IN THE SUPREME COURT OF THE STATE OF CALIFORNIA

No. S259364

SUNDAR NATARAJAN, M.D., Petitioner and Appellant, v. DIGNITY HEALTH, Respondent.	Court of Appeal Case No. C085906 County of San Joaquin Superior Court No. STK-CV-UWM-20164821

PETITIONER'S FOURTH MOTION FOR JUDICIAL NOTICE; MEMORANDUM OF POINTS AND AUTHORITIES; DECLARATION OF STEPHEN D. SCHEAR IN SUPPORT; PROPOSED ORDER AND EXHIBIT.

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SUNDAR NATARAJAN, M.D.

MOTION FOR JUDICIAL NOTICE

Pursuant to California Evidence Code §§ 452 and 459, and California Rule of Court 8.252, subd. (a), Petitioner Sundar Natarajan, M.D., moves this Court for an order taking judicial notice of government data and documents showing:

1. The number of public and for-profit hospitals operating in the State of California;

2. The sources of patient revenue, the aggregate annual income and net assets of California general acute care hospitals excluding the Kaiser Foundation Health Plan ("Kaiser") in 2019, and the percentage of private hospital funding that is from public sources;

3. The annual income and net assets of Kaiser in 2018, and the compensation of its highest-paid employees;

4. The annual income, net assets, lobbying and legal expenses of the California Hospital Association (CHA);

5. The annual income and net assets of Respondent Dignity Health and the compensation of its highest-paid employees; and,

6. The bylaws of the UCLA and UCSF Medical Centers concerning disciplinary hearings.

The grounds for this motion are that Evidence Code § 452, subd. (c) provides for discretionary judicial notice of official acts of any state

government, and subd. (h) provides for judicial notice of facts "that are not reasonably subject to dispute and are capable of immediate and accurate determination by resort to sources of reasonably indisputable accuracy." In this case, amici curiae California Hospital Association, Adventist Health, Kaiser, MemorialCare Health System, Providence St. Joseph, Scripps Health, Sharp Healthcare and Sutter Health (hereafter, "hospital amici") have argued in their briefs that requiring private hospitals to provide the same due process provided by public hospitals, including hearing officers without financial incentives to favor the hospitals, will significantly impair California's peer review system. To support that argument, the hospital amici contend that there are few attorneys capable of serving as hearing officers, and hospitals cannot afford to operate a system without using hearing officers with a financial incentive to favor them. The hospital amici also contend in effect that all California hospitals are only interested in providing high quality of care and would never use the hearing process unfairly due to financial considerations or self-interest. The amicus brief of Scripps Health and the Regents of the University of California (UC) contends that hospital bylaws "typically" only permit the hearing officer to deliberate with the physician hearing panel if asked to do so by the panel. Dr. Natarajan contends that these arguments are not accurate for many reasons. One of those reasons is the fact that public hospitals in California

have been operating under constitutional due process requirements since at least the decision in *Anton v. San Antonio Community Hospital* (1977) 19 Cal.3d 802, yet continue to function without evidence of problems arising from those requirements. Another is that there are currently 147 investor-owned hospitals operating in California who have a corporate responsibility to maximize profits for their owners. Dr. Natarajan seeks judicial notice of government data from the Office of Statewide Health Planning and Development (OSHPD) showing that in 2019 there were 81 public hospitals operating in California, including County, District, University of California and State hospitals and 147 for-profit hospitals out of a total of 492 hospitals.

Dr. Natarajan also seeks judicial notice of a 2019 OSHPD chart showing that a large majority of hospital patient revenue is generated from public funds, supporting his contention that private hospitals are quasi-public institutions that are required to provide due process when conducting quasi-judicial hospital hearings for the public benefit.

Dr. Natarajan also contends that California hospitals have ample resources to train retired judges and justices and other attorneys to serve as hearing officers, so the alleged problem with insufficient numbers of hearing officers, if it existed, could be easily cured, without requiring physicians to undergo hearings in which the hearing officer has an

appearance of bias. In support of that argument, Dr. Natarajan seeks judicial notice of state and federal government records showing the financial resources of California hospitals and the California Hospital Association.

Finally, Dr. Natarajan seeks judicial notice of the pertinent portion of the bylaws of UCLA and UCSF to show that UC's bylaws permit the hearing officer to deliberate with hearing panel members without a request to do so from the hearing panel, to rebut one of the arguments made by Scripps and UC.

Dr. Natarajan seeks judicial notice of the following documents:

Exhibit 10:[1] 2019 Data from OSHPD's "Hospital Annual Utilization Complete Data Set" showing the names of the hospitals reporting to OSHPD and their type of ownership;

Exhibit 11: An OSHPD chart and hospital data profile showing the 2019 sources of patient revenue, net annual income and equity of California general acute care hospitals, excluding Kaiser, and the sources of hospital income;

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[1] Dr. Natarajan's first three motions for judicial notice sought notice of Exhibits 1-9. The documents at issue in this motion are therefore numbered 10 - 15. They are attached to this Motion following Dr. Natarajan's Proposed Order.

Exhibit 12: Pages from Kaiser's Federal Tax Return Form 990 showing its 2018 net annual income and net assets, and its compensation of officers, directors and highly compensated employees;

Exhibit 13: Pages from CHA's 2018 Form 990 that shows its net annual income and net assets, and how much it spent on lobbying and legal expenses.

Exhibit 14: Pages from Respondent Dignity Health's 2018 Form 990 that shows its net annual income and net assets, and its compensation of officers, directors and highly compensated employees.

Exhibit 15: The portions of the bylaws of the UCLA Ronald Reagan Medical Center, and the University of California at San Francisco (UCSF) Medical Center that govern their hospital hearings.

This motion is based on this Notice of Motion, the Memorandum of Points and Authorities and the Declaration of Stephen D. Schear below.

Dated: January 14, 2021

Stephen D. Schear

Stephen D. Schear
Attorney for Petitioner
Sundar Natarajan, M.D.

MEMORANDUM OF POINTS AND AUTHORITIES

I. THE OSHPD AND FORM 990 REPORTS ARE RELEVANT AND SUBJECT TO JUDICIAL NOTICE AS RECORDS OF GOVERNMENTAL AGENCIES THAT ARE NOT REASONABLY SUBJECT TO DISPUTE AND READILY CAPABLE OF VERIFICATION.

Health and Safety Code § 128730 requires the Office of Statewide Health Planning and Development (OSHPD) to collect data from hospitals. Health and Safety Code § 128735 requires hospitals to report detailed financial and clinical data to OSHPD. Hospital reports on their finances and certain aggregate clinical data is public information. (Health and Safety Code § 128740.) Compilations of information received from hospitals must be posted on OSHPD's website for the purpose of public disclosure and must be admitted as evidence in certain government hearings. (Health and Safety Code § 128765, subds. (a), (c) and (d).)

The information included in Exhibit 10 that shows the type of ownership of hospitals has been copied from OSHPD's "Hospital Annual Utilization Complete Data Set", which can be found on the OSHPD website as described in the Declaration of Stephen D. Schear below.

Exhibit 11 consists of an OSHPD chart and profile of non-Kaiser California general acute care hospitals. The chart and profile can be found

on the OSHPD website as described in the Declaration of Stephen D., Schear, below.

26 U.S.C. § 6033 requires non-profit corporations to file annual informational tax returns that include their net annual income and net assets and information on their expenditures and compensation of their managers and highly compensated employees.

The OSHPD and Form 990 information in Exhibits 10-14 are properly subject to judicial notice because:

1. They are relevant to Dr. Natarajan's arguments as described above.

2. They are records of governmental administrative agencies subject to judicial notice, especially since the OSHPD and federal information collections are mandated by law. Official acts subject to judicial notice include reports and records of administrative agencies. (Evidence Code section 452, subd. (c); *Taiheiyo Cement U.S.A., Inc. v. Franchise Tax Bd.,* (2012) 204 Cal.App.4th 254, 267, n. 5; *Rodas v. Spiegel* (2001) 87 Cal.App.4th 513, 518; see also, *Los Angeles Gay and Lesbian Center v. Superior Court* (2011) 194 Cal.App.4th 288, 301, n. 6.)

3. They are not reasonably subject to dispute and can be readily verified by, inter alia, review of the reports submitted by hospitals to OSHPD and by Kaiser, the CHA and Dignity Health to the IRS. (Evidence

Code § 452, subd. (c) and (h).)

Exhibits 10 through 14 are therefore subject to judicial notice.

II. BYLAWS OF THE UNIVERSITY OF CALIFORNIA ARE PROPERLY SUBJECT TO JUDICIAL NOTICE.

Because they are operated by the University of California, the bylaws of the UCLA Medical Center and UCSF are government documents properly subject to judicial notice. (*Kashmiri v. Regents of University. of California* (2008) 156 Cal. App. 4th 809, 822 n. 7; *Provost v. Regents of the University of California* (2011) 201 Cal.App.4th 1289, 1292.)

III. JUDICIAL NOTICE IS PROPER TO ADDRESS FACTUAL CONTENTIONS IN AMICUS CURIAE BRIEFS SUBMITTED IN SUPPORT OF RESPONDENT DIGNITY HEALTH.

Dr. Natarajan is requesting judicial notice of these documents at this stage of the litigation because the amicus curiae briefs submitted in support of Respondent Dignity Health have made many factual statements in their briefs that are not part of the record in this case, and that are unsupported by any citation to the record or to any report, study or source of information other than the purported knowledge of the amici curiae. The importance of the hospital amici in the healthcare industry may give their factual claims superficial credence, even though they are unsupported by the record. Judicial notice of the attached documents is necessary for the Court to have

accurate, verifiable information from reliable sources concerning factual contentions hospital amici have raised for the first time in their briefs.

IV. CONCLUSION

Under Evidence Code § 452, subds. (c) and (h), judicial notice of reports of California administrative agencies is proper. The Court should therefore take judicial notice of the OSHPD and Form 990 information contained in Exhibits 10 through 14, since that data is relevant to counter the arguments of amici curiae that California's peer review system cannot function if hospitals and medical staff are required to appoint hospital hearing officers without an appearance of bias. The Court should also take notice of the bylaws of UCLA and UCSF Medical Centers as verifiable records of a public entity not reasonably subject to dispute.

Dated: January 14, 2021

Respectfully submitted,

Stephen D. Schear

Stephen D. Schear
Attorney for Petitioner
Sundar Natarajan, M.D.

DECLARATION OF STEPHEN D. SCHEAR

I, Stephen D. Schear, declare:

1. I am the lead counsel for Petitioner Sundar Natarajan, M.D.

2. This motion for judicial notice has been brought due to the reliance of the hospital amici on the arguments that requiring hearing officers without an appearance of bias will damage California's peer review system, that hospitals cannot financially afford hearing officers without an appearance of bias, and that hospital bylaws "typically" do not allow hospital hearing officers to deliberate with hearing panels unless requested to do so by the hearing panel.

3. Exhibit 10 is a true and correct copy of two columns of data from the OSHPD data set that can be found at https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report/resource/69b3e5b9-6e48-4598-af9e-72cdf4d34134. I copied two columns from OSHPD's Excel data base that provide the identity of the reporting hospitals and their type of ownership. I counted the number of public hospitals, including county, district, University of California and state hospitals, and determined that there were at least 81 public hospitals operating in California. I also determined that there are at least 147 investor-owned for-profit hospitals operating in California and 492 hospitals reporting to OSHPD.

4. Exhibit 11 is a true and correct copy of a profile of California hospitals and a revenue chart found on the OSHPD website. They can be found by first going to the webpage https://data.chhs.ca.gov/dataset/hospital-annual-financial-data-selected-data-pivot-tables and then downloading an Excel file entitled: "2019 Pivot Table - Hospital Annual Selected File (November 2020 Extract)." The first tab at the bottom of the first page of the file contains the contains the profile and the second tab has the revenue chart. It is the most current annual data available that I could find on the OSHPD website on aggregate hospital ownership and finances.

5. Exhibits 12, 13 and 14 are true and correct copies of pages from the 990 Informational Tax Returns of Kaiser, the CHA and Respondent Dignity Health for 2018 that I obtained from the Guidestar website, which provides public access to those forms. Exhibit 12 is a true and correct copy of pages from Kaiser's 2018 Form 990. Exhibit 13 is a true and correct copy of pages from the CHA's 2018 Form 990. Exhibit 14 is a true and correct copy of pages from Respondent Dignity Health's 2018 Form 990. The 2018 returns are the most recent returns for Kaiser, the CHA and Dignity Health currently available on Guidestar.

6. Exhibit 15 consists of excerpts from the bylaws of two of the five hospitals operated by the Regents of the University of California. Each

of those excerpts were taken from bylaws published by the University on the internet. The complete bylaws of UCLA and UCSF can be found on the following websites:

a. UCLA Ronald Reagan Medical Center Medical Staff Bylaws 2020:

https://www.uclahealth.org/medical-staff/workfiles/bylaws-regulations/Reagan%20Medical%20Staff%20Bylaws%2007302020%20gh%20FINAL.pdf

b. University of California San Francisco Medical Staff Bylaws:

https://medicalaffairs.ucsf.edu/sites/g/files/tkssra856/f/wysiwyg/UCSF%20Medical%20Staff%20Bylaws.pdf

7. Dr. Natarajan did not request judicial notice of Exhibits 10 through 15 in the trial court or in the Court of Appeal.

8. The information contained in Exhibits 10-15 does not relate to proceedings occurring after the judgment that is the subject of the appeal, but they do contain information collected by OSHPD and the federal government after the judgment that is the subject of the appeal, and bylaws of the UCLA and UCSF Medical Centers that were enacted after the judgment.

9. Dr. Natarajan is requesting judicial notice of Exhibits 10 through 15 because they provide important facts necessary to rebut

arguments of hospital amici that are based on purported facts that are not in the record.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on January 14, 2021, at Oakland, California.

Stephen D. Schear

Stephen D. Schear

[PROPOSED] ORDER

Good cause appearing, IT IS HEREBY ORDERED that the Court takes judicial notice of the following documents:

Exhibit 10: 2019 Data from the "Hospital Annual Utilization Complete Data Set" of the Office of Statewide Health Planning and Development (OSHPD) showing the names of the hospitals reporting to OSHPD and their type of ownership.

Exhibit 11: An OSHPD hospitals profile and chart showing 2019 financial information concerning California hospitals.

Exhibit 12: Designated pages from the 2018 Form 990 Informational Return of Kaiser Foundation Health Plan.

Exhibit 13: Designated pages from the 2018 Form 990 Informational Return of the California Hospital Association.

Exhibit 14: Designated pages from the 2018 Form 990 Informational Return of Respondent Dignity Health.

Exhibit 15: Excerpts from the bylaws of the UCLA Ronald Reagan Medical Center 2020 and the UCSF Medical Center concerning hospital hearings.

DATED: _____

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JUSTICE OF THE SUPREME COURT

EXHIBIT 10

ALAMEDA HOSPITAL	City or County
ALTA BATES SUMMIT MEDICAL CENTER-ALTA BATES CAMPUS	Non-Profit Corporation (including church-related)
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	Non-Profit Corporation (including church-related)
FAIRMONT HOSPITAL	City or County
ALTA BATES SUMMIT MEDICAL CENTER-HERRICK CAMPUS	Non-Profit Corporation (including church-related)
HIGHLAND HOSPITAL	City or County
KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	Investor - Corporation
ALTA BATES SUMMIT MEDICAL CENTER	Non-Profit Corporation (including church-related)
ST. ROSE HOSPITAL	Non-Profit Corporation (including church-related)
VALLEY MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
WASHINGTON HOSPITAL - FREMONT	District
SAN LEANDRO HOSPITAL	City or County
ALTA BATES SUMMIT MEDICAL CENTER - SUMMIT CAMPUS	Non-Profit Corporation (including church-related)
MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	Non-Profit Corporation (including church-related)
FREMONT HOSPITAL	Investor - Corporation
STANFORD HEALTH CARE - VALLEYCARE	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - FREMONT	Non-Profit Corporation (including church-related)
TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
TELECARE WILLOW ROCK CENTER	Investor - Corporation
EDEN MEDICAL CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SAN LEANDRO	Non-Profit Corporation (including church-related)
SUTTER AMADOR HOSPITAL	Non-Profit Corporation (including church-related)
ORCHARD HOSPITAL	Non-Profit Corporation (including church-related)
ENLOE MEDICAL CENTER - COHASSET	Non-Profit Corporation (including church-related)
OROVILLE HOSPITAL	Non-Profit Corporation (including church-related)
ENLOE MEDICAL CENTER- ESPLANADE	Non-Profit Corporation (including church-related)
BUTTE COUNTY MENTAL HEALTH SERVICES	City or County
ENLOE REHABILITATION CENTER	Non-Profit Corporation (including church-related)
MARK TWAIN MEDICAL CENTER	Non-Profit Corporation (including church-related)
COLUSA MEDICAL CENTER	Investor - Limited Liability Company
CONTRA COSTA REGIONAL MEDICAL CENTER	City or County
SUTTER DELTA MEDICAL CENTER	Non-Profit Corporation (including church-related)
JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - WALNUT CREEK	Non-Profit Corporation (including church-related)
JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	Non-Profit Corporation (including church-related)
SAN RAMON REGIONAL MEDICAL CENTER SOUTH BUILDING	
SAN RAMON REGIONAL MEDICAL CENTER	Investor - Corporation
JOHN MUIR BEHAVIORAL HEALTH CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - RICHMOND CAMPUS	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - ANTIOCH	Non-Profit Corporation (including church-related)
SUTTER COAST HOSPITAL	Non-Profit Corporation (including church-related)
BARTON MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
MARSHALL MEDICAL CENTER	Non-Profit Corporation (including church-related)
TELECARE EL DORADO COUNTY P.H.F.	Investor - Corporation
CLOVIS COMMUNITY MEDICAL CENTER	Non-Profit Corporation (including church-related)
COALINGA REGIONAL MEDICAL CENTER	
COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH SELMA	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH REEDLEY	Non-Profit Corporation (including church-related)
ST. AGNES MEDICAL CENTER	Non-Profit Corporation (including church-related)
COMMUNITY BEHAVIORAL HEALTH CENTER	Non-Profit Corporation (including church-related)
SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	Investor - Limited Liability Company

FRESNO SURGICAL HOSPITAL	Investor - Partnership
KAISER FOUNDATION HOSPITAL - FRESNO	Non-Profit Corporation (including church-related)
EXODUS PSYCHIATRIC HEALTH FACILITY FRESNO	Investor - Corporation
FRESNO HEART AND SURGICAL HOSPITAL	Non-Profit Corporation (including church-related)
DEPARTMENT OF STATE HOSPITAL - COALINGA	State
CENTRAL STAR PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
GLENN MEDICAL CENTER	Non-Profit Corporation (including church-related)
GENERAL HOSPITAL, THE	Non-Profit Corporation (including church-related)
MAD RIVER COMMUNITY HOSPITAL	Investor - Corporation
JEROLD PHELPS COMMUNITY HOSPITAL	District
REDWOOD MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
ST. JOSEPH HOSPITAL - EUREKA	Non-Profit Corporation (including church-related)
SEMPERVIRENS P.H.F.	City or County
EL CENTRO REGIONAL MEDICAL CENTER	City or County
PIONEERS MEMORIAL HEALTHCARE DISTRICT	District
NORTHERN INYO HOSPITAL	District
SOUTHERN INYO HOSPITAL	District
DELANO REGIONAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
BAKERSFIELD MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
KERN MEDICAL CENTER	City or County
KERN VALLEY HEALTHCARE DISTRICT	District
MERCY HOSPITAL - BAKERSFIELD	Non-Profit Corporation (including church-related)
GOOD SAMARITAN HOSPITAL-BAKERSFIELD	Investor - Partnership
RIDGECREST REGIONAL HOSPITAL	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH BAKERSFIELD	Non-Profit Corporation (including church-related)
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF BAKERSFIELD	Investor - Limited Liability Company
BAKERSFIELD BEHAVORIAL HEALTHCARE HOSPITAL, LLC	Investor - Limited Liability Company
BAKERSFIELD HEART HOSPITAL	Investor - Limited Liability Company
MERCY SOUTHWEST HOSPITAL	Non-Profit Corporation (including church-related)
CRESTWOOD PSYCHIATRIC HEALTH FACILITY BAKERSFIELD	Investor - Corporation
ADVENTIST HEALTH TEHACHAPI VALLEY	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH HANFORD	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH CLEARLAKE	Non-Profit Corporation (including church-related)
SUTTER LAKESIDE HOSPITAL	Non-Profit Corporation (including church-related)
BANNER LASSEN MEDICAL CENTER	Non-Profit Corporation (including church-related)
ALHAMBRA HOSPITAL MEDICAL CENTER	Investor - Partnership
BHC ALHAMBRA HOSPITAL	Non-Profit Corporation (including church-related)
ANTELOPE VALLEY HOSPITAL	District
CATALINA ISLAND MEDICAL CENTER	Non-Profit Corporation (including church-related)
KINDRED HOSPITAL - BALDWIN PARK	Investor - Corporation
BARLOW RESPIRATORY HOSPITAL	Non-Profit Corporation (including church-related)
ST. MARY MEDICAL CENTER - LONG BEACH	Non-Profit Corporation (including church-related)
LOS ANGELES COMMUNITY HOSPITAL AT BELLFLOWER	Investor - Corporation
BEVERLY HOSPITAL	Non-Profit Corporation (including church-related)
SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY	Investor - Corporation
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	Non-Profit Corporation (including church-related)
CASA COLINA HOSPITAL	Non-Profit Corporation (including church-related)
CENTINELA HOSPITAL MEDICAL CENTER	Investor - Limited Liability Company
KEDREN COMMUNITY MENTAL HEALTH CENTER	Non-Profit Corporation (including church-related)
CALIFORNIA REHABILITATION INSTITUTE, LLC	Investor - Limited Liability Company
GARDENS REGIONAL HOSPITAL AND MEDICAL CENTER	
AURORA CHARTER OAK	Investor - Limited Liability Company
CHILDREN'S HOSPITAL OF LOS ANGELES	Non-Profit Corporation (including church-related)

CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	Non-Profit Corporation (including church-related)
COLLEGE HOSPITAL	Investor - Corporation
KINDRED HOSPITAL - SOUTH BAY	Investor - Limited Liability Company
COMMUNITY HOSPITAL OF HUNTINGTON PARK	Investor - Corporation
LOS ANGELES COMMUNITY HOSPITAL	Investor - Corporation
SAN GABRIEL VALLEY MEDICAL CENTER	Investor - Limited Liability Company
DEL AMO HOSPITAL	Investor - Corporation
LAKEWOOD REGIONAL MEDICAL CENTER	Investor - Corporation
PIH HEALTH HOSPITAL - DOWNEY	Non-Profit Corporation (including church-related)
EAST LOS ANGELES DOCTORS HOSPITAL	Investor - Partnership
ENCINO HOSPITAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
EMANATE HEALTH FOOTHILL PRESBYTERIAN HOSPITAL	Non-Profit Corporation (including church-related)
KINDRED HOSPITAL - LOS ANGELES	Investor - Limited Liability Company
GARFIELD MEDICAL CENTER	Investor - Partnership
GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH GLENDALE	Non-Profit Corporation (including church-related)
GLENDORA OAKS BEHAVIORAL HEALTH HOSPITAL	Investor - Partnership
GREATER EL MONTE COMMUNITY HOSPITAL	Investor - Corporation
SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	Investor - Corporation
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Investor - Partnership
PROVIDENCE HOLY CROSS MEDICAL CENTER	Non-Profit Corporation (including church-related)
GOOD SAMARITAN HOSPITAL-LOS ANGELES	Non-Profit Corporation (including church-related)
HUNTINGTON MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
EMANATE HEALTH INTER-COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
TORRANCE MEMORIAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - LOS ANGELES	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SOUTH BAY	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - PANORAMA CITY	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - WEST LA	Non-Profit Corporation (including church-related)
KINDRED HOSPITAL - LA MIRADA	Investor - Limited Liability Company
KINDRED HOSPITAL - SAN GABRIEL VALLEY	Investor - Limited Liability Company
AURORA LAS ENCINAS HOSPITAL	Investor - Limited Liability Company
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRAN	Non-Profit Corporation (including church-related)
COMMUNITY HOSPITAL LONG BEACH	
CEDARS-SINAI MARINA DEL REY HOSPITAL	Non-Profit Corporation (including church-related)
PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER	Non-Profit Corporation (including church-related)
MEMORIAL HOSPITAL OF GARDENA	Investor - Partnership
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Non-Profit Corporation (including church-related)
MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	Investor - Limited Liability Company
MEMORIALCARE LONG BEACH MEDICAL CENTER	Non-Profit Corporation (including church-related)
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	Non-Profit Corporation (including church-related)
OLYMPIA MEDICAL CENTER	Investor - Limited Liability Company
MONROVIA MEMORIAL HOSPITAL	Investor - Limited Liability Company
MONTEREY PARK HOSPITAL	Investor - Partnership
MOTION PICTURE AND TELEVISION HOSPITAL	Non-Profit Corporation (including church-related)
CEDARS-SINAI MEDICAL CENTER	Non-Profit Corporation (including church-related)
NORTHRIDGE HOSPITAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
NORWALK COMMUNITY HOSPITAL	Investor - Corporation
COLLEGE MEDICAL CENTER	Investor - Limited Liability Company
KINDRED HOSPITAL PARAMOUNT	Investor - Limited Liability Company
POMONA VALLEY HOSPITAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
PIH HEALTH HOSPITAL - WHITTIER	Non-Profit Corporation (including church-related)
EMANATE HEALTH QUEEN OF THE VALLEY HOSPITAL	Non-Profit Corporation (including church-related)

KAISER FOUNDATION HOSPITAL - MENTAL HEALTH CENTER	Non-Profit Corporation (including church-related)
L.A. DOWNTOWN MEDICAL CENTER	Investor - Corporation
SAN DIMAS COMMUNITY HOSPITAL	Investor - Limited Liability Company
PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	Non-Profit Corporation (including church-related)
DOCS SURGICAL HOSPITAL	Investor - Limited Liability Company
SANTA MONICA - UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSP	University of California
PACIFICA HOSPITAL OF THE VALLEY	Investor - Corporation
SHERMAN OAKS HOSPITAL	Non-Profit Corporation (including church-related)
PROVIDENCE SAINT JOHN'S HEALTH CENTER	Non-Profit Corporation (including church-related)
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Non-Profit Corporation (including church-related)
COAST PLAZA HOSPITAL	Investor - Limited Liability Company
TARZANA TREATMENT CENTER	Non-Profit Corporation (including church-related)
RONALD REAGAN UCLA MEDICAL CENTER	University of California
VALLEY PRESBYTERIAN HOSPITAL	Non-Profit Corporation (including church-related)
USC VERDUGO HILLS HOSPITAL	Non-Profit Corporation (including church-related)
WEST COVINA MEDICAL CENTER	Investor - Corporation
WEST HILLS HOSPITAL AND MEDICAL CENTER	Investor - Corporation
ADVENTIST HEALTH WHITE MEMORIAL	Non-Profit Corporation (including church-related)
WHITTIER HOSPITAL MEDICAL CENTER	Investor - Corporation
RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	University of California
HENRY MAYO NEWHALL HOSPITAL	Non-Profit Corporation (including church-related)
DEPARTMENT OF STATE HOSPITAL-METROPOLITAN	State
USC KENNETH NORRIS, JR. CANCER HOSPITAL	Non-Profit Corporation (including church-related)
TOM REDGATE MEMORIAL RECOVERY CENTER	Non-Profit Corporation (including church-related)
LAC/HARBOR-UCLA MEDICAL CENTER	City or County
LAC+USC MEDICAL CENTER	City or County
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	City or County
LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	City or County
KAISER FOUNDATION HOSPITAL - WOODLAND HILLS	Non-Profit Corporation (including church-related)
AMERICAN RECOVERY CENTER	Non-Profit Corporation (including church-related)
KECK HOSPITAL OF USC	Non-Profit Corporation (including church-related)
STAR VIEW ADOLESCENT - P H F	Investor - Corporation
LA CASA PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
KAISER FOUNDATION HOSPITAL - BALDWIN PARK	Non-Profit Corporation (including church-related)
MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG I	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - DOWNEY	Non-Profit Corporation (including church-related)
JOYCE EISENBERG KEEFER MEDICAL CENTER	Non-Profit Corporation (including church-related)
PALMDALE REGIONAL MEDICAL CENTER	Investor - Corporation
EXODUS RECOVERY P.H.F.	Investor - Corporation
OCEAN VIEW PSYCHIATRIC HEALTH FACILITY	Investor - Limited Liability Company
MADERA COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
VALLEY CHILDREN'S HOSPITAL	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SAN RAFAEL	Non-Profit Corporation (including church-related)
KENTFIELD HOSPITAL	Investor - Limited Liability Company
MARINHEALTH MEDICAL CENTER	Non-Profit Corporation (including church-related)
NOVATO COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
JOHN C FREMONT HEALTHCARE DISTRICT	District
MENDOCINO COAST DISTRICT HOSPITAL	District
ADVENTIST HEALTH UKIAH VALLEY	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH HOWARD MEMORIAL	Non-Profit Corporation (including church-related)
MEMORIAL HOSPITAL LOS BANOS	Non-Profit Corporation (including church-related)
MERCY MEDICAL CENTER - MERCED	Non-Profit Corporation (including church-related)

MARIE GREEN PSYCHIATRIC CENTER - P H F	City or County
SURPRISE VALLEY COMMUNITY HOSPITAL	District
MODOC MEDICAL CENTER	District
MAMMOTH HOSPITAL	District
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	Non-Profit Corporation (including church-related)
GEORGE L. MEE MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
SALINAS VALLEY MEMORIAL HOSPITAL	District
NATIVIDAD MEDICAL CENTER	City or County
QUEEN OF THE VALLEY MEDICAL CENTER	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH ST. HELENA	Non-Profit Corporation (including church-related)
NAPA STATE HOSPITAL	State
SIERRA NEVADA MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
TAHOE FOREST HOSPITAL	District
CHILDREN'S HOSPITAL OF ORANGE COUNTY	Non-Profit Corporation (including church-related)
MEMORIALCARE ORANGE COAST MEDICAL CENTER	Non-Profit Corporation (including church-related)
AHMC ANAHEIM REGIONAL MEDICAL CENTER	Investor - Partnership
KINDRED HOSPITAL - BREA	Investor - Corporation
CHAPMAN GLOBAL MEDICAL CENTER	Investor - Corporation
COLLEGE HOSPITAL COSTA MESA	Investor - Individual
KINDRED HOSPITAL - SANTA ANA	Investor - Limited Liability Company
FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER - EUCLI	Investor - Corporation
ANAHEIM GLOBAL MEDICAL CENTER	Investor - Corporation
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Non-Profit Corporation (including church-related)
HUNTINGTON BEACH HOSPITAL	Non-Profit Corporation (including church-related)
LA PALMA INTERCOMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
LOS ALAMITOS MEDICAL CENTER	Investor - Corporation
SOUTH COAST GLOBAL MEDICAL CENTER	Investor - Corporation
MISSION HOSPITAL REGIONAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	University of California
GARDEN GROVE HOSPITAL AND MEDICAL CENTER	Investor - Limited Liability Company
PLACENTIA LINDA HOSPITAL	Investor - Corporation
NEWPORT BAY HOSPITAL	State
MEMORIALCARE SADDLEBACK MEDICAL CENTER	Non-Profit Corporation (including church-related)
SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	
MISSION HOSPITAL LAGUNA BEACH	Non-Profit Corporation (including church-related)
ST. JOSEPH HOSPITAL - ORANGE	Non-Profit Corporation (including church-related)
ST. JUDE MEDICAL CENTER	Non-Profit Corporation (including church-related)
FOOTHILL REGIONAL MEDICAL CENTER	Investor - Corporation
WEST ANAHEIM MEDICAL CENTER	Investor - Limited Liability Company
KINDRED HOSPITAL WESTMINSTER	Investor - Limited Liability Company
ORANGE COUNTY GLOBAL MEDICAL CENTER	Investor - Corporation
FAIRVIEW DEVELOPMENTAL CENTER	State
FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER - WARN	Investor - Corporation
HOAG HOSPITAL IRVINE	Non-Profit Corporation (including church-related)
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TUSTIN	Investor - Partnership
CHILDREN'S HOSPITAL AT MISSION	Non-Profit Corporation (including church-related)
HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	Investor - Limited Liability Company
KAISER FOUNDATION HOSPITAL - ORANGE COUNTY - IRVINE	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - ORANGE COUNTY - ANAHEIM	Non-Profit Corporation (including church-related)
HOAG ORTHOPEDIC INSTITUTE	Investor - Limited Liability Company
LAGUNA TREATMENT HOSPITAL, LLC	Investor - Limited Liability Company
SUTTER AUBURN FAITH HOSPITAL	Non-Profit Corporation (including church-related)
SUTTER ROSEVILLE MEDICAL CENTER	Non-Profit Corporation (including church-related)

KAISER FOUNDATION HOSPITAL - ROSEVILLE	Non-Profit Corporation (including church-related)
EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	District
SENECA DISTRICT HOSPITAL	District
THE BETTY FORD CENTER	Non-Profit Corporation (including church-related)
CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	Investor - Corporation
CORONA REGIONAL MEDICAL CENTER-MAIN	Investor - Corporation
DESERT REGIONAL MEDICAL CENTER	Investor - Corporation
EISENHOWER MEDICAL CENTER	Non-Profit Corporation (including church-related)
HEMET GLOBAL MEDICAL CENTER	Investor - Limited Liability Company
JOHN F. KENNEDY MEMORIAL HOSPITAL	Investor - Corporation
PACIFIC GROVE HOSPITAL	Investor - Corporation
PALO VERDE HOSPITAL	District
PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	Investor - Partnership
RIVERSIDE COMMUNITY HOSPITAL	Investor - Partnership
SAN GORGONIO MEMORIAL HOSPITAL	District
KINDRED HOSPITAL - RIVERSIDE	Investor - Limited Liability Company
SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR	Investor - Corporation
MENIFEE GLOBAL MEDICAL CENTER	Investor - Limited Liability Company
KAISER FOUNDATION HOSPITAL - RIVERSIDE	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - MORENO VALLEY	Non-Profit Corporation (including church-related)
SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	Investor - Corporation
TELECARE RIVERSIDE COUNTY PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER	City or County
VIBRA REHABILITATION HOSPITAL OF RANCHO MIRAGE	Investor - Limited Liability Company
TEMECULA VALLEY HOSPITAL	Investor - Corporation
LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SACRAMENTO	Non-Profit Corporation (including church-related)
MERCY GENERAL HOSPITAL	Non-Profit Corporation (including church-related)
MERCY SAN JUAN HOSPITAL	Non-Profit Corporation (including church-related)
METHODIST HOSPITAL OF SACRAMENTO	Non-Profit Corporation (including church-related)
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	University of California
SUTTER MEDICAL CENTER, SACRAMENTO	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SOUTH SACRAMENTO	Non-Profit Corporation (including church-related)
SIERRA VISTA HOSPITAL	Investor - Corporation
SACRAMENTO MENTAL HEALTH TREATMENT CENTER	City or County
SUTTER CENTER FOR PSYCHIATRY	Non-Profit Corporation (including church-related)
HERITAGE OAKS HOSPITAL	Investor - Limited Liability Company
MERCY HOSPITAL OF FOLSOM	Non-Profit Corporation (including church-related)
VIBRA HOSPITAL OF SACRAMENTO	Investor - Limited Liability Company
SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	Non-Profit Corporation (including church-related)
CRESTWOOD PSYCHIATRIC HEALTH FACILITY-CARMICHAEL	Investor - Corporation
CRESTWOOD PSYCHIATRIC HEALTH FACILITY-SACRAMENTO	Investor - Corporation
HAZEL HAWKINS MEMORIAL HOSPITAL	District
BEAR VALLEY COMMUNITY HOSPITAL	District
CHINO VALLEY MEDICAL CENTER	Investor - Corporation
MONTCLAIR HOSPITAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - FONTANA	Non-Profit Corporation (including church-related)
LOMA LINDA UNIV. MED. CENTER EAST CAMPUS HOSPITAL	Non-Profit Corporation (including church-related)
LOMA LINDA UNIVERSITY MEDICAL CENTER	Non-Profit Corporation (including church-related)
MOUNTAINS COMMUNITY HOSPITAL	District
KINDRED HOSPITAL - ONTARIO	Investor - Corporation
REDLANDS COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
SAN ANTONIO REGIONAL HOSPITAL	Non-Profit Corporation (including church-related)

COMMUNITY HOSPITAL OF SAN BERNARDINO	Non-Profit Corporation (including church-related)
ST. BERNARDINE MEDICAL CENTER	Non-Profit Corporation (including church-related)
ST. MARY MEDICAL CENTER - APPLE VALLEY	Non-Profit Corporation (including church-related)
VICTOR VALLEY GLOBAL MEDICAL CENTER	City or County
COLORADO RIVER MEDICAL CENTER	Non-Profit Corporation (including church-related)
PATTON STATE HOSPITAL	State
HI-DESERT MEDICAL CENTER	Investor - Limited Liability Company
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	Non-Profit Corporation (including church-related)
CANYON RIDGE HOSPITAL	Investor - Corporation
BALLARD REHABILITATION HOSPITAL	Investor - Limited Liability Company
DESERT VALLEY HOSPITAL	Investor - Corporation
KINDRED HOSPITAL RANCHO	Investor - Limited Liability Company
ARROWHEAD REGIONAL MEDICAL CENTER	City or County
KAISER FOUNDATION HOSPITAL - ONTARIO	Non-Profit Corporation (including church-related)
LOMA LINDA UNIVERSITY SURGICAL HOSPITAL	Non-Profit Corporation (including church-related)
BARSTOW COMMUNITY HOSPITAL	Investor - Corporation
TOTALLY KIDS REHABILITATION HOSPITAL	Investor - Corporation
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	Non-Profit Corporation (including church-related)
SCRIPPS MERCY HOSPITAL - CHULA VISTA	Non-Profit Corporation (including church-related)
RADY CHILDREN'S HOSPITAL - SAN DIEGO	Non-Profit Corporation (including church-related)
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	Non-Profit Corporation (including church-related)
SHARP MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	Non-Profit Corporation (including church-related)
GROSSMONT HOSPITAL	Non-Profit Corporation (including church-related)
KINDRED HOSPITAL - SAN DIEGO	Investor - Corporation
KAISER FOUNDATION HOSPITAL - SAN DIEGO - ZION	Non-Profit Corporation (including church-related)
SCRIPPS MERCY HOSPITAL	Non-Profit Corporation (including church-related)
SHARP MESA VISTA HOSPITAL	Non-Profit Corporation (including church-related)
ALVARADO PARKWAY INSTITUTE B.H.S.	Investor - Limited Liability Company
PALOMAR HEALTH DOWNTOWN CAMPUS	District
PARADISE VALLEY HOSPITAL	Investor - Limited Liability Company
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	Non-Profit Corporation (including church-related)
TRI-CITY MEDICAL CENTER	District
UC SAN DIEGO HEALTH HILLCREST - HILLCREST MEDICAL CENTER	University of California
SHARP CHULA VISTA MEDICAL CENTER	Non-Profit Corporation (including church-related)
POMERADO HOSPITAL	District
SCRIPPS GREEN HOSPITAL	Non-Profit Corporation (including church-related)
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	Non-Profit Corporation (including church-related)
AURORA SAN DIEGO	Investor - Limited Liability Company
SHARP MCDONALD CENTER	Non-Profit Corporation (including church-related)
SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	City or County
VIBRA HOSPITAL OF SAN DIEGO	Investor - Limited Liability Company
UCSD HEALTH LA JOLLA - JACOBS MEDICAL CENTER & SULPIZIO CARI	University of California
PALOMAR MEDICAL CENTER	District
KAISER FOUNDATION HOSPITAL - SAN DIEGO - CLAIREMONT MESA	Non-Profit Corporation (including church-related)
CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST	Non-Profit Corporation (including church-related)
JEWISH HOME & REHAB CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	Non-Profit Corporation (including church-related)
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	City or County
LANGLEY PORTER PSYCHIATRIC INSTITUTE	University of California
UCSF MEDICAL CENTER AT MOUNT ZION	University of California
CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	Non-Profit Corporation (including church-related)
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS HOSPITAL	Non-Profit Corporation (including church-related)

PRISCILLA CHAN & MARK ZUCKERBERG SAN FRANCISCO GENERAL H	City or County
ST. FRANCIS MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	Non-Profit Corporation (including church-related)
UCSF MEDICAL CENTER	University of California
CHINESE HOSPITAL	Non-Profit Corporation (including church-related)
CALIFORNIA PACIFIC MEDICAL CENTER - VAN NESS CAMPUS	Non-Profit Corporation (including church-related)
UCSF MEDICAL CENTER AT MISSION BAY	University of California
CALIFORNIA PACIFIC MEDICAL CENTER - MISSION BERNAL CAMPUS	Non-Profit Corporation (including church-related)
KENTFIELD HOSPITAL SAN FRANCISCO	Investor - Limited Liability Company
DAMERON HOSPITAL	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH LODI MEMORIAL	Non-Profit Corporation (including church-related)
SAN JOAQUIN GENERAL HOSPITAL	City or County
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	Non-Profit Corporation (including church-related)
SUTTER TRACY COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	Non-Profit Corporation (including church-related)
DOCTORS HOSPITAL OF MANTECA	Investor - Corporation
SAN JOAQUIN PHF	City or County
KAISER FOUNDATION HOSPITAL - MANTECA	Non-Profit Corporation (including church-related)
MARIAN REGIONAL MEDICAL CENTER, ARROYO GRANDE	Non-Profit Corporation (including church-related)
FRENCH HOSPITAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
SIERRA VISTA REGIONAL MEDICAL CENTER	Investor - Corporation
TWIN CITIES COMMUNITY HOSPITAL	Investor - Corporation
DEPARTMENT OF STATE HOSPITALS - ATASCADERO	State
SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	City or County
SAN MATEO MEDICAL CENTER	City or County
KAISER FOUNDATION HOSPITAL - SOUTH SAN FRANCISCO	Non-Profit Corporation (including church-related)
SETON MEDICAL CENTER	Non-Profit Corporation (including church-related)
SETON COASTSIDE	Non-Profit Corporation (including church-related)
MILLS-PENINSULA MEDICAL CENTER	Non-Profit Corporation (including church-related)
SEQUOIA HOSPITAL	Non-Profit Corporation (including church-related)
MENLO PARK SURGICAL HOSPITAL	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - REDWOOD CITY	Non-Profit Corporation (including church-related)
GOLETA VALLEY COTTAGE HOSPITAL	Non-Profit Corporation (including church-related)
LOMPOC VALLEY MEDICAL CENTER	District
MARIAN REGIONAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
SANTA BARBARA COTTAGE HOSPITAL	Non-Profit Corporation (including church-related)
SANTA YNEZ VALLEY COTTAGE HOSPITAL	Non-Profit Corporation (including church-related)
SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	City or County
COTTAGE REHABILITATION HOSPITAL	Non-Profit Corporation (including church-related)
STANFORD HEALTH CARE	Non-Profit Corporation (including church-related)
REGIONAL MEDICAL OF SAN JOSE	Investor - Corporation
EL CAMINO HOSPITAL LOS GATOS	Non-Profit Corporation (including church-related)
EL CAMINO HEALTH	Non-Profit Corporation (including church-related)
GOOD SAMARITAN HOSPITAL-SAN JOSE	Investor - Corporation
O'CONNOR HOSPITAL	City or County
SANTA CLARA VALLEY MEDICAL CENTER	City or County
STANFORD HEALTH CARE	Non-Profit Corporation (including church-related)
MISSION OAKS HOSPITAL	Investor - Corporation
KAISER FOUNDATION HOSPITAL - SAN JOSE	Non-Profit Corporation (including church-related)
SAN JOSE BEHAVIORAL HEALTH	Investor - Limited Liability Company
CHILDREN'S HEALTHCARE ORGANIZATION OF NORTHERN CA - PEDIA	Investor - Limited Liability Company
ST. LOUISE REGIONAL HOSPITAL	City or County
KAISER FOUNDATION HOSPITAL - SANTA CLARA	Non-Profit Corporation (including church-related)

KAISER PERMANENTE P.H.F - SANTA CLARA	Non-Profit Corporation (including church-related)
CRESTWOOD PSYCHIATRIC HEALTH FACILITY-SAN JOSE	Investor - Corporation
DOMINICAN HOSPITAL	Non-Profit Corporation (including church-related)
SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	Non-Profit Corporation (including church-related)
WATSONVILLE COMMUNITY HOSPITAL	Investor - Corporation
TELECARE SANTA CRUZ PHF	Investor - Corporation
MAYERS MEMORIAL HOSPITAL	District
SHASTA REGIONAL MEDICAL CENTER	Investor - Limited Liability Company
MERCY MEDICAL CENTER - REDDING	Non-Profit Corporation (including church-related)
VIBRA HOSPITAL OF NORTHERN CALIFORNIA	Investor - Limited Liability Company
PATIENTS' HOSPITAL OF REDDING	Investor - Individual
RESTPADD PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
MERCY MEDICAL CENTER MT. SHASTA	Non-Profit Corporation (including church-related)
FAIRCHILD MEDICAL CENTER	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL & REHAB CENTER - VALLEJO	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH VALLEJO	Non-Profit Corporation (including church-related)
SUTTER SOLANO MEDICAL CENTER	Non-Profit Corporation (including church-related)
NORTHBAY MEDICAL CENTER	Non-Profit Corporation (including church-related)
NORTHBAY VACAVALLEY HOSPITAL	Non-Profit Corporation (including church-related)
KAISER FOUNDATION HOSPITAL - VACAVILLE	Non-Profit Corporation (including church-related)
CRESTWOOD SOLANO PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	Non-Profit Corporation (including church-related)
HEALDSBURG DISTRICT HOSPITAL	District
PETALUMA VALLEY HOSPITAL	Non-Profit Corporation (including church-related)
SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	Non-Profit Corporation (including church-related)
SONOMA VALLEY HOSPITAL	District
SONOMA SPECIALTY HOSPITAL	Investor - Limited Liability Company
KAISER FOUNDATION HOSPITAL - SANTA ROSA	Non-Profit Corporation (including church-related)
AURORA BEHAVIORAL HEALTHCARE-SANTA ROSA, LLC	Investor - Limited Liability Company
SUTTER SANTA ROSA REGIONAL HOSPITAL	Non-Profit Corporation (including church-related)
DOCTORS MEDICAL CENTER	Investor - Corporation
EMANUEL MEDICAL CENTER	Investor - Corporation
MEMORIAL MEDICAL CENTER - MODESTO	Non-Profit Corporation (including church-related)
CENTRAL VALLEY SPECIALTY HOSPITAL	Investor - Limited Liability Company
OAK VALLEY HOSPITAL DISTRICT	District
DOCTORS MEDICAL CENTER-BEHAVIORAL HEALTH DEPARTMENT	Investor - Corporation
STANISLAUS SURGICAL HOSPITAL	Investor - Limited Liability Company
KAISER FOUNDATION HOSPITAL - MODESTO	Non-Profit Corporation (including church-related)
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MODESTO	Investor - Limited Liability Company
TELECARE STANISLAUS COUNTY PHF	Investor - Corporation
SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	City or County
SUTTER SURGICAL HOSPITAL-NORTH VALLEY	Investor - Limited Liability Company
NORTH VALLEY BEHAVIORAL HEALTH	Investor - Limited Liability Company
ST. ELIZABETH COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
RESTPADD RED BLUFF PSYCHIATRIC HEALTH FACILITY	Investor - Corporation
TRINITY HOSPITAL	District
KAWEAH DELTA MEDICAL CENTER	District
SIERRA VIEW MEDICAL CENTER	District
PORTERVILLE DEVELOPMENTAL CENTER	State
ADVENTIST HEALTH SONORA - FAIRVIEW	
ADVENTIST HEALTH SONORA - GREENLEY	Non-Profit Corporation (including church-related)
AURORA VISTA DEL MAR HOSPITAL	Investor - Limited Liability Company
COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	Non-Profit Corporation (including church-related)

VENTURA COUNTY MEDICAL CENTER	City or County
LOS ROBLES HOSPITAL & MEDICAL CENTER	Investor - Corporation
OJAI VALLEY COMMUNITY HOSPITAL	Non-Profit Corporation (including church-related)
ST. JOHN'S PLEASANT VALLEY HOSPITAL	Non-Profit Corporation (including church-related)
VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSPITAL	City or County
ADVENTIST HEALTH SIMI VALLEY	Non-Profit Corporation (including church-related)
ST. JOHN'S REGIONAL MEDICAL CENTER	Non-Profit Corporation (including church-related)
LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS	Investor - Corporation
THOUSAND OAKS SURGICAL HOSPITAL, a campus of Los Robles Hosp	Investor - Corporation
WOODLAND MEMORIAL HOSPITAL	Non-Profit Corporation (including church-related)
SUTTER DAVIS HOSPITAL	Non-Profit Corporation (including church-related)
ADVENTIST HEALTH AND RIDEOUT	Non-Profit Corporation (including church-related)
COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER	Non-Profit Corporation (including church-related)
WESTLAND HOUSE	Non-Profit Corporation (including church-related)
HAZEL HAWKINS MEMORIAL HOSPITAL D/P SNF	District

EXHIBIT 11

Report Periods Ended 1-1-19 through 12-31-19

2019 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

Date Printed: 12/13/2020

Data by Type of Care	Total	General Acute	Psychiatric	Rehabilitation	Long-term Care	Chem Dep & Other
Licensed Beds	77,485	62,564	5,553	2,737	5,697	934
Licensed Bed Occ. Rate	59.76%	56.82%	75.27%	62.64%	75.35%	60.12%
Available Beds	73,635					
Available Bed Occ. Rate	62.91%					
Patient Days (excl. nursery)	16,665,032	12,796,176	1,514,140	593,372	1,556,392	204,952
Discharges (excl. nursery)	3,023,058	2,756,327	184,842	41,248	24,272	16,369
Average Length of Stay (est.)	5.51	4.64	8.19	14.39	64.12	12.52

Income Statement		Per Adjusted Day
Gross Patient Revenue	$ 481,641,676,876	$ 17,559.07
- Deductions from Revenue	373,284,388,793	13,608.72
+ Capitation Premium Rev.	4,990,642,272	181.94
Net Patient Revenue	$ 113,347,930,355	$ 4,132.29
+ Other Operating Revenue	4,021,753,078	146.62
Total Operating Revenue	$ 117,369,683,433	$ 4,278.91
- Operating Expenses	112,586,946,699	4,104.55
Net from Operations	$ 4,782,736,734	$ 174.36
+ Non-Operating Revenue	5,478,050,780	199.71
- Non-Operating Expense	1,753,310,119	63.92
- Income Taxes	73,897,530	2.69
- Extraordinary Items	0	0.00
Net Income	$ 8,433,579,865	$ 307.46

Financial Ratios	
Current Ratio	1.71
Days in Accounts Receivable	60.53
Long-Term Debt to Net PPE	75.92%
Long-Term Debt to Equity	74.59%
Equity to Total Assets	39.44%
Net Return on Total Assets	5.08%
Patient Revenue Margin	0.67%
Operating Margin	4.07%
Total Margin	7.19%
Net Income Margin	6.87%
Cost-to-Charge Ratio	22.54%
Net PPE Per Licensed Bed	$ 830,250

Uncompensated Care Costs	
Charity-Other	$ 948,254,636
Charity-Other + Bad Debt	1,791,117,676
Charity-Other + Bad Debt + CIP Cont. Adj.	2,261,269,281

Deductions from Revenue	
Medicare Cont Adj-Trad	$ 118,351,600,419
Medicare Cont Adj-Mng Care	47,082,797,676
Medi-Cal Cont Adj-Trad	33,663,612,651
Medi-Cal Cont Adj-Mng Care	75,507,120,323
DSH (SB 855) Funds Rec'd	(2,509,011,140)
Co Indigent Cont Adj	2,085,793,797
Other 3rd Cont Adj-Trad.	11,040,342,135
Other 3rd Cont Adj-Mng Care	74,265,526,224
Provision for Bad Debts	3,739,301,285
Charity-Hill-Burton	0
Charity-Other	4,206,863,525
Gifts & Subs. Indigent Care	(17,235,520)
All Other Deductions	5,867,677,418
Total Deductions from Rev.	$ 373,284,388,793

Capitation Premium Revenue	
Medicare	$ 1,530,731,760
Medi-Cal	1,687,940,895
Co. Indigent Programs	660,311
Other Managed Care	1,771,309,306
Total Capitation Rev.	$ 4,990,642,272

Uncompensated Care Costs % of Operating Expenses	
Charity % of Operating Expenses	0.87%
Charity + Bad Debt % Operating Expenses	1.65%
Charity+Bad Debt+CIP Cont Adj % of Op. Exp.	2.08%

Other Utilization Statistics	
ER Visits	13,079,478
Clinic Visits	18,989,839
Home Health Visits	1,495,095
Referred O/P Visits	14,871,563
I/P Surgeries	764,813
O/P Surgeries	1,125,624
Purchased I/P Days	305,643
Nursery Days	530,569
Nursery Discharges	254,286
Natural Births	249,959
Cesarean Sections	110,921

Profile Characteristics	
No. of Hospitals	362
Hospital Name	(All)
County	(All)
HSA	(All)
HFPA	(All)
Type of Control	(All)
Type of Care	(All)
Health Systems	(All)
Teach & Rural Hosp	(All)
DSH Hospital?	(All)
Licensed Bed Size	(All)
LTC Day %	(All)

Equity Transfers	
DSH Funds Transferred	$ 1,188,738,648

Source: OSHPD Hospital Annual Disclosure Reports
(Based on 11-20-2020 data extract)

2019 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

BALANCE SHEET - UNRESTRICTED FUND

Assets		% of Total	Liabilities and Equity		% of Total
Current Assets	$ 68,830,326,878	41.47%	Current Liabilities	$ 40,349,591,219	24.31%
Limited Use Assets	11,208,998,097	6.75%	Deferred Credits	11,329,765,243	6.83%
Net PPE	52,724,722,742	31.76%	Net Long-Term Debt	48,838,645,793	29.42%
Construction-in-Progress	11,607,214,926	6.99%	Total Liabilities	$ 100,518,002,255	60.56%
Investments & Other Assets	19,056,863,497	11.48%			
Intangible Assets	2,564,285,445	1.54%	Equity	65,474,409,330	39.44%
Total Assets	$ 165,992,411,585	100.00%	Total Liabilities & Equity	$ 165,992,411,585	100.00%
Cash	$ 12,105,927,403	7.29%	Mortgage Notes	$ 728,149,165	0.44%
Total PPE	105,374,273,862	63.48%	Bonds Payable	$ 30,865,487,308	18.59%
Intercompany Receivables	20,860,104,598	12.57%	Intercompany Payables	$ 23,014,986,253	13.87%

Direct Expense by Natural Classification		Per Adjusted Day	% of Total Exp	Direct Expense by Cost Center Group		% of Total Exp
Salaries & Wages	$ 37,944,180,425	$ 1,383.32	33.70%	Daily Hospital Svcs.	$ 19,571,781,295	17.38%
Employee Benefits	16,852,886,502	614.40	14.97%	Ambulatory Services	11,862,588,687	10.54%
Physician Pro. Fees	5,142,779,369	187.49	4.57%	Ancillary Services	33,271,341,377	29.55%
Other Pro. Fees	3,349,114,703	122.10	2.97%	Purch. I/P & O/P Svcs.	1,342,567,832	1.19%
Supplies	16,565,238,795	603.91	14.71%			
Purchased Services	16,410,373,810	598.27	14.58%	Research	$ 551,639,843	0.49%
Depreciation	5,019,133,390	182.98	4.46%	Education	1,309,581,016	1.16%
Leases & Rentals	1,391,091,068	50.71	1.24%	General Services	16,069,418,015	14.27%
Insurance	515,819,327	18.81	0.46%	Fiscal Services	3,746,315,012	3.33%
Interest	1,343,515,828	48.98	1.19%	Administrative Svcs.	19,456,008,988	17.28%
All Other Expenses	8,052,813,482	293.58	7.15%	Unassigned Costs	5,405,704,634	4.80%
Total Operating Expenses	$ 112,586,946,699	$ 4,104.55	100.00%	Total Operating Exp.	$ 112,586,946,699	100.00%

Labor Productivity by Employee Classification	Productive Hours	Hours Per Adjusted Day	% of Total Hours	Productive FTEs	FTEs Per Adj. Occupied Bed
Management & Supervision	72,001,695	2.62	9.06%	34,616.20	0.45
Technical & Specialist	194,605,500	7.09	24.48%	93,560.34	1.23
Registered Nurses	237,985,948	8.68	29.94%	114,416.32	1.50
Licensed Voc. Nurses	11,980,265	0.44	1.51%	5,759.74	0.08
Aides & Orderlies	63,670,445	2.32	8.01%	30,610.79	0.40
Clerical & Other Admin.	100,112,453	3.65	12.59%	48,130.99	0.63
Environ. & Food Services	51,887,489	1.89	6.53%	24,945.91	0.33
All Other Employees	62,761,073	2.29	7.89%	30,173.59	0.40
Total Productive Hours	795,004,868	28.98	100.00%	382,213.88	5.01
Total Paid Hours	933,414,739	34.03		448,757.09	5.88

Source: OSHPD Hospital Annual Disclosure Reports
(Based on 11-20-2020 data extract)

2019 OSHPD Hospital Annual Financial Data Profile

(excludes Kaiser, State, Shriners, LTC Emphasis, and PHFs)

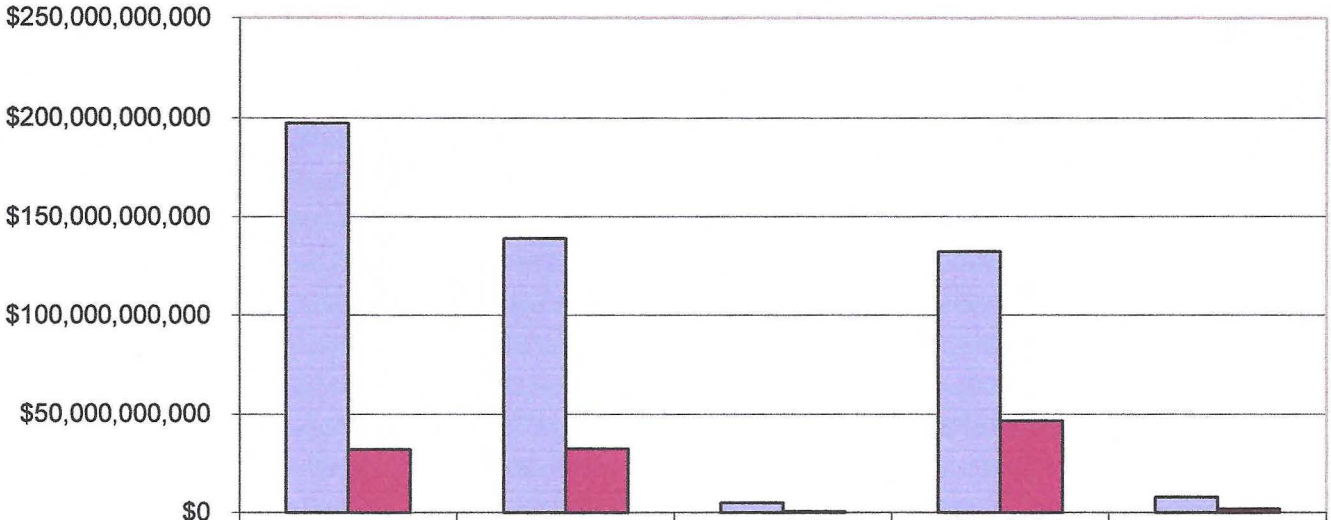
Financial and Utilization Data by Payer Category	Total	Medicare Traditional	Medicare Managed Care	Medi-Cal Traditional	Medi-Cal Managed Care
Patient Days (excl. nursery)	16,665,032	4,886,653	1,852,470	2,886,468	3,252,213
Discharges (excl. nursery)	3,023,058	845,706	371,879	394,522	628,253
Average Length of Stay (est.)	5.51	5.78	4.98	7.32	5.18
Outpatient Visits	48,673,239	12,289,882	3,419,255	3,756,506	11,813,098
Gross Inpatient Revenue	$ 293,849,641,490	$ 92,432,102,969	$ 37,739,080,179	$ 35,120,486,612	$ 53,558,326,075
Gross Outpatient Revenue	187,792,035,386	49,527,454,401	17,692,850,258	11,442,135,289	38,987,090,826
Gross Patient Revenue	$ 481,641,676,876	$ 141,959,557,370	$ 55,431,930,437	$ 46,562,621,901	$ 92,545,416,901
- Deductions from Rev	373,284,388,793	119,364,934,288	47,417,537,812	33,396,134,905	74,893,363,110
+ Capitation Premium Rev	4,990,642,272		1,530,731,760		1,687,940,895
Net Patient Revenue	$ 113,347,930,355	$ 22,594,623,082	$ 9,545,124,385	$ 13,166,486,996	$ 19,339,994,686
Percent of Gross Revenue	23.53%	15.92%	17.22%	28.28%	20.90%
Expenses (est.)	$ 108,565,193,621	$ 31,191,901,804	$ 11,292,365,848	$ 11,822,385,500	$ 21,122,967,787
Payment Shortfall	$ 4,782,736,734	($8,597,278,722)	($1,747,241,463)	$ 1,344,101,496	($1,782,973,101)
Adjusted Patient Days	27,429,786	7,387,989	2,709,143	3,901,986	5,761,608
Gross I/P Rev Per Day	$ 17,633	$ 18,915	$ 20,372	$ 12,167	$ 16,468
Gross I/P Rev Per Discharge	97,203	109,296	101,482	89,020	85,250
Gross O/P Rev Per Visit	3,858	4,030	5,174	3,046	3,300
Net I/P Rev Per Day	$ 4,150	$ 3,011	$ 3,508	$ 3,441	$ 3,442
Net I/P Rev Per Discharge	22,875	17,396	17,475	25,172	17,815
Net O/P Rev Per Visit	908	641	891	861	690

Financial and Utilization Data by Payer Category	County Indigent Programs	Other Third Parties Traditional	Other Third Parties Managed Care	Other Payers Other Indigent	Other Payers All Other Payers
Patient Days (excl. nursery)	185,077	662,284	2,631,577	103,022	205,268
Discharges (excl. nursery)	20,224	110,409	591,473	14,813	45,779
Average Length of Stay	9.15	6.00	4.45	6.95	4.48
Outpatient Visits	561,521	2,559,090	12,421,682	353,748	1,498,457
Gross Inpatient Revenue	$ 1,060,441,691	$ 9,775,026,146	$ 59,829,143,092	$ 1,185,064,326	$ 3,149,970,400
Gross Outpatient Revenue	1,396,524,156	7,699,739,408	55,057,240,368	1,228,156,884	4,760,843,796
Gross Patient Revenue	$ 2,456,965,847	$ 17,474,765,554	$ 114,886,383,460	$ 2,413,221,210	$ 7,910,814,196
- Deductions from Rev	2,118,683,227	11,765,433,558	75,858,687,067	2,263,138,260	6,206,476,566
+ Capitation Premium Rev	660,311		1,771,309,306		
Net Patient Revenue	$ 338,942,931	$ 5,709,331,996	$ 40,799,005,699	$ 150,082,950	$ 1,704,337,630
Percent of Gross Revenue	13.80%	32.67%	35.51%	6.22%	21.54%
Expenses (est.)	$ 857,148,204	$ 4,301,423,919	$ 25,692,432,495	$ 568,956,396	$ 1,715,611,667
Payment Shortfall	($518,205,273)	$ 1,407,908,077	$ 15,106,573,204	($418,873,446)	($11,274,037)
Adjusted Patient Days	294,434	1,164,460	4,965,640	174,211	488,519
Gross I/P Rev Per Day	$ 5,730	$ 14,760	$ 22,735	$ 11,503	$ 15,346
Gross I/P Rev Per Discharge	52,435	88,535	101,153	80,002	68,808
Gross O/P Rev Per Visit	2,487	3,009	4,432	3,472	3,177
Net I/P Rev Per Day	$ 790	$ 4,822	$ 8,074	$ 715	$ 3,306
Net I/P Rev Per Discharge	7,233	28,926	35,922	4,975	14,824
Net O/P Rev Per Visit	343	983	1,574	216	685

Source: OSHPD Hospital Annual Disclosure Reports
(Based on 11-20-2020 data extract)

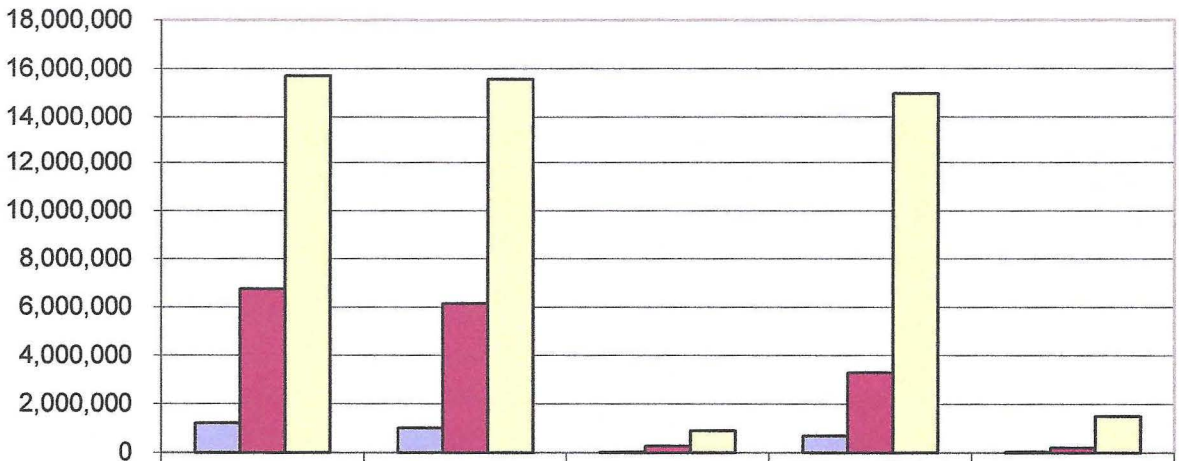
2019 OSHPD Hospital Annual Financial Data Profile
(excludes Kaiser, State, Shriners, LTC emphasis, and PHFs)

Gross Revenue and Net Revenue by Payer
(payer categories include Traditional and Managed Care patients)



	Medicare	Medi-Cal	County & Other Indigent	Other Third Party Payers	All Other
Gross Revenue	$197,391,487,807	$139,108,038,802	$4,870,187,057	$132,361,149,014	$7,910,814,196
Net Revenue	$32,139,747,467	$32,506,481,682	$489,025,881	$46,508,337,695	$1,704,337,630

Discharges, Patient Days and Outpatient Visits by Payer
(payer categories include Traditional and Managed Care patients)



	Medicare	Medi-Cal	County & Other Indigent	Other Third Party Payers	All Other
Discharges	1,217,585	1,022,775	35,037	701,882	45,779
Patient Days	6,739,123	6,138,681	288,099	3,293,861	205,268
Outpatient Visits	15,709,137	15,569,604	915,269	14,980,772	1,498,457

Source: OSHPD Hospital Annual Disclosure Report
RPE 1-1-2019 to 12-31-2019
(Based on 11-20-2020 data extract)

Date Printed: 12/13/2020

EXHIBIT 12

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312033869

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KAISER FOUNDATION HEALTH PLAN INC
% CHIEF ACCOUNTING OFFICER
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE KAISER PLAZA SUITE 15L

City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
94-1340523

E Telephone number
(510) 271-6611

G Gross receipts $ 69,550,457,824

F Name and address of principal officer
BERNARD J TYSON
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

Website: ▶ www kp org

Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	28,363
6	Total number of volunteers (estimate if necessary)	6	235
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,275,537
b	Net unrelated business taxable income from Form 990-T, line 34	7b	9,969,637

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	53,901,946,011	58,512,193,717
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,679,884	-76,288,931
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,997,628	4,694,116
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,983,623,523	58,440,598,902
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	69,625,944	28,838,199
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,227,805,630	3,485,451,786
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,467,127,024	54,619,014,197
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	53,764,558,598	58,133,304,182
19	Revenue less expenses Subtract line 18 from line 12	219,064,925	307,294,720

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	21,117,803,253	21,329,155,107
21	Total liabilities (Part X, line 26)	19,560,541,767	18,466,281,164
22	Net assets or fund balances Subtract line 21 from line 20	1,557,261,486	2,862,873,943

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 2019-10-15

ALFONSE UPSHAW SVP, CC AND CAO
Type or print name and title

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ramon F Baez Director	20 30	X						216,956	0	0
David Barger Director	20 50	X						129,258	0	0
Regina M Benjamin MD MBA Director	30 55	X						195,085	0	0
Jeffery E Epstein Director	30 55	X						209,793	0	0
Leslie S Heisz Director	20 30	X						221,011	0	0
David F Hoffmeister Director	40 55	X						228,956	0	0
Judith A Johansen JD Director	40 50	X						231,556	13,667	0
Kim J Kaiser Director	24 56	X						214,545	14,667	0
Edward Y W Pei Director	35 40	X						227,488	0	18,000
Margaret E Porfido JD Director	20 40	X						258,348	14,667	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Shannon MD Director	2 0 3 5	X						190,000	0	18,000
Cynthia A Telles PHD Director	3 0 4 5	X						223,956	10,000	0
Bernard Tyson Chairman & CEO	15 0 35 0	X		X				10,709,503	0	5,373,250
Eugene Washington MD Director	3 0 4 0	X						193,495	0	0
Gregory Adams EVP, Group President	15 0 35 0			X				3,042,495	0	3,546,643
Mary Barnes Region President - Hawaii	0 0 50 0			X				1,071,569	0	29,603
Anthony Barrueta SVP, Government Relations	25 0 25 0			X				1,354,413	0	396,224
Kristin Bear Assistant Secretary	17 0 33 0			X				346,012	0	142,273
Vanessa Benavides SVP, Chief Comp & Priv Officer	30 0 20 0			X				923,294	0	190,921
Charles Bevilacqua SVP, HP Products, Svc & Admin	35 0 15 0			X				1,521,557	0	308,111

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maryann Bodayle Assistant Secretary	22 0 28 0			X				172,364	0	48,189
William Caswell Interim Regional President -HI	10 0 40 0			X				1,509,573	0	146,401
Bechara Choucair SVP,Community Health & Benefit	25 0 25 0			X				955,689	0	188,323
Charles Columbus SVP, Chief HR Officer	25 0 25 0			X				1,857,813	0	336,076
Patrick Courneya EVP, Chief Medical Officer	22 5 27 5			X				1,220,085	0	630,555
Richard Daniels EVP, CIO	46 0 4 0			X				1,814,409	0	146,709
Sandra Golze Assistant Secretary - NCAL	25 0 25 0			X				374,649	0	220,377
Bernice Gould Assistant Secretary	25 0 25 0			X				211,923	0	119,722
Kathryn Lancaster EVP & CFO	15 0 35 0			X				2,834,247	0	889,086
Janet Liang Regional President - NCAL	25 0 25 0			X				1,461,682	0	541,446

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Meier SVP, Corporate Treasurer	18 5 31 5			X				1,125,095	0	191,167
Julie Miller-Phipps Regional President - SCAL	25 0 25 0			X				1,518,610	0	295,129
Donald Orndoff SVP, NFS	15 0 35 0			X				974,157	0	230,435
Wade Overgaard SVP, Health Plan Ops - CA	40 0 10 0			X				1,471,370	0	277,717
Frank Richardson Assistant Secretary - HI	25 0 25 0			X				311,997	0	141,313
Rochelle Roth Assistant Secretary	32 0 18 0			X				235,364	0	200,790
Jacqueline Sellers Assistant Secretary	15 0 35 0			X				287,588	0	171,076
Arthur Southam EVP, Health Plan Operations	24 0 26 0			X				3,230,890	0	776,312
Paul Swenson SVP & Chief Strategy Officer	45 0 5 0			X				1,472,354	0	284,884
Alfonse Upshaw SVP,Corporate Controller & CAO	16 0 34 0			X				839,199	0	168,061

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cesar Villalpando SVP, Enterprise Shared Svcs	25 0 25 0			X				816,812	0	210,779
John Yamamoto Assistant Secretary	25 0 25 0			X				669,177	0	225,971
Philip Young Assistant Secretary	25 0 25 0			X				479,379	0	191,476
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	15 0 35 0			X				330,937	0	179,627
Mark Zemelman SVP, General Counsel & Secy	18 0 32 0			X				2,447,915	0	221,897
Chandrika Bhalla SVP, CFO - NCAL	25 0 25 0				X			779,587	0	191,209
Thomas Curtin SVP, Natl Sales & Acct Mgmt	50 0 0 0				X			1,000,030	0	163,062
Mick Diede SVP, Chief Actuary	50 0 0 0				X			889,015	0	227,611
George Disalvo SVP, CFO - SCAL	25 0 25 0				X			1,420,963	0	162,314
Amy Gutierrez VP, Chief Pharmacy Officer	50 0 0 0				X			482,277	0	134,586

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laurel Junk VP, Chief Procurement Officer	50 0 0 0				X			862,187	0	197,267
Christine Paige SVP, Marketing & Internet Svcs	50 0 0 0				X			804,203	0	236,615
Michael Rowe SVP, CFO - NCAL	25 0 25 0				X			1,309,546	0	347,371
James Simpson SVP, Finance - BU & ROC	0 0 50 0				X			1,444,464	0	353,119
Wayne Swafford VP, Natl Facilities Svc - ROC	50 0 0 0				X			282,644	0	13,547
Robert J Alger SVP, HP Tech Solutions & Svcs	50 0 0 0					X		977,226	0	146,629
Peter Andrade SVP, Sales & Acct Mgmt - CA	50 0 0 0					X		922,950	0	256,852
Debora Lynn Catsavas SVP, HR - NCAL	50 0 0 0					X		1,010,149	0	177,793
Arlene Peasnall SVP, HR - SCAL	50 0 0 0					X		893,120	0	185,216
Leanne Trachok SVP, Revenue Management	50 0 0 0					X		1,001,380	0	96,839

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George Halvorson Chairman	0 0 0 0						X	28,956	0	25,716
J Neal Purcell Director	0 0 0 0						X	20,937	27,808	0
Raymond Baxter SVP, CB Research & Hlth Policy	0 0 0 0						X	1,025,489	0	0
Jerry Fleming SVP, Health Reform Implement	0 0 0 0						X	370,330	0	72,706
Daniel Garcia SVP, Chief Compliance Officer	0 0 0 0						X	593,429	0	0
Gerald Mccall SVP Operations	0 0 50 0						X	994,274	0	236,988
Deborah Stokes SVP,Corporate Controller & CAO	0 0 0 0						X	165,396	0	0
Nancy Wollen SVP, Chief Operating Officer	0 0 0 0						X	449,497	0	89,911
Carlos Zaragoza Assistant Secretary	0 0 0 0						X	163,976	0	0
Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	0 0 0 0						X	105,278	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Beltch Chief Audit Executive	50 0 0 0						X	748,489	0	168,233
Kendall Hunter SVP, Health Ins Exchange Opns	0 0 0 0						X	140,813	0	0
Christopher Ohman VP, Health Plan Expansion	50 0 0 0						X	521,884	0	107,647

EXHIBIT 13

ome GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319047239

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CALIFORNIA HOSPITAL ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1215 K STREET NO 800

City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 95814

D Employer identification number
68-0343712

E Telephone number
(916) 552-7629

G Gross receipts $ 58,565,383

F Name and address of principal officer
CARMELA COYLE
1215 K STREET NO 800
SACRAMENTO, CA 95814

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

Website: ▶ WWW CALHOSPITAL ORG

Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE THE MEMBERSHIP WITH LEGISLATIVE AND REGULATORY REPRESENTATION AND ADVOCACY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	53
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	52
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	30,552,579	58,476,415
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,118	88,968
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,624,697	58,565,383
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,109,979	16,850,761
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,955,910	34,561,686
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,065,889	51,412,447
19	Revenue less expenses Subtract line 18 from line 12	558,808	7,152,936

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	42,441,836	24,558,110
21	Total liabilities (Part X, line 26)	34,813,141	9,780,953
22	Net assets or fund balances Subtract line 21 from line 20	7,628,695	14,777,157

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

******
Signature of officer

2019-11-08
Date

JENNIFER NEWMAN SVP/CFO
Type or print name and title

Print/Type preparer's name | Preparer's signature | Date

4th MJN - 043

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,292,357			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	713,262			
9 Other employee benefits	1,189,440			
10 Payroll taxes	655,702			
11 Fees for services (non-employees)				
a Management				
b Legal	953,848			
c Accounting				
d Lobbying	22,386,707			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,854,463			
12 Advertising and promotion	1,914,592			
13 Office expenses	1,466,927			
14 Information technology				
15 Royalties				
16 Occupancy	1,959,828			
17 Travel	455,947			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMITTEES	405,931			
b EVENTS AND SPEAKERS	306,211			
c UHA DUES	247,500			
d				
e All other expenses	609,732			
25 **Total functional expenses.** Add lines 1 through 24e	51,412,447			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

EXHIBIT 14

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196028320

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DIGNITY HEALTH
% MARY TYREN SYSTEM VP CONTRO

Doing business as

Number and street (or P O box if mail is not delivered to street address) 185 Berry Street Suite 300

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
San Francisco, CA 94107

D Employer identification number
94-1196203

E Telephone number
(415) 438-5500

G Gross receipts $ 12,883,578,701

F Name and address of principal officer
DANIEL MORISSETTE CFO
185 BERRY STREET
SAN FRANCISCO, CA 94107

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

Website: ▶ www dignityhealth org

Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Dignity Health is committed to furthering the healing ministry of Jesus through the delivery of affordable health care, advocacy for the poor and community partnerships

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	56,083
6 Total number of volunteers (estimate if necessary)	6	6,182
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,266,730
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	105,669,092	124,346,241
9 Program service revenue (Part VIII, line 2g)	10,429,006,471	9,392,096,475
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,234,165	326,446,578
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,052,932	73,722,023
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,111,962,660	9,916,611,317
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	332,174,102	358,621,474
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,316,943,143	4,906,507,486
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,854,548,215	4,532,139,662
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,503,665,460	9,797,268,622
19 Revenue less expenses Subtract line 18 from line 12	608,297,200	119,342,695

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	15,517,283,824	14,297,253,487
21 Total liabilities (Part X, line 26)	8,914,942,403	9,163,248,752
22 Net assets or fund balances Subtract line 21 from line 20	6,602,341,421	5,134,004,735

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 2020-07-14

DAN MORISSETTE CFO
Type or print name and title

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew C Agwunobi MD Board Member	50 20	X						66,250	0	0
Geraldine Bednash PhD RN Board Member	15 20	X						0	0	0
Kent Bradley MD Board Member	25 25	X						61,250	0	0
Judy Carle RSM Board Member	35 35	X						0	0	0
Jennie Chin Hansen Board Member	50 00	X						61,250	0	0
Caretha Coleman Board Member	50 70	X						61,250	0	0
Mark DeMichele Board Member	45 50	X						71,250	0	0
Barbara Hagedorn SC Board Member	15 40	X						0	0	0
James P Hamill Board Member	15 30	X						0	0	0
Peter G Hanelt CPA Board Member	35 35	X						66,250	0	0

n 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trust	Officer	Key employee	Highest compensated employee	Former			
Antoinette Hardy-Waller Board Member	1.5	X						0	0	0
Julie Hyer OP Board Member	4.0 7.0 0.0	X						0	0	0
Kavita Patel MD Board Member	3.0 2.0	X						61,250	0	0
Todd Pierce Board Member	7.0 0.0	X						66,250	0	0
Patrick Steele Board Member	3.5 4.0	X						66,250	0	0
Gary R Yates MD Board Member	1.5 2.0	X						0	0	0
Lloyd H Dean Board Member/ Chief Executive	20.0 30.0	X		X				10,655,613	0	777,553
Tessie Guillermo Board Chair	5.0 5.5	X		X				91,250	0	0
Kevin E Lofton Board Member/ Chief Executive	20.0 30.0	X		X				0	0	0
Christopher Lowney Board Vice-Chair	6.0 5.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ian Boase VP & Associate General Counsel	40 0 10 0			X				782,785	0	112,980
Rick Grossman EVP, General Counsel	40 0 10 0			X				3,424,024	0	276,233
Mitch Melfi Chief Legal Officer/Secretary	20 0 30 0			X				0	0	0
Daniel J Morissette SEVP, Chief Financial Officer/	20 0 30 0			X				2,565,848	0	257,011
Marvin O'Quinn President & Chief Operating Of	20 0 30 0			X				4,112,323	0	369,135
Elizabeth Shih SEVP, Chief Administrative Off	30 0 20 0			X				2,348,094	0	281,588
Patricia Webb SEVP, Chief Administrative Off	5 0 45 0			X				0	0	0
Keith Callahan SVP, Supp & Srvcs Resources Mg	50 0 0 0				X			1,084,749	0	123,443
Mary Connick SVP, Finance, Corporate Contro	50 0 0 0				X			1,326,933	0	136,263
Charles Cova SVP Operations, Central Coast	50 0 0 0				X			1,660,519	0	148,078

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles P Francis SEVP, Chief Strategy Officer	20 0 30 0				X			2,297,264	0	256,848
Lisa Gamshad Zuckerman SVP Treasury & Strategic Inves	20 0 30 0				X			1,106,108	0	149,012
Laurie Harting SVP Operations, Greater Sacram	40 0 10 0				X			1,403,712	0	157,550
Linda Hunt SVP Operations, Arizona	40 0 10 0				X			1,684,219	0	185,129
Elizabeth I Keith EVP/Sponsorship/Mission Integr	30 0 20 0				X			1,761,039	0	179,156
Mark Korth SVP Operations, North State/ E	50 0 0 0				X			1,621,146	0	171,469
Jeffrey W Land SVP, Corporate Real Estate	30 0 20 0				X			844,255	0	133,238
Timothy Panks SVP, Finance & Revenue Cycle M	40 0 10 0				X			752,604	0	114,895
Darryl Robinson EVP, Chief Human Resource Offi	20 0 30 0				X			2,626,279	0	265,069
Karl Silberstein SVP, Financial Operations	40 0 10 0				X			2,527,260	0	167,690

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Julie Sprengel SVP Operation So Cal	40 0 10 0				X			1,540,066	0	142,914
Todd A Strumwasser MD SVP Operations, Bay Area	40 0 10 0				X			1,269,128	0	163,287
Bruce Swartz SVP Physician Integration	20 0 30 0				X			1,096,001	0	132,682
Jon VanBoening SVP Operations, Central Valley	40 0 10 0				X			1,436,503	0	190,485
Robert Wiebe MD EVP, Chief Medical Officer	20 0 30 0				X			2,337,699	0	212,462
Tammara Wilcox SVP, Managed Care	30 0 20 0				X			1,120,487	0	140,742
Deanna Wise EVP, Chief Information Officer	40 0 10 0				X			2,335,991	0	218,743
Anthony Scott Carswell SVP Corporate Strategy & Growt	30 0 20 0					X		1,164,143	0	155,679
Benjie M Loanzon SVP Finance Transformation	30 0 20 0					X		1,160,749	0	159,725
Mark Slyter Hospital President	50 0 0 0					X		1,133,284	0	99,900

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patty White Hospital President	50 0 0 0					X		1,106,036	0	112,572
Donald J Wiley Hospital President	50 0 0 0					X		1,099,456	0	122,942

EXHIBIT 15

UNIVERSITY OF CALIFORNIA
SAN FRANCISCO

BYLAWS OF THE MEDICAL STAFF

Revisions:

Approved August 2010 by Executive Medical Board and Governance Advisory Council
Approved March 2012 by Executive Medical Board and Governance Advisory Council
Approved June 2012 by Executive Medical Board and Governance Advisory Council
Approved June 2013 by Executive Medical Board and Governance Advisory Council
Approved June 2014 by Executive Medical Board and Governance Advisory Council
Approved June 2015 by Executive Medical Board and Governance Advisory Council
Approved June 2016 by Executive Medical Board and Governance Advisory Council
Approved June 2017 by Executive Medical Board and Governance Advisory Council

communication between the Executive Medical Board and a Practitioner to assist them in reaching a mutually acceptable resolution of a peer review or other controversy in a manner that is consistent with the best interests of Medical Center operations, patient safety and/or quality of care. Parties to a dispute are encouraged to consider mediation whenever it appears reasonably likely to contribute to a productive resolution of a dispute. There is no right to mediation, and it need not be pursued if either party is unable or unwilling to proceed collaboratively and expeditiously.

3.14.7.2 If a member and the Executive Medical Board do agree to mediation, all deadlines and time frames relating to the Fair Hearing Plan (Article 3.15) process shall be suspended while the mediation is in process, and the Practitioner agrees that no damages may accrue as a result of any delays attributable to the mediation.

3.14.7.3 Mediation may be terminated at any time, and the request of either party.

3.14.7.4 The Executive Medical Board may promulgate further Rules and Regulations outlining appropriate procedures for initiating and conducting mediation.

3.15 Fair Hearing Plan

3.15.1 Request for Hearing; Hearing Arrangements and Notices

3.15.1.1 Nature of Hearing; Exhaustion of Remedies: The hearing and appeals procedure is the administrative adjudicatory process for resolution of actions to be taken against Medical Staff members. An aggrieved Medical Staff member must follow the applicable procedures set forth in Termination or Suspension of Medical Staff Membership, Reduction of Privileges, and Other Corrective Action (Article 3.14), prior to invoking the process set forth in this Fair Hearing Plan (Article 3.15), and must exhaust the remedies set forth in these Bylaws before resorting to legal action.

3.15.1.2 Notice of Action: In any case where action has been taken constituting grounds for hearing, as set forth in Article 3.15.1.3, Grounds for Hearing, the applicant or Medical Staff member, as the case may be, shall be notified promptly by the President of the Medical Staff with a written communication sent by certified or registered mail, return receipt requested, or by personal delivery with documentation of receipt. Such notice shall include: (i) a description of the recommendation or action; (ii) a summary of the reasons therefore; (iii) if applicable, notification that such action, or recommended action if adopted, shall be reported to the Medical Board of California and/or National Practitioner Data Bank as required by law; (iv) that he/she has a right to request a hearing within thirty (30) days; and (v) of his/her rights with respect to such hearing. The applicant or member shall have thirty (30) days following date of receipt of the notice (which receipt shall be deemed to occur on the earlier of the date of actual receipt or three (3) days from the date of

mailing) within which to request a hearing by a Hearing Committee, as defined in subsection Article 3.15.1.3. The applicant or member shall also be given a copy of Fair Hearing Plan, Article 3.15. The request for a hearing shall be made in writing and sent by certified or registered mail, return receipt requested, to the President of the Medical Staff. In the event the applicant or member does not request a hearing within thirty (30) days following receipt of notice to him/her and in the manner described within this subsection, he/she shall be deemed to have accepted this action, and, the recommendation of the Executive Medical Board shall be transmitted to the Governing Body for final action.

3.15.1.3 Grounds for Hearing: Any one or more of the following actions shall constitute grounds for a hearing:

3.15.1.3.1 Denial of application for Medical Staff membership or reappointment.

3.15.1.3.2 Denial, revocation, suspension, or involuntary restriction or reduction of Medical Staff clinical privileges.

3.15.1.3.3 Excluding proctoring incidental to initial appointment, or the granting of new clinical privileges, or imposed because of insufficient activity, or proctoring or consultation that does not restrict the practitioner's clinical privileges.

3.15.1.3.4 Summary suspension of Medical Staff membership and/or clinical privileges during the pendency of corrective action and hearings and appeals procedures.

3.15.1.3.5 Suspension or summary suspension of clinical privileges (excluding Visiting Privileges).

3.15.1.3.6 Any other disciplinary action or recommendation that must be reported to the Medical Board of California.

3.15.1.4 Notice of Charges and Time and Place of Hearing: Within fifteen (15) days of a request for a hearing, the President of the Medical Staff shall schedule a hearing and give written notice, delivered in person or sent registered or certified mail, return receipt requested, to the member of (i) the reasons the action has been taken or recommended, including the acts or omissions with which the practitioner is charged; and (ii) the time, place, and date of the hearing.

3.15.1.4.1 The date of commencement of the hearing shall be not less than thirty (30) days from the date of receipt of the request by the President of the Medical Staff for a hearing unless the member who requested the hearing voluntarily waives the minimum time limit and requests a shorter waiting period in writing, and the Hearing Committee, or its Chair acting on its behalf, concurs.

3.15.1.4.2 The date of commencement of the hearing shall not be more than sixty (60) days from the date of receipt by the President of the Medical Staff of the request for a hearing unless for good cause extended by the Hearing Officer, if one has been appointed, or by the Hearing Committee or its Chair.

3.15.1.4.3 However, when the request is received from a member who is under summary suspension, the hearing should be scheduled to commence on a date not more than forty-five (45) days from the date of receipt of the request unless extended for good cause by the Hearing Officer, if one has been appointed, or by the Hearing Committee or its Chair.

3.15.1.5 Hearing Committee: When a hearing is requested, the President of the Medical Staff shall appoint a Hearing Committee which shall be composed of not less than three (3) members of the Attending Medical Staff who shall not have actively participated in the consideration of the matter involved at any previous level. A majority of the hearing panel members are peers of the affected physician. The Hearing Committee shall consist of individuals who are not in direct economic competition with the member or applicant involved who have not acted as an accuser, investigator, fact finder or initial decision maker in the same matter, and shall include, where feasible, an individual practicing the same specialty as the affected member or initial applicant. The President of the Medical Staff may designate one of the Hearing Committee members to serve as chair, failing which the Hearing Committee shall nominate, from amongst its members, a Chair. A Hearing Officer may be appointed pursuant to Article 3.15.1.6 below. Knowledge of the matter involved shall not preclude a member from serving on the Hearing Committee.

3.15.1.6 The Hearing Officer: The President of the Medical Staff in conjunction with the Office of Legal Affairs shall appoint a Hearing Officer to preside at the hearing. The Hearing Officer shall be an attorney at law, qualified to preside over a medical staff peer review hearing. Except as otherwise stipulated by the parties, an attorney from a law firm that regularly represents the Medical Center or the practitioner shall not be eligible to serve as a Hearing Officer.

3.15.1.6.1 Unless the parties agree, the parties shall be afforded a reasonable opportunity to participate in the selection of the Hearing Officer, as follows: (a) the practitioner shall be provided a list of at least three (3) but no more than five (5) potential Hearing Officers, meeting the criteria in this Article 3.15.1.6 the practitioner shall have five (5) working days to accept any of the listed potential Hearing Officers, (b) or to propose at least three (3) but no more than five (5) other names of potential Hearing Officers who meet the criteria in this Article 3.15.1.6 if the parties are not able to reach agreement on the selection of a Hearing Officer within five (5) working days of receipt of the practitioner's proposed list, the President of the Medical Staff in conjunction with the Office of Legal Affairs shall select an individual from the composite list.

3.15.1.6.2 Unless the Hearing Officer is selected by stipulation of the parties, he/she shall be subject to reasonable voir dire, as described at Article 3.15.1.7.

3.15.1.6.3 The Hearing Officer shall not act as a prosecuting officer or as an advocate for the Medical Staff, Medical Center or the Chancellor and shall gain no direct financial benefit from the outcome. He/she may participate in the deliberations of such body, but shall not be entitled to vote. The Hearing Officer shall act to assure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and to insure that decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure, or admissibility of evidence.

3.15.1.6.4 If the Hearing Officer determines that either party in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary actions as seem warranted by the circumstances. This shall include, with the concurrence of the Hearing Committee and after reasonable notice and opportunity to cure, termination of the hearing in extraordinary circumstances of the practitioner's egregious noncompliance with the provisions of these Bylaws with respect to the conduct of the hearing and/or failure to proceed in an expeditious manner in light of the circumstances.

3.15.1.6.5 A termination of the hearing in this manner shall be deemed an adverse decision made by the Hearing Committee. The Hearing Committee will recommend termination of the hearing to the EMB for EMB's approval. The EMB decision may be appealed pursuant to Article 3.15.4 below.

3.15.1.7 Voir Dire: Except as provided above in Article 3.15.1.6.2, the affected Member or initial applicant shall have the right to a reasonable opportunity to voir dire the Hearing Committee and any Hearing Officer, and the right to challenge the impartiality of any committee member or

Hearing Officer. Challenges to the impartiality of any committee member shall be ruled on by the Hearing Officer. Challenges to the impartiality of the Hearing Officer shall be ruled on by the President of the Medical Staff in consultation with the Office of Legal Affairs.

3.15.2 Prehearing Matters

3.15.2.1 Pre-Hearing Conduct: The parties shall cooperate as reasonably necessary to facilitate each party's preparation and timely commencement of the hearing. This shall include, but is not limited to, timely exchange of prehearing documents, timely disclosure of requested witness lists, and timely raising and resolving such matters as can reasonably be resolved prior to actual commencement of the hearing, as further described below.

3.15.2.2 Access to and Exchange of Documents: The practitioner shall have a right to inspect and copy, at his/her expense, any documentary information relevant to the charges which the EMB has in its possession or under its control, as soon as practicable after the receipt of the practitioner's request for a hearing. Similarly, the EMB shall have the right to inspect and copy, at its expense, any documentary information relevant to the charges which the practitioner has in his or her possession or control as soon as practicable after receipt of the EMB's request. Additionally, both parties shall exchange all documents that they intend to offer into evidence at the hearing at least ten (10) working days prior to the commencement of the hearing. If a party fails to provide documents, the Hearing Officer in his/her discretion may for good cause grant a continuance or preclude the admission of documents that have not been produced. The right to inspect and copy by either party does not extend to information about individually identifiable licentiates other than the affected Member or initial applicant under review. The Hearing Officer shall consider and rule upon any request for access to information, and may impose any safeguards that the protection of the peer review process and justice requires.

3.15.2.3 Witnesses: Each party shall have the right to present witnesses. Each party is responsible for producing its own witnesses that it has identified. If either party by notice to the other requests a list of witnesses, the recipient, within the sooner of fifteen (15) working days from the receipt of the request or ten (10) working days prior to the hearing, shall furnish to the other a list in writing of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence at the hearing. If a party fails to provide names and addresses of witnesses, the Hearing Officer in his/her discretion may for good cause grant a continuance or preclude the testimony of witnesses whose names have not been disclosed. In any event, each party shall furnish to the other a written list of the names and addresses of the individuals.

3.15.2.4 Effect of Noncooperation: As noted above, the failure to disclose the identity of a witness or to produce copies of all documents expected to be

introduced at the hearing at least ten (10) working days prior to the commencement of the hearing shall constitute good cause for a continuance. No documentary evidence or witnesses shall be admitted or allowed to testify at the hearing unless the documents or names of witnesses were exchanged prior to the hearing as set forth herein; provided, that the Hearing Officer, in his/her discretion, may allow said evidence or testimony if it could not have been reasonably discovered and made available to the other party prior to the hearing. The parties shall notify each other as soon as they become aware of the relevance or participation of such additional documents or witnesses. The Hearing Officer may confer with both sides to encourage an advance mutual exchange of documents which are relevant to the issues to be presented at the hearing. Repeated acts of noncooperation are also subject to the provisions of Article 3.15.3.1.

3.15.2.5 Timely Notification of Issues: It shall be the duty of the Member or the applicant and the President of the Medical Staff, or his/her designee, to exercise reasonable diligence in notifying the Hearing Officer (or if the Hearing Officer has not yet been appointed, the Chair of the Hearing Committee) of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that the Hearing Officer may make pre-hearing decisions concerning such matters. Reconsideration of any pre-hearing decisions may be made at the hearing.

3.15.2.6 Postponements and Extensions: Postponements and extensions of time beyond the times expressly permitted in these Bylaws in connection with the hearing process may be requested by any party and may be permitted by the Hearing Officer, the Hearing Committee or its Chair, acting upon its behalf.

3.15.3 Hearing Procedure

3.15.3.1 Failure to Schedule or Appear: If a person requesting the hearing fails to reasonably cooperate in establishing either the initial date for commencement of the hearing date or subsequent dates for continuance of a hearing once underway, or fails to appear and proceed at such a hearing, this will constitute that person's voluntary acceptance of the recommendations or actions involved, and these recommendations or actions will become final and effective immediately. Except as otherwise agreed by the parties, failure to appear and proceed shall be presumed if the person requesting the hearing is unwilling to agree to any proffered commencement dates within sixty (60) days of the initial request for hearing, or any continuation dates within a thirty (30) day period from the most recent day of hearing (i.e., unless agreed by the parties, the hearing must commence within sixty (60) days, and additional hearing dates must be conducted within thirty (30) days) unless the Hearing Committee members are not available to convene within this time frame.

3.15.3.2 Representation: The person requesting the hearings may be represented, at his/her expense, by a member of the Medical Staff or legal counsel of his/her choice, as next described; however, the person requesting the hearing must notify the President of the Medical Staff, in writing, of his/her intention to be so represented no later than ten (10) days after submission of the request for a hearing. If the affected member or applicant is represented by an attorney, the EMB may be represented by an attorney from the Office of the General Counsel, but the EMB may not be represented by an attorney if the affected Member or applicant is not. When attorneys are not allowed, both parties may be represented at the hearing by a member of the Medical Staff who is not also an attorney. Postponements and extensions of time beyond those expressly stated herein shall be granted on agreement of the parties, or by the Hearing Officer, on a showing of good cause. The Hearing Officer shall determine the role of attorneys or other representatives, and may eject any attorney or representative whose activities at the hearing, in his or her judgment, disrupt the proceedings.

3.15.3.3 Record of Hearing: The Hearing Officer shall maintain a record of the hearing by one of the following methods: a tape-recording or a shorthand reporter present to make a record of the hearing. The cost of shorthand reporting shall be borne by the party requesting same or can be shared if both parties agree. Except as otherwise provided in these Bylaws or authorized by the President of the Medical Staff or the Executive Medical Board, access to the records of the Hearing Committee shall be limited to the President of the Medical Staff, EMB, the Credentials Committee or the committee assigned to conduct the investigation. The records shall be maintained by the Medical Staff Services Department. The affected member or applicant may have a copy of the hearing record upon payment of reasonable charges associated with preparation of the copy. Except as next provided, the affected member or applicant shall maintain the confidentiality of the

hearing record and the protections of California Evidence Code Section 1157 are not waived. The affected member or applicant may introduce the hearing record into a judicial proceeding challenging the final action taken or any procedural rulings that may be made by the Hearing Officer; provided, however, that UCSF may request a protective order as deemed necessary to protect the interests of peer review.

3.15.3.4 Rights of Both Sides: At a hearing, both parties shall have the following rights: to be present; to call and examine witnesses; to introduce exhibits; to cross-examine any witness on any matter relevant to the issues; to impeach any witness; to be provided with all information made available to the Hearing Committee; and to rebut any evidence. If the affected member or applicant does not testify on his/her own behalf, he/she may be called to testify. Both parties to the proceedings shall have a right to submit closing arguments and/or a written statement at the close of the hearing. The hearing shall be confidential and closed to the public.

3.15.3.5 Admissibility of Evidence: Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses and presentation of evidence do not apply to a hearing conducted under this Article. Any relevant evidence shall be admitted by the Hearing Officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. EMB may object to the introduction of evidence that was not produced by the Petitioner during the appointment, reappointment, privilege delineation or corrective action process. The Hearing Officer shall bar such evidence unless the Petitioner reasonably demonstrates that he or she previously acted diligently and could not have previously produced it. The Hearing Committee may examine the witnesses or call additional witnesses if it deems it appropriate. When ruling upon requests for access to information and the relevancy thereof, the Hearing Officer shall consider the following:

3.15.3.5.1 Whether the information sought may be introduced to defend or support the charges.

3.15.3.5.2 The exculpatory or inculpatory nature of the information sought, if any.

3.15.3.5.3 The burden imposed on the party in possession of the information sought, if access is granted.

3.15.3.5.4 Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

3.15.3.6 Official Notice: The Hearing Officer shall have the discretion to take official notice of any matters relating to the issues under consideration which could have been judicially noticed by the courts of this state. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. Either party may request that a matter be officially noticed or refute the

noticed matters by evidence or by written or oral presentation of authority. Reasonable or additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

3.15.3.7 Continuances: Continuances may be granted by the Hearing Officer upon agreement of the parties or upon a showing of good cause.

3.15.3.8 A majority of the Hearing Committee must be present throughout the hearing and deliberations. In unusual circumstances when a Hearing Committee member must be absent from any part of the proceedings, he or she shall not be permitted to participate in the deliberations or the decision until he or she has read the entire transcript or has listened to the taped recording of the portion of the hearing from which he or she was absent.

3.15.3.9 Basis of Decision: The decision of the Hearing Committee shall be based only on the evidence admitted at the hearing. Hearsay alone shall not be used as a basis for a finding of material fact.

3.15.3.10 Burden of Proof: Initial applicants shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence of their qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubt concerning their current qualifications for staff privileges, membership, or employment. Initial applicants shall be responsible for going forward with their evidence first.

Except as provided above for initial applicants, EMB shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence that the action or recommendation is reasonable and warranted and said body shall be responsible for going forward with the evidence first.

3.15.3.11 Adjournment and Conclusions: Subject to the provisions of Article 3.15.2.6, the Hearing Officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence or the receipt of closing written arguments, if requested, the hearing shall be closed. The Hearing Committee and Hearing Officer shall conduct any deliberations outside the presence of the parties.

3.15.3.12 Decision of the Hearing Committee: Within thirty (30) working days after the final adjournment of the hearing, the Hearing Committee shall render a final written decision which shall contain a concise statement of the reasons justifying the decision made. The decision shall include findings of fact and conclusions articulating the connection between the evidence produced at the hearing and the decision. The decision shall be delivered to the Credentials Committee, the Executive Medical Board, the Medical Staff Office, the Chief Executive Officer of the Medical Center, and the Chancellor. At the same time, a copy of the decision shall be delivered to the applicant or member who requested the hearing

either in person or by registered or certified mail, return receipt requested.

3.15.3.13 Appeal: The decision of the Hearing Committee shall be final, subject only to the right of appeal as outlined in Article 3.15.4.

3.15.4 Appeal

3.15.4.1 Time for Requesting Appeal: Within twenty (20) days after receipt of the decision of the Hearing Committee, either party may request an appellate review by an Appellate Review Committee. This request shall be delivered either in person or by certified or registered mail, return receipt requested, to the Chancellor. If such appellate review is not requested within such period, the Hearing Committee's decision shall take effect immediately, and be forwarded to the GAC for final action. The GAC shall affirm a Hearing Committee decision if it is supported by substantial evidence, following a fair procedure.

3.15.4.2 Grounds for Appeal: A written request for an appeal shall include an identification of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be:

3.15.4.2.1 Substantial non-compliance with the procedures required by these Bylaws or applicable law which has created demonstrable prejudice.

3.15.4.2.2 The decision was not supported by substantial evidence based upon the hearing record.

3.15.4.2.3 The decision is not sustainable in light of new evidence as may be permitted pursuant to Article 3.15.4.4.

3.15.4.3 Time, Place, and Notice: An appeal to the Appellate Review Committee which meets one or more of the grounds indicated above in Article 3.15.4 will be considered. The Chancellor or his/her designee will, within fifteen (15) working days after receipt of such notice of appeal, schedule and arrange for an appellate review if he/she determines that valid grounds for review have been stated. The Chancellor, or his/her designee, shall cause the applicant or member to be given notice of the time, place, and date of the appellate review or that the request for appellate review is denied. The date of appellate review shall not be more than thirty (30) days from the date of receipt of the request for appellate review; provided, however, that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made. The time within which appellate review will be held may be extended by the Appellate Review Committee for good cause.

3.15.4.4 Appellate Review Committee. A committee shall hear all appeals and be comprised of the Chancellor or the Chancellor’s designee and two (2)

additional members from the Governance Advisory Council or the Medical Staff who have not been involved in any aspect of the case to be heard and who are selected by the Chancellor or his/her designee. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appellate Review Committee so long as that person did not take part in a prior investigation or hearing on the same matter. The Chancellor or his/her designee may select an attorney to assist the Appellate Review Committee in the proceeding. That attorney may function as an appeal Hearing Officer, with comparable authority to that described for the Hearing Officer per Article 3.15.1.6 and Article 3.15.3 of these Bylaws.

3.15.4.5 Appellate Review Procedure: The proceeding by the Appellate Review Committee shall be in the nature of an appellate review, based upon the record before the Hearing Committee; provided that the Appellate Review Committee may accept new oral or written evidence, subject to a foundational showing that such evidence is not cumulative and could not have been made available to the Hearing Committee in the exercise of reasonable diligence. Presentation of such evidence shall be subject to the same rights of cross-examination or confrontation provided to the Hearing Committee. The Appellate Review Committee may remand the matter to the Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel in connection with the appeal and to present a written statement in support of his/her position on appeal. The parties shall have the right to appear and to respond. The Appellate Review Committee and its attorney/appeal Hearing Officer may conduct deliberations outside the presence of the parties and their representatives.

3.15.4.6 Final Decision: Within thirty (30) days after the conclusion of the proceedings, the Appellate Review Committee shall render a final decision in writing and shall deliver copies to the parties and to the Executive Medical Board in person or by certified or registered mail, return receipt requested. The Appellate Review Committee shall give great weight to the recommended decision of the Hearing Committee; however the Appellate Review Committee may exercise its independent judgment in determining whether a practitioner was afforded a fair hearing, and the decision is reasonable and warranted. The final decision of the Appellate Review Committee shall be effective immediately.

3.16 Waiting Period after Adverse Action

3.16.1 Who Is Affected

3.16.1.1 A waiting period of twenty-four (24) months shall apply to the following applicant or member:

3.16.1.1.1 An applicant who:

3.16.1.1.1.1 Has received a final adverse decision regarding appointment; or

3.16.1.1.1.2 Withdrew his or her application or request for membership or Privileges following an adverse recommendation by the Executive Medical Board or GAC.

3.16.1.1.2 A former member who:

3.16.1.1.2.1 Has received a final adverse decision resulting in termination of Medical Staff membership and/or privileges; or

3.16.1.1.2.2 Resigned from the Medical Staff or relinquished privileges while an investigation was pending or following the Executive Medical Board or GAC issuing an adverse recommendation.

3.16.1.1.3 A member who has received a final adverse decision resulting in:

3.16.1.1.3.1 Termination or restriction of his or her privileges; or

3.16.1.1.3.2 Denial of his or her request for additional privileges.

3.16.1.2 Ordinarily the waiting period shall be twenty-four (24) months; however, for applicants or members whose adverse action included a specified period or conditions of retraining or additional experience, the Executive Medical Board may exercise its discretion to allow earlier reapplication upon completion of the specified conditions. Similarly, the Executive Medical Board may exercise its discretion, with approval of GAC, to waive the twenty-four (24) month period in other circumstances where it reasonably appears, by objective measures, that changed circumstances warrant earlier consideration of an application.

3.16.1.3 An action is considered adverse only if it is based on the type of occurrences which might give rise to corrective action. An action is not considered adverse if it is based upon reasons that do not pertain to medical or ethical conduct, such as actions based on a failure to maintain a practice in the area (which can be cured by a move), or to maintain professional liability insurance (which can be cured by obtaining the insurance).

3.16.2 Date When the Action Becomes Final

3.16.2.1 The action is considered final on the latest date on which the application or request was withdrawn, a member's resignation became effective, or upon completion of (a) all Medical Staff and Medical Center Fair hearings and appellate reviews and (b) all judicial proceedings pertinent to the action served within two (2) years after the completion of the Medical Center proceedings.

3.16.3 Effect of the Waiting Period

3.16.3.1 Except as otherwise allowed (Article 3.16.1.2), Physicians subject to waiting periods cannot reapply for Medical Staff membership or the privileges affected by the adverse action for at least twenty-four (24)

months after the action became final. After the waiting period, the physician may reapply. The application will be processed like an initial application or request, plus the physician shall document that the basis for the adverse action no longer exists, that he or she has corrected any problems that prompted the adverse action, and/or he or she has complied with any specific training or other conditions that were imposed.

4.0: ORGANIZATION

4.1 Departments

4.1.1 The Medical Staff shall be organized into the Departments detailed below. Each member of the Medical Staff must belong to at least one of the following Departments:

- Anesthesia
- Dentistry/Oral Surgery
- Dermatology
- Emergency Medicine
- Family & Community Medicine
- Laboratory Medicine
- Medicine
- Neurological Surgery
- Neurology
- Obstetrics, Gynecology and Reproductive Sciences
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology/Head and Neck Surgery
- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Radiation Oncology
- Surgery
- Urology

4.1.2 Additional Departments may be created or existing Departments may be combined or eliminated by a three-fourths (3/4) affirmative vote of the Executive Medical Board provided only that such action shall parallel similar departmentalization in the Schools of Medicine or Dentistry.

4.2 Department Chairs

4.2.1 Each Department shall have a Chair who shall be the corresponding Chair in the School of Medicine or his/her designee, except for the Chair of Dentistry/Oral Surgery Department who shall be designated by the Dean of the School of Dentistry. Each Department Chair shall be certified by an appropriate specialty board, or shall affirmatively establish comparable competence through the credentialing process.

4.2.2 Each Department Chair (or designee) shall maintain membership on the Attending Staff.

4.2.3 Department Chairs, or their designee(s), shall have the following duties and responsibilities, subject to the authority of the Executive Medical Board, the Chancellor and The Regents:

UCLA Ronald Reagan Medical Center

MEDICAL STAFF BYLAWS

2020

mental or physical examinations, as requested by the Chief of Staff, the Clinical Service Chief, or the Medical Staff Executive Committee, for the purpose of resolving issues of fitness to perform mental or physical functions associated with the practitioner's privileges or related issues of reasonable accommodation.

Failure to comply with this Section shall constitute grounds for the Chief of Staff or a Service Chief to suspend the member's clinical privileges and/or take any other appropriate action until a response is provided which is satisfactory to the requesting party. Any such suspension or action imposed thereto shall remain in effect until the member is expressly notified that it is rescinded.

ARTICLE 8 HEARINGS AND APPEAL PROCEDURES

Section 8.1 General Provisions

8.1.1 Intent

The intent of these hearing and appellate review procedures is to provide for a fair review of decisions that adversely affect Practitioners (as described below) and at the same time to protect the peer review participants from liability. It is further the intent to establish flexible procedures which do not create burdens that will discourage the Medical Staff and Governing Body from carrying out peer review. Accordingly, discretion is granted to the Medical Staff and Governing Body to create a hearing process that provides for the least burdensome level of formality in the process and yet still provides a fair review, and to interpret these Bylaws in that light. The Medical Staff, Governing Body, and their officers, committees, and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws, and claim all privileges and immunities afforded by the federal and state laws.

8.1.2 Exhaustion of Remedies

If adverse action as described in these provisions is taken or recommended, the Practitioner must exhaust the remedies afforded by these Bylaws before resorting to legal action.

8.1.3 Intra-Organizational Remedies

The hearing and appeal rights established in these Bylaws are strictly "judicial" rather than "legislative" in structure and function. The hearing bodies described in Section 8.5 have no authority to adopt or modify rules and standards or to decide questions about the merits or substantive validity of Bylaws, Rules or Policies. However, the Governing Body may, at its discretion, entertain challenges to the merits or substantive validity of Bylaws, Rules, or Policies and decide those questions. If the only issue in a case is whether a Bylaw, Rule, or Policy is lawful or meritorious, the Practitioner is not entitled to a hearing or appellate review. In such cases, the Practitioner must submit his challenges first to the Governing Body. The Governing Body shall consult with the Medical Staff Executive Committee before taking final action regarding the Bylaw, Rule, or Policy involved.

8.1.4 Definitions

Except as otherwise provided in these Bylaws, the following definitions shall apply under this Article:

(a) "Body whose decision prompted the hearing" refers to the Medical Staff Executive Committee in all cases where the Medical Staff Executive Committee or authorized Medical Staff officers, members or committees took action or rendered the decision which resulted in a hearing being requested. It refers to the Governing Body in all cases where the Governing Body or its authorized officers, directors or committees took the action or rendered the decision which resulted in a hearing being requested.

(b) "Practitioner," as used in the Article, refers to the physician who may request or has requested a hearing pursuant to this Article.

8.1.5 Substantial Compliance

Technical, insignificant, or non-prejudicial deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating the action taken or recommended by the body whose decision prompted the hearing.

Section 8.2 Grounds for Hearing

Any one of the following adverse actions or recommended actions shall be deemed grounds for a hearing:

(a) Denial or rejection of an application for Medical Staff membership or clinical privileges based on professional competence or conduct which affects or could affect adversely the health or welfare of a patient or patients;

(b) Revocation or termination of Medical Staff membership or clinical privileges based on professional competence or conduct which affects or could affect adversely the health or welfare of a patient or patients;

(c) Restriction of Medical Staff membership or clinical privileges (except for proctoring incidental to Provisional Status, new privileges, insufficient activity, or return from leave of absence) for a cumulative total of thirty (30) days or more for any consecutive 12-month period based on professional competence or conduct which affects or could affect adversely the health or welfare of a patient or patients; or

(d) Any other disciplinary action or recommendation that must be reported, by law, to the Medical Board of California.

No actions or recommendations except those described above shall entitle the Practitioner to request a hearing under this Article.

Section 8.3 Notice of Action or Recommendation

In all cases in which action has been taken or recommended as set forth in Section 8.2, the Practitioner shall be given written notice of the action or recommendation, including the following information:

(a) A description of the action or recommendation;

(b) A brief statement of the reasons for the action or recommendation;

(c) A statement that the Practitioner may request a hearing;

(d) A statement of the time limit within which a hearing may be requested;

(e) A summary of the Practitioner's rights at a hearing; and

(f) A statement as to whether the action or recommendation must be reported to the Medical Board of California and/or the National Practitioner Data Bank.

Section 8.4 Request for Hearing

(a) The Practitioner shall have thirty (30) days following receipt of the notice of action or recommendation within which to request a hearing. The request shall be in writing and addressed to the Chief of Staff, and received by Medical Staff Administration within the deadline.

(b) If the Practitioner does not request a hearing within the time and in the manner described, the Practitioner shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved. Said action shall thereupon become the final action of the Medical Staff. The action or recommendation shall be presented for consideration by the Governing Body, which shall not be bound by it. If the Governing Body ratifies the action or recommendation, it shall thereupon become the final action of the Medical Center. However, if the Governing Body, after consulting with the Chief of Staff, is inclined to take action against the Practitioner that is more adverse than the action recommended by the Medical Staff, the Practitioner shall be so notified and given an opportunity for a hearing as provided herein.

(c) If the hearing is based upon an adverse action by the Governing Body, it shall delegate an individual to fulfill the functions assigned in this Article to the Chief of Staff. The procedure may be modified as warranted under the circumstances, but the Practitioner shall have the same rights to a fair hearing.

Section 8.5 Hearing Procedure

8.5.1 Time and Place for Hearing

Upon receipt of a request for a hearing, the Chief of Staff shall schedule a hearing and, within thirty (30) days from the date he or she received the request for a hearing, give written notice to the Practitioner of the time, place, and date of the hearing. The date of commencement of the hearing shall be not less than thirty (30) days or more than ninety (90) days from the date of the notice, except as approved by the Arbitrator (or Hearing Officer) for good cause. In no event, however, will the hearing be postponed or continued more than sixty (60) days beyond the timeframe set forth in this Section 8.5.1. This notice shall also provide whether the hearing will take place before an Arbitrator or Hearing Committee.

8.5.2 Notice of Reasons/Charges

Together with the notice stating the time, place, and date of the hearing, the Chief of Staff shall state clearly and concisely in writing the reasons for the adverse action taken or recommended (if not already provided), including a description of the acts or omissions with which the Practitioner is charged and a list of the charts or cases in question, where applicable. The Notice of Reasons or Charges may be supplemented or amended at any time prior to the issuance of the Arbitrator's (or Hearing Committee, if used) decision, provided the Practitioner is afforded a fair and reasonable opportunity to respond.

8.5.3 Arbitrator

(a) When a hearing is requested, the Chief of Staff shall appoint an Arbitrator to preside at the hearing. The Arbitrator shall be an attorney at law, qualified to preside over a medical staff peer review hearing. The Arbitrator shall not be biased for or against any party and shall gain no direct financial benefit from the outcome of the proceedings. Except as otherwise stipulated by the parties, an attorney who regularly represents the Medical Center, Medical Staff, or the Practitioner shall not be eligible to serve as the Arbitrator.

(b) Unless the parties stipulate otherwise, the parties shall be afforded a reasonable opportunity to participate in the selection of the Arbitrator as follows:

(1) Within seven (7) days of providing the Notice of Time, Place, and Date of the Hearing, the Chief of Staff shall provide the Practitioner with a list of up to three (3) potential Arbitrators;
(2) Practitioner shall respond within five (5) calendar days with either an acceptance of any of the proposed Arbitrators or with a list of up to three (3) other potential Arbitrators; and
(3) If the parties are unable to reach an agreement on the selection of the Arbitrator within five (5) calendar days of receipt of the Practitioner's proposed list, the Chief of Staff shall select an individual from the composite list.

(c) The Arbitrator must not act as a prosecuting officer or as an advocate. The Arbitrator shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Arbitrator shall be entitled to determine the order of or the procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence that are raised prior to, during, or after the hearing. If the Arbitrator determines that either party in a hearing is not proceeding in an efficient and expeditious manner, the Arbitrator may take such action as he or she deems warranted by the circumstances.

(d) The Arbitrator shall have such powers and authorities as are necessary to discharge his, her, or its responsibilities, including that the Arbitrator shall have the authority to implement procedures and processes reasonable under the applicable

circumstances to ensure a fair and efficient hearing process consistent with this Article.

(e) Consistent with the intent of these hearing procedures to provide for a fair review of decisions that adversely affect Practitioners and at the same time establishing a hearing process which provides for the efficient and least burdensome level of formality in the process, the Arbitrator shall have the discretion to impose reasonable time limits or restrictions on the presentation of evidence, testimony, and/or arguments by the parties at the hearing (*e.g.*, up to six hours for a party to present their case). Any time limitations or restrictions imposed on a party shall apply equally to all parties at the hearing, absent a showing of good cause.

(f) Regardless of the use of the term "Arbitrator," the hearing proceedings set forth in this Article do not constitute formal arbitration proceedings and are not subject to any external arbitration rules (*e.g.*, American Arbitration Association rules). The hearing proceedings shall only be conducted as set forth in these Bylaws.

8.5.4 Hearing Committee

(a) Alternatively, the Chief of Staff has the sole discretion to forego a hearing before an Arbitrator and instead arrange for the hearing to be held before a Hearing Committee. Failure or refusal to exercise this discretion shall not constitute a breach of the Medical Staff's responsibility to provide a fair hearing.

(b) Should the Chief of Staff elect to appoint a Hearing Committee, the Hearing Committee shall be composed of not less than three (3) members of the Medical Staff who shall gain no direct financial benefit from the outcome and who have not acted as accusers, investigators, fact-finders or initial decision-makers, and otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the Hearing Committee. If the Chief of Staff determines, as a matter of discretion, that it is in the best interests of the hearing process to go beyond the Medical Staff of this facility for the appointment of Hearing Committee members, he or she may draw from other Medical Staffs within the UCLA Health System. The Chief of Staff shall designate the chair of the Hearing Committee.

(c) If a Hearing Committee is used, a majority of the committee members must be present throughout the hearing. If a Hearing Committee member will be unable to attend a hearing session for any reason, he or she shall not be permitted to participate in the deliberations or the decision unless and until he or she has read the entire transcript of the portion of the hearing from which he or she was absent. The Hearing Officer, described below, shall have the discretion to allow a member of the Hearing Committee to participate through appropriate video mechanisms.

(d) If a Hearing Committee is used, the Chief of Staff shall select a Hearing Officer to preside at the hearing. The Hearing Officer shall meet the same criteria and qualifications as the Arbitrator as set forth in Section 8.5.3. In addition, the Hearing Officer may participate in the deliberations of the Hearing Committee and be a legal advisor to it, but the Hearing Officer shall not be entitled to vote.

8.5.5 Voir Dire Examination

(a) The parties shall have the right to request a reasonable opportunity to conduct a *voir dire* examination of the Arbitrator, the members of the Hearing Committee, and/or the Hearing Officer, as applicable, regarding the criteria and qualifications set forth herein. Peremptory challenges (*i.e.*, challenges without stating a reason) are not permitted. This examination shall take place at least seven (7) days prior to the scheduled hearing date.

(b) The examination shall be limited as to time and scope so as to provide for the least burdensome level of formality in the process and yet still provide for a fair examination. The Arbitrator (or Hearing Officer if a Hearing Committee is used), shall establish the procedure by which the right of *voir dire* may be exercised, which may include requirements that: (i) *voir dire* questions be proposed in writing at least five (5) days in advance of the examination; (ii) limiting the examination by each party to 20 minutes, with additional time being permitted only upon a showing of good cause; and/or (iii) providing for the *voir dire* examination to be conducted by telephone conference call rather than in person.

(c) Challenges to the *voir dire* procedure or the impartiality of the Arbitrator, the Hearing Committee, or the Hearing Officer, as applicable, shall be ruled on by the Arbitrator (or the Hearing Officer).

8.5.6 Representation

The Practitioner shall have the right, at his or her expense, to attorney representation at the hearing. If the Practitioner elects to have attorney representation, the Medical Staff Executive Committee may also have attorney representation. Conversely, if the Practitioner elects not to be represented by an attorney at the hearing, then the Medical Staff Executive Committee shall not be represented by an attorney at the hearing. Representation in any appeal is discussed separately in Section 8.9.7.

8.5.7 Failure to Appear or Proceed; Non-Cooperation or Disruption

Failure without good cause of the Practitioner to personally attend and proceed at a hearing in an efficient and orderly manner, or serious or persistent misconduct or failure to cooperate in the hearing process by either party, shall be grounds for termination of the hearing as determined by the Arbitrator (or, if applicable, the Hearing Committee, in consultation with the Hearing Officer). Such conduct by the Practitioner shall be deemed to constitute a waiver of any hearing rights and acceptance of the recommendation(s) or action(s) involved. Such conduct by the Medical Staff Executive Committee shall be deemed a failure to show that its action(s) or recommendation(s) are reasonable and warranted or, in the case of an initial application, a failure to present evidence in opposition to the application. The Arbitrator's (or Hearing Committee's) determination pursuant to this provision shall be presented for consideration to the Governing Body, which shall exercise its independent judgment as to the appropriateness of terminating the hearing.

Section 8.6 Discovery

8.6.1 Rights of Inspection and Copying.

The Practitioner may request to inspect and copy, at his or her expense, any documentary information relevant to the charges that the Medical Staff Executive Committee has in its possession or under its control. The Medical Staff Executive Committee may request to inspect and copy, at its expense, any documentary information relevant to the charges that the Practitioner has in his or her possession or under his or her control. Requests for discovery shall be met as soon as practicable, but shall in no event be longer than 30 days from the date the party received the request, subject to reasonable extensions by agreement of the parties. Repeated failure to provide relevant information in a timely manner may result in the termination of proceedings against that party as set forth in Section 8.5.7.

8.6.2 Limits on Discovery

The Arbitrator (or Hearing Officer) shall rule on discovery disputes that the parties cannot resolve. Discovery may be denied or safeguards may be imposed when justified to protect peer review or in the interest promoting a fair and efficient hearing process. Further, the right to inspect and copy by either party does not extend to confidential information referring to individually identifiable practitioners other than the Practitioner under review, nor does it create or imply any obligation to modify or create documents in order to satisfy a request for information. Finally, discovery should be limited to matters that are directly relevant to the charges set forth in the Notice of Charges or Reasons.

8.6.3 Ruling on Discovery Disputes

In ruling on discovery disputes, the factors that may be considered include:

(a) Whether the information sought may be introduced to support or to defend against the charges;

(b) Whether the information is “exculpatory” in that it would dispute or cast doubt upon the charges or “inculpatory” in that it would prove or help support the charges and/or recommendation;

(c) The burden imposed on the party in possession of the information sought, if access is granted; and

(d) Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

Section 8.7 Pre-Hearing

8.7.1 Pre-hearing Document Exchange

The parties shall exchange all documents that will be introduced at the hearing. The documents must be exchanged at least fifteen (15) days prior to the hearing. Each party shall be responsible for removing or redacting any confidential or protected patient information from any documents

before they are exchanged. Failure to comply with this Section shall constitute good cause for the Arbitrator (or Hearing Officer) to limit or disallow the introduction or use of any documents not timely provided to the other party.

8.7.2 Exchange of Witness Lists

Not less than fifteen (15) days prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, who are expected to give testimony or evidence on behalf of that party at the hearing. Failure to comply with this rule shall constitute good cause for the Arbitrator (or Hearing Officer) to limit or disallow the testimony of any undisclosed or untimely disclosed witnesses at the hearing. Nothing in the foregoing, however, shall preclude the testimony of additional witnesses whose possible participation was not reasonably anticipated. The parties shall notify each other as soon as they become aware of the possible participation of such additional witnesses.

8.7.3 Objections to Introduction of Evidence Previously Not Produced for the Medical Staff

The Medical Staff Executive Committee may object to the introduction of evidence that was not provided during an appointment, reappointment, or privilege application review, or during a formal investigation or corrective action process under Section 7.5, despite the requests of the peer review body for such evidence. The evidence may be excluded from the hearing by the Arbitrator (or Hearing Officer) unless the Practitioner can establish that he or she previously acted diligently and/or reasonably could not have submitted the evidence when it was requested during the application review or investigation process.

8.7.4 Expert Witnesses

Subject to the Arbitrator's (or Hearing Officer's) determination of relevance, including a consideration of the applicable burden of proof as set forth in Section 8.8.5, no expert testimony by individuals not members of the Medical Staff shall be permitted unless the following information is exchanged in written form no less than thirty (30) days before the date of the hearing:

(a) A curriculum vitae setting forth the qualifications of the expert.

(b) A complete expert witness report, which must include the following:

(1) A complete statement of all opinions the expert will express and the bases and reasons for each opinion.

(2) The facts or data considered by the expert in forming the opinions.

(3) Any exhibits that will be used to summarize or support the opinions.

(4) A representation that the expert has agreed to testify at the hearing.

8.7.5 Pre-Hearing Conference

The parties shall participate in a pre-hearing conference with the Arbitrator (or Hearing Officer) no later than seven (7) days prior to the scheduled hearing date for purposes of narrowing the issues

to be decided and streamlining the hearing process. The pre-hearing conference may be conducted telephonically, remotely, or in-person.

The parties shall be entitled to file motions or otherwise request rulings as necessary in order to give full effect to rights established by the Bylaws and to resolve any procedural or evidentiary issues that may properly be resolved prior to the hearing. Pre-hearing motions must be submitted to the Arbitrator (or Hearing Officer) and served on the opposing party at least five (5) days prior to the pre-hearing conference date, absent good cause. The Arbitrator (or Hearing Officer) shall have the authority to limit and otherwise regulate the submission of such motions or requests, as a matter of discretion, upon a determination that the process is being abused by frivolous or excessive filings or is causing delays without reasonable corresponding benefits to the hearing process.

Section 8.8 Hearing

8.8.1 Record of Hearing

A court reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the Arbitrator (or Hearing Officer). The cost of attendance of the court reporter shall be borne by the Medical Center, but the cost of preparing a transcript, if any, or of a copy of the transcript that has already been prepared, shall be borne by the party requesting it. The Arbitrator (or Hearing Officer) may, but shall not be required to, order that oral evidence shall be taken only under oath administered by a person lawfully authorized to administer such oath.

8.8.2 Attendance

Except as otherwise provided in these Bylaws and subject to reasonable restriction by the Arbitrator (or Hearing Officer), the following shall be permitted to attend the entire hearing in addition to the Arbitrator (or, if used, the Hearing Committee and Hearing Officer), the court reporter, and the parties (with attorneys, if any, subject to Section 8.5.6): the Director of Medical Staff Administration, and the Chief Medical Officer or his or her designee. Such individuals shall not be excluded from attending any portion of the hearing solely by reason of the possibility or expectation that he or she will be a witness for one of the parties.

8.8.3 Rights of the Participants

Within reasonable limitations set by the Arbitrator (or Hearing Officer), both parties may call and examine witnesses for relevant testimony; introduce relevant exhibits or other documents; cross-examine witnesses who have testified orally at the hearing on any matter relevant to the issues, and otherwise rebut evidence; receive all information made available to the Arbitrator (or Hearing Committee); and submit a written statement, as long as these rights are exercised in an efficient and expeditious manner. The Practitioner may be called by the body whose decision prompted the hearing, and examined as if under cross-examination. The Arbitrator (or Hearing Committee) may also question witnesses if he or she deems it appropriate for purposes of clarification or efficiency.

8.8.4 Rules of Evidence

Judicial rules of evidence and procedure relating to the conduct of a trial, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under these provisions.

8.8.5 Burdens of Presenting Evidence and Proof

(a) Burden of Presenting Evidence

The body whose decision prompted the hearing shall have the initial duty to present evidence that supports its recommendation or action. The Practitioner shall be obligated to present evidence in response.

(b) Burden of Proof for Corrective Actions or Recommendations

The body whose decision prompted the hearing shall bear the burden of persuading the Arbitrator (or Hearing Committee), by a preponderance of the evidence, that its action or recommendation was reasonable and warranted based upon the evidence it considered and/or could have considered at the time of its action or recommendation. The term "reasonable and warranted" means within the range of reasonable and warranted alternatives open to the body whose decision prompted the hearing at the time of the relevant decision(s), as a matter of discretion, and not necessarily the only or best action or recommendation that could be formulated in the opinion of the Arbitrator (or Hearing Committee).

(c) Burden of Proof for Denial of Membership and/or Privileges

An applicant for membership and/or privileges shall bear the burden of persuading the Arbitrator (or Hearing Committee), by a preponderance of the evidence, that he or she is sufficiently qualified to be awarded such membership and/or privileges. This burden requires the production of information that allows for adequate evaluation and resolution of reasonable doubts concerning the Practitioner's current qualifications. The applicant shall not be permitted to introduce information that was not produced upon the request of any committee or person on behalf of the Medical Staff during the application process, unless the member establishes that the information could not have been produced in the exercise of reasonable diligence. This provision shall not be construed to compel the Medical Staff to act on, or to afford a practitioner a hearing regarding, an incomplete application.

8.8.6 Adjournment and Conclusion

The Arbitrator (or Hearing Officer) may adjourn and reconvene the hearing at such times and intervals as may be reasonable and warranted, with due regard for the objective of reaching an expeditious conclusion to the hearing. Both the Medical Staff Executive Committee and the Practitioner may submit a written statement at the end of the evidentiary presentations. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed.

8.8.7 Basis for Decision

The decision of the Arbitrator (or Hearing Committee) shall be based solely on the evidence introduced at the hearing.

8.8.8 Decision of the Arbitrator or Hearing Committee

Within thirty (30) days after the close of the hearing, the Arbitrator (or Hearing Committee) shall render a written decision. A copy of the decision shall be forwarded to the Chief of Staff, the

Governing Body, and the Practitioner. The report shall contain the Arbitrator's (or Hearing Committee's) findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The decision shall include a written explanation of the procedure for appealing the decision. The decision shall be considered final, subject only to such rights of appeal or review as described in these Bylaws.

Section 8.9 Appeal

8.9.1 Time for Appeal

Within ten (10) days after receipt of a decision under Section 8.8.8, either the Practitioner or the Medical Staff Executive Committee may request an appellate review. A written request for such review shall be delivered to the Chief Medical Officer and the other party in the hearing. If a request for appellate review is not received within the time and in the manner specified, the decision of the Arbitrator (or Hearing Committee) shall thereupon become final, except if modified or reversed by the Governing Body.

8.9.2 Burden of Producing Hearing Record

It shall be the obligation of the party requesting appellate review to produce the record of the proceedings. If the record is not produced within a reasonable period, as determined by the Governing Body or its authorized representative, appellate rights shall be deemed waived and the decision of the Arbitrator (or Hearing Committee) shall thereupon become final.

8.9.3 Waiver of Appellate Rights

In the event of a waiver of appellate rights by a Practitioner, if the Governing Body is inclined to take action which is more adverse than that taken or recommended by the Medical Staff Executive Committee, the Governing Body must consult with the Medical Staff Executive Committee before taking such action. If after such consultation the Governing Body is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the contemplated action, including a reference to any factual findings in the decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Arbitrator's (or Hearing Committee's) factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Staff Executive Committee is not reasonable and warranted. The action taken by the Governing Body after following this procedure shall be the final action of the Medical Center.

8.9.4 Grounds for Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from an Arbitrator's (or Hearing Committee's) decision are limited to:

(a) Substantial non-compliance with the standards or procedures required by these Bylaws which has created demonstrable prejudice to the party; and

(b) The factual findings of the Arbitrator (or Hearing Committee) are not supported by substantial evidence based upon the hearing record or such additional evidence as may be permitted pursuant to Section 8.9.7 below.

8.9.5 Appeal Board

The Governing Body may sit as the Appeal Board, or it may delegate that function to an Appeal Board which shall be composed of not less than three (3) individuals designated by the Governing Body. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

8.9.6 Time, Place and Notice

The Appeal Board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of the notice. The time for appellate review may be extended by the Appeal Board for good cause.

8.9.7 Appeal Procedure

The proceedings by the Appeal Board shall be in the nature of an appellate review based upon the record of the proceedings before the Arbitrator (or Hearing Committee). The Appeal Board shall also have the discretion to remand the matter back to the Arbitrator (or Hearing Committee) for the taking of further evidence or for clarification or reconsideration of the Arbitrator's (or Hearing Committee's) decision. In such instances, the Arbitrator (or Hearing Committee) shall report back to the Appeal Board within such reasonable time limits as the Appeal Board imposes. Each party shall have the right to be represented by legal counsel before the Appeal Board, to present a written argument to the Appeal Board, and to personally appear and make oral argument and respond to questions in accordance with the procedure established by the Appeal Board. After the arguments have been submitted, the Appeal Board shall conduct its deliberations outside the presence of the parties and their representatives.

8.9.8 Decision

Within thirty (30) days after the final adjournment of the appeal proceeding, the Appeal Board shall render a decision in writing and shall forward copies thereof to each side involved in the hearing. Final adjournment shall be when the Appeal Board has concluded its deliberations. The Appeal Board may affirm, reverse, or modify the decision of the Arbitrator (or Hearing Committee), and its decision shall constitute the final decision of the Medical Center. Any recommendation affirmed by the Appeal Board shall become effective immediately.

Section 8.10 Right to One Hearing

No Practitioner shall be entitled to more than one (1) hearing and one (1) appellate review on any adverse action or recommendation.

Section 8.11 Exceptions to Hearing Rights

8.11.1 Exclusive Contracts

Privileges can be reduced or terminated as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract, or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract. The hearing rights described in this Article shall not apply in these situations.

8.11.2 Allied Health Professionals

Allied Health Professionals are not entitled to the hearing rights set forth in this Article except as required by law.

8.11.3 Failure to Meet the Minimum Qualifications

Practitioners shall not be entitled to any hearing or appellate review rights if their membership, privileges, applications, or requests are denied because of their failure to have a current California license to practice medicine, dentistry clinical psychology or podiatry; to maintain an unrestricted Drug Enforcement Administration certificate (when it is required under these Bylaws or the rules); to maintain professional liability insurance; or to meet any of the other basic standards or regulatory requirements or to render an application complete as specified in these Bylaws.

8.11.4 Failure to Meet Minimum Activity Requirements

Practitioners shall not be entitled to the hearing and appellate review rights if their membership or privileges are denied, restricted, or terminated or their medical staff categories are changed or not changed because of a failure to meet the minimum activity requirements set forth in the Medical Staff Bylaws. In such cases, the only review shall be provided by the Medical Staff Executive Committee through a subcommittee consisting of at least three Medical Staff Executive Committee members. The subcommittee shall give the member notice of the reasons for the intended denial or change in membership, privileges, and/or category and shall schedule an interview with the subcommittee to occur no less than 30 days and no more than 100 days after the date the notice was given. At this interview, the member may present evidence concerning the reasons for the action, and thereafter the subcommittee shall render a written decision within 45 days after the interview. A copy of the decision shall be sent to the member, the Medical Staff Executive Committee and the Governing Body. The subcommittee decision shall be final unless it is reversed or modified by the Medical Staff Executive Committee within 45 days after the decision was rendered, or the Governing Body within 90 days after the decision was rendered.

8.11.5 Denial of Termination of Temporary Privileges

No Practitioner shall be entitled to a hearing or appeal if temporary privileges are denied or terminated or otherwise restricted, unless such action or recommendation would require the filing of a report pursuant to Section 805 of the California Business & Professions Code.

Section 8.12 Joint Hearings and Appeals

8.12.1 Joint Hearings

(a) Whenever a Practitioner is entitled to a hearing under this Article because a credentialing or corrective action has been taken or recommended as a result of a Practitioner's conduct or activities that involves more than one peer review body within the UCLA Health System, including the Medical Staffs of the Ronald Reagan UCLA Medical Center, the Santa Monica-UCLA Medical Center,, the Professional Staff of the Resnick Neuropsychiatric Hospital, and/or the Academic Departments of the David Geffen School of Medicine at UCLA, a single joint hearing may be conducted in accordance with these hearing procedures, provided: (i) each participating Medical Staff has adopted the same or similar provisions; and (ii) each Chief of Staff has elected to participate in the joint hearing, as a matter of discretion.

(b) Joint hearings may be conducted whenever the actions of different peer review bodies are supported by substantially the same set of facts, even if the corrective actions or recommendations of the Medical Staffs, themselves, are different. If the corrective actions or recommendations are different, the Arbitrator (or Hearing Committee) shall apply the prescribed burden of proof to each action or recommendation for purposes of determining the results. A separate decision shall be issued by the Arbitrator (or Hearing Committee) to each participating peer review body with respect to its own actions and recommendations to the Practitioner involved.

Section 8.13 Applicability of Corrective Actions among UCLA Clinical Sites

Unless otherwise expressly stated, any final decision following the procedures in this Article 8 shall apply and be enforced across each of the Practitioner's medical staff membership(s) at all UCLA-owned hospitals, the Practitioner's clinical activities at UCLA Clinics, and the Practitioner's membership in the UCLA Medical Group, as applicable.

ARTICLE 9 CLINICAL SERVICES

Section 9.1 Organization of Clinical Services

The Medical Staff shall be organized into Clinical Services. Each Service shall be organized as a separate component of the medical staff and shall have a Chief appointed and entrusted with the authority, duties, and responsibilities specified in Section 9.4.2. When appropriate, the Medical Staff Executive Committee may recommend to the Medical Staff the creation, elimination, modification, or combination of Services or Divisions.

Section 9.2 Clinical Services

Clinical Services of the Medical Staff shall correspond to the Clinical Departments of the UCLA David Geffen School of Medicine and School of Dentistry, University of California, Los Angeles, and their organization shall be the same.

PROOF OF SERVICE

Re: *Natarajan v. Dignity Health,* California Supreme Court No. S259364

I, the undersigned, hereby declare:

I am a citizen of the United States of America over the age of eighteen years. My business address is 2831 Telegraph Avenue, Oakland, CA 94609. I am not a party to this action.

On January 14, 2021, I served this document entitled Dr. Natarajan's Fourth Motion for Judicial Notice; Memorandum of Points and Authorities; Declaration of Stephen D. Schear in Support; Proposed Order; and Exhibits 10 through 15 on the following persons/parties by electronically mailing a true and correct copy through the TrueFiling filing and service electronic mail system to the e-mail addresses, as stated below, and the transmission was reported as complete and no error was reported.

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I declare under penalty of perjury the foregoing is true and correct and that this Declaration was executed on January 14, 2021, in Oakland, California.

Stephen D. Schear

Stephen D. Schear

STATE OF CALIFORNIA
Supreme Court of California

PROOF OF SERVICE

STATE OF CALIFORNIA
Supreme Court of California

Case Name: **NATARAJAN v. DIGNITY HEALTH**
Case Number: **S259364**
Lower Court Case Number: **C085906**

1. At the time of service I was at least 18 years of age and not a party to this legal action.

2. My email address used to e-serve: **steveschear@gmail.com**

3. I served by email a copy of the following document(s) indicated below:

Title(s) of papers e-served:

Filing Type	Document Title
BRIEF	Natarajan Answer to Dignity amici briefs
MOTION	Natarajan Fourth Motion Judicial Notice

Service Recipients:

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1/14/2021

Date

/s/Stephen Schear

Signature

Schear, Stephen (83806)

Last Name, First Name (PNum)

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