAS, pursuant to Section 298.153 of the Texas Health and Safety Code, the Board of Managers for the Dallas County Hospital District may provide for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare & Medicaid Services.

NOW THEREFORE BE IT ORDERED by the Board of Managers adopts the following revision to the District's rules for the administration of the Dallas County Hospital District LPPF:

The new following new section (e) is added to existing Rule 8:

(e) Notwithstanding anything to the contrary in these rules, mandatory payments imposed for a tax period beginning on or after October 1, 2026 shall be imposed exclusively and separately on each institutional healthcare provider's net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services, each using information derived from the most recent Medicare Cost Report. If a Medicare Cost Report is unavailable for an institutional healthcare provider, the District shall use another acceptable data source.

PASSED, APPROVED, ADOPTED AND ORDERED this 28th day of October 2026 by a vote of ____ ayes and ____ nays.

DALLAS COUNTY HOSPITAL DISTRICT BOARD OF MANAGERS

October 28, 2026

- a. Consider and take action on an order adopting a Local Provider Participation Fund rule to require that the Dallas County Hospital District LPPF mandatory payments be imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient services.

PUBLIC HEARING ON THE LOCAL PROVIDER PARTICIPATION FUND (LPPF) AMENDED MANDATORY PAYMENT ASSESSMENT

- a. Pursuant to section 298A.101 of the Texas Health and Safety Code, the Board of Managers will hold a public hearing to discuss, consider, and take action on setting an amended rate for the Fiscal Year 2027 for the Local Provider Participation Fund mandatory payments, how the revenue derived from those payments is to be spent, and creation of a new LPPF bank account for the mandatory payments. The mandatory payments will be imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services (using most recent Medicare Cost Reports based on the Upper Payment Limit methodology).
- a. Discussion with possible action to approve the resolution implementing the amended rate for the Dallas County Hospital District FY 2027 LPPF mandatory payments to be imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services (using most recent Medicare Cost Reports based on the Upper Payment Limit methodology), how the revenue derived from those payments is to be spent, and creation of a new LPPF bank account for the mandatory payments.

**C.Consideration and Appropriate Action
Regarding an Order Adopting a Local
Provider Participation Fund Rule to Require
That the Dallas County Hospital District
LPPF Mandatory Payments Be Imposed
Exclusively and Separately on Net Patient
Revenue Attributable to Inpatient Hospital
Services and on Net Patient Revenue
Attributable to Outpatient Services**

**Resolution Setting the FY 2027 Amended Rate for
the Dallas County Health Care Provider Participation Program**

WHEREAS, pursuant to Section 298A.003 of the Health and Safety Code, the Dallas County Hospital District is authorized to participate in a health care provider participation program and established a local provider participation fund;

WHEREAS, on September 23, 2026, the mandatory payments for FY 2027 were approved by the Board of Managers at six percent of net patient revenues;

WHEREAS, discussions between the Texas Health and Human Services Commission and the Centers for Medicare & Medicaid Services have resulted in good cause to amend the process and rate for the mandatory payments and pursuant to Section 298.153 of the Texas Health and Safety Code, the Board of Managers for the Dallas County Hospital District may provide for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare & Medicaid Services;

WHEREAS, the Texas Health and Human Services Commission and the Centers for Medicare & Medicaid Services have indicated that mandatory payments beginning with FY 2027 should be assessed exclusively and separately on six percent of the net patient revenue attributable to inpatient hospital services and six percent of the net patient revenue attributable to outpatient hospital services of all institutional healthcare providers in the Dallas County Hospital District and that each institutional healthcare provider's Medicare Cost Report should be used to separately calculate the inpatient and outpatient net patient revenue based on the Medicare Upper Payment Limit methodology;

WHEREAS, the Texas Health and Human Services Commission has requested that a new LPPF bank account be established and that the revenue from the FY 2027 mandatory payments and future amounts be deposited in that bank account; and

NOW THEREFORE BE IT ORDERED as follows:

- a. The Dallas County Hospital District local provider participation fund shall set the mandatory payment rate exclusively and separately at six percent of the net patient revenue attributable to inpatient hospital services and six percent of the net patient revenue attributable to outpatient hospital services for each institutional healthcare provider. This rate is applicable to mandatory payments assessed for FY 2027, including any mandatory payments assessed on and after October 1, 2026 through the end of FY 2027;
- b. The Dallas County Hospital District local provider participation fund shall use each institutional healthcare provider's most recent Medicare Cost Report to separately calculate the inpatient and outpatient net patient revenue based on the Medicare Upper Payment Limit methodology. If an institutional healthcare provider does not have a Medicare Cost Report, another acceptable data source shall be used.
- c. The Dallas County Hospital District local provider participation fund shall create a new LPPF bank account to receive revenue from FY 2027 mandatory payments and future payments.
- d. The Dallas County Hospital District local provider participation fund shall use the revenue from the mandatory payments for one or more of the purposes set forth in Section 298A.103(c) of the Health and Safety Code.

Passed, Adopted and Approved this 28th day of October, 2026

[SIGNATURE]

Update and Report by Chief Executive Officer Regarding Strategic and Operational Performance and Plans

Update and Report on Parkland Center for Clinical Innovation

Discussion Regarding Southeast Dallas Health Center Project Delivery Method and Architecture and Engineering Contract

Discussion Regarding Metrocare Operations, Leadership Transition, and Potential Opportunities for New Service Lines

Possible Deliberation Regarding Medical Executive Committee Credentialing Report

Possible Deliberation Regarding Board of Managers Self Evaluation Results

Possible Deliberation Regarding Board of Managers Meeting Attendance Report