

CITY OF ALAMEDA
HEALTH CARE DISTRICT
BYLAWS

Adopted November, 2003

Amended January 18, 2016

**CITY OF ALAMEDA HEALTH CARE DISTRICT
BYLAWS**

ARTICLE I

NAME & ADDRESS, AUTHORITY, PURPOSE & SCOPE

Section 1. Name & Address

- A. The name of this District shall be the "City of Alameda Health Care District."
- B. The principal office for the transaction of business of the District is 2070 Clinton Avenue, Alameda, Alameda County, California.
- C. These Bylaws shall be known as the "District Bylaws."
- D. The City of Alameda Health Care District may be referred to as "the District" in these Bylaws.

Section 2. Authority

- A. On April 9, 2002, registered voters in the City of Alameda, by greater than two-thirds vote, created the City of Alameda Health Care District. The measure was authorized for vote by both Title 5, Division 3 of the Government Code, hereinafter described as the Cortese-Knox-Hertzberg Local Government Reorganization Act, and by the Alameda County Local Agency Formation Commission in accordance with the provisions of Division 23 of the Health and Safety Code, hereinafter described as the Local Health Care District Law.
- B. The District was organized on July 1, 2002 and has operated under the authority of the Local Health Care District Law since that date.
- C. To facilitate the preservation of Alameda Hospital as a health care resource in Alameda County, the District and the Alameda Health System ("AHS") entered into a Joint Powers Agreement ("JPA") on November 26, 2013, pursuant to which they agreed, by the joint exercise of their common statutory powers, to operate health care facilities in the District and, effective May 1, 2014, to provide for the continuing operation of Alameda Hospital through the delegation to AHS of the possession and control, and the ongoing operation, management and oversight, of Alameda Hospital, which included, among other things, responsibilities for licensure, governance, operation, administration, financial management and maintenance (including, but not limited to, compliance with ongoing regulatory and seismic requirements to the extent set forth therein) of Alameda Hospital, all for the benefit of the communities that both parties serve.

D. These Bylaws are adopted in conformance with and subject to the provisions of the Local Health Care District Law. In the event of a conflict between these Bylaws and the Local Health Care District Law, the latter shall prevail.

Section 3. Mission & Scope

A. The City of Alameda Healthcare District's Mission is:

- Oversee the maintenance and operation of, a District-owned hospital and other District-owned health care facilities.
- Collect, disburse, review and educate the community on the use of parcel taxes collected under the authority of the District.
- To be a leader for the health and well-being of the residents of and visitors to the District.
- And, to do any and all other acts and things necessary to carry out the provisions of the Health Care District Bylaws and the Local Health Care District Law.

B. Title to Property. The title to all property of the District shall be vested in the District, and the signature of the President authorized at any meeting of the Board of Directors shall constitute the proper authority for the acquisition or sale of property, or for the investment or other disposal of funds which are subject to the control of the District.

ARTICLE II

BOARD OF DIRECTORS

Section 1. Eligibility, Number of Directors

The Board of Directors shall have five (5) members each of whom shall reside in the District and shall be registered to vote in the District.

Section 2. Election

A. An election shall be held on the first Tuesday after the first Monday in November in each even-numbered year except during the first year of the District's organization.

B. The election of the Board of Directors shall be conducted as provided in the Local Health Care District Law, the Uniform District Election Law and the Elections Code, as applicable.

Section 3. Powers

A. The Board of Directors shall have all of the powers given to it by the Local Health Care District Law.

B. These Bylaws shall prevail in the event of conflict with any Constitution, Bylaws, Rules or Regulations of any District controlled facility or organization.

C. The Board of Directors shall have control of and be responsible for the management of all operations and affairs of this District and its facilities according to the best interests of the public health. Notwithstanding the preceding sentence, effective May 1, 2014, pursuant to the terms of the JPA, the District turned over the license and day-to-day operations of Alameda Hospital to AHS. Nevertheless, should the District once again become the licensed operator of any health care facilities, it shall make and enforce all rules and regulations necessary for the proper administration, governance, protection and maintenance of any such health care facilities that may be under its jurisdiction.

D. The members of the Board of Directors shall not exercise the authority of the District unless they are acting in their official capacity as members of the Board of Directors during Board of Director meetings, or meetings of authorized committees of the Board of Directors.

E. The Board of Directors shall ensure that, whenever the District is the licensed operator of health care facilities, the physicians and surgeons, including osteopathic physicians, and podiatrists, and dentists, and other persons granted privileges at District facilities (the "Medical Staff") are organized into one integrated self-governing Medical Staff under the Medical Staff Bylaws approved by the Board of Directors.

F. The Board of Directors may employ any officers or employees, including legal counsel, the Board of Directors deems necessary to properly carry on the business of the District. Should the District again become the operator of a healthcare facility with an organized Medical Staff, the Board of Directors shall determine membership on the Medical Staff, as well as approve the Bylaws for the self-governance of an organized Medical Staff, as provided in Article VI of these District Bylaws. The Board of Directors will approve Medical Staff Bylaws, Rules and Regulations, Policies and Procedures, and other guidelines, which address the obligations and duties of the Medical Staff, regarding the provision, evaluation, and review of professional care within any hospital or other health care facilities operated by the District.

Section 4. Compensation

Notwithstanding their ability to pay themselves for attendance at Board meetings, as provided in Section 32103 of the California Health and Safety Code, the members of the Board of Directors shall, unless the Board resolves to do otherwise, serve without compensation; but in any event each Director shall be allowed to seek reimbursement

for actual and necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board of Directors.

Section 5. Employment Restriction

No member of the Board of Directors can be hired by the District in the capacity of an employee, an independent contractor, or otherwise, for one year after the Board member has ceased to be a member of the Board of Directors. This prohibition shall not apply to any member who, at the inception of his/her term of office, was an employee or independent contractor of the District and terminated such employment or independent contractor status upon the commencement of his/her term. In accordance with Section 53227 of the California Government Code, no member of the District Board of Directors may be an employee of the District during the Director's term of office.

Section 6. Vacancies

Any vacancy upon the Board of Directors may be filled by appointment by the remaining members of the Board of Directors, for such term and under such conditions as may be specified by law, in accordance with Government Code Section 1780.

Section 7. Meetings

A. The regular meetings of the Board of Directors of the District shall be held at such time and place as are established by the Board of Directors.

B. Special meetings of the Board of Directors may be called at any time by the President or by a majority of the Board of Directors and shall be noticed in accordance with Article 11.8.C below. The Board of Directors may not consider any business not stated in the agenda for the special meeting.

C. All of the sessions of the Board of Directors, whether regular or special, shall be conducted in accordance with the Local Health Care District Law and Title 5, Division 2, Chapter 9 of the California Government Code hereinafter referred to as the "Brown Act."

D. A quorum for conducting all matters before the Board of Directors shall be three (3) Directors.

E. No vote by the Board of Directors, whether preliminary or final, may be taken by secret ballot.

Section 8. Notice

A. The Secretary, or the Secretary's designee, shall post an agenda containing a brief, general description of each item of business to be transacted or discussed at a meeting of the Board of Directors in a visible location that is freely accessible to the public, at least 72 hours in advance of any regular meeting of the Board of Directors. The agenda will also include the time and place of the meeting.

B. To the extent that the District maintains a public website, the Secretary, or the Secretary's designee, shall endeavor to electronically post an agenda on said website prior to the date of the meeting.

C. In the event that the Board of Directors calls a special meeting, the Secretary shall post the agenda, except that the agenda shall be posted at least 24 hours in advance. In addition, the Secretary shall deliver written notice to each member of the Board, and to each local newspaper of general circulation, at least 24 hours in advance of the time of the meeting as specified in the notice.

D. The President of the Board, in consultation with the ED of the District, shall determine the agenda, provided that any two Board members may specify that an item be on the agenda.

E. The requirements of this section shall not apply where the Board of Directors declares an emergency situation or other exception in accordance with California Government Code Sections 54954.2 or 54956.5.

ARTICLE III

OFFICERS

Section 1. Officers

A. The officers of this District shall be President, First Vice-President, Second Vice-President, Secretary, Treasurer, AHS Liaison, Community Health Liaison, Alameda Hospital Liaison, and such other officers as the Board of Directors shall determine are necessary and appropriate.

B. Any Director may hold two offices if a majority of the Board elects that Director to both of those positions. However, the President, First Vice-President, and Second Vice-President positions must be held by three different people.

C. All officer positions shall be filled by election from the membership of the Board of Directors.

D. Each officer shall be elected upon receiving a majority vote with each member of the Board of Directors having one vote. In the event that there is no majority for a single office, the candidate with the fewest votes shall be eliminated from candidacy and a runoff election with the remaining candidates shall take place. In the event that more than two candidates have an equal number of votes, the office shall be selected by random lot.

E. Officers shall be elected at such regular Board meeting as is specified by the Board.

F. Officers shall hold their office for terms of one (1) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

G. Officers will report to the full District Board on any significant developments involving District staff, community outreach involving the District, or interactions with the Alameda Health System Board or senior staff.

Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;
2. Sign and execute jointly with the Secretary where appropriate), in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;
3. Subject to any duly-adopted Policy of the Board regarding the signing of checks, exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:
 - a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or
 - b. It is appropriate or necessary for the President and Secretary to sign a check drawn on District funds.
4. Have, subject to the advice and publicly approved decisions of the Board of Directors, general responsibility for the affairs of the District.
5. Provide the District's Executive Director with general supervisory input during the year, in accordance with publicly approved decisions of the Board of Directors and/or consultation with a duly appointed District liaison. This supervision shall include attention to significant employment activities such as performance appraisals, disciplinary activities, and salary and benefits negotiations.
6. Generally discharge all other duties that shall be required of the President by the Bylaws of the District.

B. If at any time, the President is unable to act as President, the Vice Presidents, in the order hereinafter set forth, shall take the President's place and perform the President's duties; and if the Vice Presidents are also unable to act, the Board may appoint someone else to do so, in whom shall be vested, temporarily, all the functions and duties of the office of the President.

Section 3. Vice-Presidents

A. In the absence of the President or given the inability of the President to serve, the First Vice-President, or in the First Vice-President's absence, the Second Vice-President, shall perform the duties of the President.

B. Perform such reasonable duties as may be required by the members of the Board of Directors or by the President.

Section 4. Secretary

The Secretary shall have the following duties:

A. To act as Secretary of the District and the Board of Directors.

B. To be responsible for the proper keeping of the records of all actions, proceedings, and minutes of meetings of the Board of Directors.

C. To be responsible for the proper recording, and maintaining in a special book or file for such purpose, all ordinances and resolutions of the Board of Directors (other than amendments to these Bylaws) pertaining to policy or administrative matters of the District and its facilities.

D. To serve, or cause to be served, all notices required either by law or these Bylaws. In the event of the Secretary's absence, inability, refusal or neglect to do so, such notices may be served by any person so directed by the President or Board of Directors.

E. To perform such other duties as pertain to the Secretary's office and as are prescribed by the Board of Directors.

Section 5. Treasurer

A. The Board of Directors shall establish its own treasury and shall appoint a Treasurer charged with the safekeeping and disbursement of the funds in the treasury.

B. The Treasurer shall be responsible for the general oversight of the financial affairs of the District, including, but not limited to oversight of the receiving and depositing of all funds accruing to the District, coordinating and overseeing the proper levy and collection of the District's annual parcel tax, performance of all duties incident to the office of Treasurer and such other duties as may be delegated or assigned to him or her by the Board of Directors, provided, however, that the District staff shall implement, and carry out the day to day aspects of the District's financial affairs.

C. The Treasurer shall maintain active and regular contact with the District staff for the purpose of obtaining that information necessary to carry out his or her duties.

Section 6. Alameda Health System (AHS) Liaison

A. As authorized by section 3.1 of the Joint Powers Agreement entered into by Alameda Health System (AHS) and the City of Alameda Health Care District, the District may nominate one designee to serve as a voting member of the Board of directors.

B. Upon approval of the nomination by the County Board of Supervisors, the appointee will be a voting member of the AHS Board of Directors, and shall be the District's AHS Liaison., serving as the primary conduit of information between the Board of AHS and the Board of the District.

C. The AHS Liaison shall consistently attend meetings of the Boards of both AHS and the District, and keep each Board informed of decisions or other developments that are relevant to the other Board and their key staff. However, the AHS Liaison shall not disclose to either Board any information that has been discussed within closed session of one of the Boards, or information that is otherwise subject to confidentiality protection.

D. The AHS Liaison shall always act in the best interests of the District, and will notify the District Board if there is a situation known to be or likely to become a conflict between the AHS Liaison's loyalties to the District and to the AHS Board or other health-related entity.

Section 7. Community Health liaison

- The Community Health Liaison shall be a major conduit of information between the Board and its staff in matters involving community health assessment and improvement activities.

8. The Community Health Liaison will regularly meet with District staff and other community leaders or groups to accomplish the mission of the District.

Section 8. Alameda Hospital Liaison

A. The Alameda Hospital Liaison shall be a major conduit of information between the Board and its staff in matters involving the operation, programs, services and quality of care under the auspices of Alameda Hospital.

B. The Alameda Hospital Liaison will have regular dialogue with District staff and with the Alameda Hospital Chief Administrative Officer, and will keep the Board informed of decisions or other developments that are relevant to accomplishing the mission of the District.

ARTICLE IV

EXECUTIVE DIRECTOR

Section 1. Selection

The Board of Directors may select, employ and give the necessary authority to, a competent Executive Director ("Executive Director" or "ED") who shall be responsible for overseeing and directing the day-to-day management and operation of the District. In performing this task, the ED shall be held responsible for the administration of the District in all its activities and departments, subject only to such policies as may be adopted and such orders as may be issued by the Board of Directors or by any of its committees to which it has delegated power for such action. At least annually, the Board, or one or more of its duly authorized members, shall evaluate and review the performance of, and provide appropriate and timely feedback to, the ED.

Section 2. Authority and Duties

The authority and duties of the Executive Director, or if none, the President, shall be:

- A. To act as the duly authorized representative of the Board of Directors in all matters in which the Board has not formally designated some other person.
- B. To develop a plan for organizing the personnel and other operational staff of the District and to establish procedures for the internal operation of the District, each of which will be submitted to the Board of Directors for approval,
- C. To prepare an annual budget showing the expected receipts and expenditures, as required by the Board of Directors.
- D. To select, employ, supervise and discharge all employees as are necessary for carrying on the normal functions of the District and its facilities, if any. Notwithstanding the above, all employees of the District ultimately serve at the pleasure of the Board of Directors.
- E. To supervise all business affairs, such as records of financial transactions, the collection of accounts, and the purchase and issuance of supplies.
- F. To ensure that all funds are collected and expended to the District's best possible advantage while acknowledging and abiding by all legal and contractual obligations undertaken by the District.
- G. To promote a high level of cooperation with the Chief Administrative Officer of Alameda Hospital and other Alameda Health System leaders whose

responsibilities affect the delivery of health care and health-related services and the maintenance and operation of related facilities within the District.

H. To submit reports reviewing the professional services and financial activities of the District periodically to the Board of Directors or its authorized committees.

I. To prepare and submit any special reports requested by the Board of Directors or its authorized committees in accordance with their instructions.

J. To provide staff support for the Board and its committees necessary to complete their missions.

K. To attend all meetings of the Board of Directors.

L. To attend the meetings of any committee the Board of Directors determines requires the ED's regular attendance.

M. To work with Board members, as appropriate, to liaise with other public agencies and elected officials. Working with legal counsel and other information resources, to help the District stay in compliance with the Local Health Care District Law and the Ralph M. Brown Act.

N. To assist the District Board in staying informed about the changing realities of the health care financing, delivery, and quality of care assessment environment in which the District and its health facilities operate.

M. To perform any other duties that may be necessary in the best interest of the District.

ARTICLE V

COMMITTEES

Section 1. Committees Generally

A. The Board of Directors may, by resolution, establish one or more committees and delegate to such committees any aspect of the authority of the Board of Directors. Membership and chairmanship of such committees shall be appointed by the Board. The Board of Directors shall have the power to prescribe the manner in which proceedings of any committee shall be conducted. In the absence of any such prescription, such committee shall have the power to prescribe the manner in which its proceedings shall be conducted.

B. A majority of the members of a committee shall constitute a quorum of such committee and the act of a majority of members present at which a quorum is present shall be the act of the committee.

C. Unless the Board of Directors or the committee shall otherwise provide, the regular and special meetings and other actions of any Committee shall be governed by the same requirements set forth in Article II, Sections 7 and 8 applicable to meetings and actions of the Board of Directors.

D. Each committee shall keep written records of proceedings and regularly report its activities to the Board of Directors as required by the Board of Directors.

ARTICLE VI

MEDICAL STAFF

(If the District is the licensed operator of one or more Health Care Facilities)

Section 1. Organization and Bylaws

A. The Medical Staff shall organize itself and adopt bylaws (*the "Medical Staff Bylaws"*) consistent with the District Bylaws, for the purpose of discharging its obligation under applicable laws and regulations, and for the purpose of governing itself with respect to the professional services provided in the facilities of the District. The Medical Staff Bylaws shall provide for appropriate officers and clinical organization.

B. The Medical Staff Bylaws shall describe the credentialing process by which eligibility for Medical Staff membership and privileges shall be determined, including criteria for the grant of membership and privileges that are consistent with the District Bylaws.

C. The Medical Staff Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall assess the credentials and qualifications of all applicants for initial Medical Staff membership, for reappointment to the Medical Staff, and for privileges, and shall submit to the Board of Directors recommendations thereon, and shall provide for reappointment no less frequently than biennially.

D. The Medical Staff shall also adopt Rules and Regulations, consistent with the Medical Staff Bylaws, providing for the conduct of the organizational activities of the Medical Staff.

E. The Medical Staff Bylaws, and the Medical Staff Rules and Regulations, shall be subject to approval of the Board of Directors, and any proposed amendment thereto shall be effective only upon approval by the Board of Directors, which approval shall not be unreasonably withheld.

Section 2. Conflicts With Medical Staff Bylaws

The Joint Commission prohibits inconsistencies between the District Bylaws and the Medical Staff Bylaws. Inconsistencies, if any, between the District and the Medical

Staff Bylaws will be resolved in accordance with applicable procedures in the Medical Staff Bylaws.

Section 3. Nature of Medical Staff Membership

Medical Staff membership is a privilege and not a right, that shall be granted only to professionally qualified practitioners who clearly and continuously meet the standards and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 4. Qualifications for Membership

A. Only physicians and surgeons, dentists, and podiatrists who:

1. Demonstrate and document their licensure, education, training, experience, current professional competence, character, ethics, and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are qualified, and that any patients treated by them within the facilities of the District will be provided quality medical care meeting the standards of the Medical Staff and the District; and

2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to practice collegially and cooperatively with others so as to contribute to the quality of medical care, and so as not to adversely affect any District health care facility and/or District operations; and

3. Confirm that they have secured that level of professional liability coverage as may be required by the District; and

4. Establish that they are willing to participate in and effectively discharge those professional responsibilities set forth in these Bylaws and in the Medical Staff Bylaws, shall be deemed to possess basic qualifications for membership on the Medical Staff.

B. No practitioners shall be entitled to membership on the Medical Staff, or shall be granted any clinical privilege, solely by virtue of the fact that he or she is duly licensed to practice in this State or in any other state, or that he or she is a member of any professional organization, or that he or she was granted in the past, or enjoys in the present, such membership at another hospital.

C. The decision to grant Medical Staff membership and privileges represents a recognition of the individual qualifications of the concerned practitioner, and does not in any way limit the power of the Board of Directors, in accord with the discretion conferred by the Local Health Care District Law or otherwise, to enter into any agreement with one or more qualified practitioners granting specific or exclusive responsibility for the provision of certain health care services to patients.

Section 5. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors, in keeping with any pertinent standards promulgated by the Joint Commission. Final responsibility for appointment and for the grant of formal privileges, or the denial or termination thereof, shall rest with the Board of Directors.

A. No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, color, ethnic or national origin, religious affiliation, or sexual preference. No duly licensed physician or surgeon shall be excluded from Medical Staff membership based solely upon licensure by the Osteopathic Medical Board of California.

B. Any completed, written application for appointment to the Medical Staff shall be considered by the Medical Staff in accord with the procedures described in the Medical Staff Bylaws, and any related Rules and Regulations or policies, and, upon completion of consideration by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include a recommendation regarding the specific clinical privileges requested by the practitioner.

C. Subject to the provisions in the Medical Staff Bylaws and the District Bylaws regarding judicial review committee hearings and appellate reviews, upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall take action upon the application and shall cause notice of its actions to be provided to the applicant and to the Medical Staff within time frames that are consistent with the Medical Staff Bylaws. Whenever the Board of Directors does not concur in a favorable Medical Staff recommendation regarding the grant of Medical Staff membership or clinical privileges, the matter will be referred to the Joint Conference Committee, or comparable committee, for review before final action is taken by the Board of Directors.

Section 6. Medical Staff Meetings and Medical Records

A. The Bylaws of the Medical Staff shall provide for Medical Staff meetings that are held in accordance with the standards of the Joint Commission.

B. Accurate, legible, and complete medical records shall be prepared and maintained for all patients, and shall be a basis for review and analysis of the care provided within the facilities of the District.

C. For these purposes, medical records include, but are not limited to, identification data, personal and family history, history of present illness, physical examination, past medical history, present working diagnosis, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, and other matters as the Medical Staff shall determine.

Section 7. Corrective Action

A. If the Medical Executive Committee fails to investigate or take corrective action in accordance with Article VIII of the Medical Staff Bylaws, and the failure is contrary to the weight of the evidence, the Board of Directors may direct the Medical Executive Committee to initiate investigation or corrective action, but only after consultation with the Medical Executive Committee. If the Medical Executive Committee fails to take action in response to that Board of Directors direction, the Board of Directors may initiate action, but this corrective action (1) must comply with these Bylaws and with Articles VIII and IX of the Medical Staff Bylaws and (2) may only be taken after written notice of such action is provided to the Medical Executive Committee. The Board of Directors shall inform the Medical Executive Committee in writing of its action.

Section 8. Precautionary Action

A. If the President of the Medical Staff, members of the Medical Executive Committee and the Chairman of the Service Committee (or designee) in which the member holds privileges are not available to impose a precautionary restriction or suspension of a member's membership or clinical privileges, the Board of Directors (or designee) may immediately restrict or suspend a member's privileges if a failure to do so is likely to result in an imminent danger to the health of any patient, prospective patient, or other person, provided that the Board of Directors (or designee) made reasonable attempts to contact the President of the Medical Staff, members of the Medical Executive Committee and the Chairman of the Service Committee (or designee) before the restriction or suspension.

B. Such restriction or suspension is subject to ratification by the Medical Executive Committee. If the Medical Executive Committee does not ratify the restriction or suspension within two (2) working days, excluding weekends and holidays, the precautionary restriction or suspension shall terminate automatically.

Section 9. Action on Peer Review Matters

A. In all peer review matters, the Board of Directors shall give great weight to the recommendations of the Medical Staff's committees, shall act exclusively in the interest of maintaining and enhancing patient care, and in no event, shall act in an arbitrary or capricious manner.

Section 10. Medical Staff Hearings

A. When the Board of Directors conducts a judicial review committee hearing under the Medical Staff Bylaws, the term "Medical Executive Committee" in Article IX of the Medical Staff Bylaws shall be deemed to refer to the Board of Directors in all cases when the Board of Directors or its authorized officers, directors or committees took the action or rendered the decision that resulted in a hearing being requested.

Section 11. Appellate Review

A. The Board of Directors shall provide for appellate review of any qualifying decision of a Medical Staff hearing committee according to the procedures set forth, in detail below. This appellate review may be conducted by either the Board of Directors or a committee or other designate thereof, and shall be conducted consistent with the requirements of California Business and Professions Code Section 809.4, or successor provisions.

B. The appellate review process shall include the following:

1. Time For Request for Appellate Review: Within thirty (30) days after receipt of the decision of the Medical Staff hearing committee, either the concerned practitioner, or the Medical Executive Committee or the Board of Directors, if applicable, may request an appellate review. A written request for that review shall be delivered to the President of the Medical Staff, the Chief Executive Officer, and to the other party in the hearing. If a request for appellate review is not presented within that period, the parties shall be deemed to have waived any rights to appellate review. The decision of the Board of Directors following a waiver shall constitute the final action of the District.

2. Grounds For Appellate Review: A written request for appellate review shall include a specification of the grounds for review as well as a concise statement of the arguments in support of the appeal. The permissible grounds for appeal from the Medical Staff hearing shall be: (1) substantial failure to comply with procedures required by Bylaws; (2) the decision was arbitrary and capricious; (3) the evidence introduced at the Medical Staff hearing committee did not support the committee's findings; (4) the Medical Staff hearing committee's findings did not support the committee's decision; (5) the decision was inconsistent with applicable law.

3. Time, Place, and Notice: If an appellate review is to be conducted, the Board of Directors shall, within thirty (30) days after receipt of a qualifying request for appellate review, schedule the date and cause notice to be given to each party. The date for completion of the appellate review shall ordinarily not be more than sixty (60) days from the date of such receipt of that request, provided, however, that when a request for appellate review concerns a practitioner who is under a suspension or other corrective action which has already taken effect, the appellate review shall be held as soon as the arrangements may reasonably be made. The time for appellate review may be extended by the Board of Directors, or its Chair, or any designated appellate review committee or hearing officer, for good cause.

4. Appellate Review Body: The Board of Directors may sit as the appellate review body, or it may appoint an appellate review committee composed of members of the Board of Directors, or it may designate an individual to serve as an appellate officer. Knowledge of the matter involved shall not preclude a member from serving as member of the appellate review body or the appellate officer, so long as that member or person did not take part in a prior hearing on the same matter. The

appellate review body may also select an attorney at law to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

5. Appeal Procedure: The proceeding by the appellate review body shall be in the nature of an appellate review based upon the record of the hearing generated at the Medical Staff hearing, provided that the appellate review body may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Medical Staff hearing committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation provided at the Medical Staff hearing; or the appellate review body may remand the matter to the Medical Staff hearing committee for the taking of further evidence and for decision. The concerned practitioner and the Medical Executive Committee shall have the right to present a written statement in support of its position on appeal. During the appeal, each party or representative shall have the right to appear personally before the Board of Directors or the appellate review body, for the purpose of presenting oral argument, and responding to questions in accordance with procedures to be established by the Board of Directors or appellate review body. Each party shall have the right to be represented by legal counsel. The Board of Directors or the appellate review body shall determine the procedures to be observed during that meeting and may limit, or otherwise determine, the role of legal counsel. The appellate review body may then conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The appellate review body, if other than the Board of Directors, shall present to the Board of Directors its written recommendations as to whether the Board of Directors should affirm, modify, or reverse the Medical Staff hearing committee decision, or remand the matter to the Medical Staff hearing committee for further review and consideration.

6. Decision:

a. Except as otherwise provided herein, within thirty (30) days after the conclusion of any appellate meeting, the Board of Directors shall render a decision in writing, including a statement of the basis for the decision, and shall transmit copies thereof to each side involved in the appeal within time frames that are consistent with the Medical Staff Bylaws. The Board of Directors' decision shall be final.

b. The Board of Directors may affirm, modify, or reverse the decision of the Medical Staff hearing committee or remand the matter to that committee for reconsideration. If the matter is remanded to the Medical Staff hearing committee for further review and recommendation, that committee shall be requested to promptly conduct its review and issue any appropriate decision and report.

c. Right To One Hearing: No member or applicant shall be entitled to more than one evidentiary hearing and one appellate review on any matter that shall have been the subject of adverse action or recommendation.

**ARTICLE VII
RULES OF CONDUCT**

Roberts Rules of Order, Revised Edition, shall control all parliamentary issues not addressed in these Bylaws or in applicable laws of the State of California.

**ARTICLE VIII
REVIEW AND AMENDMENT OF BYLAWS**

Section 1. The Board of Directors shall review these Bylaws in their entirety at least every two (2) years to ensure that they comply with all provisions of the Local Health Care District Law, and continue to meet the needs and serve the purposes of the District.

Section 2. These Bylaws may be amended by affirmative vote of a majority of the members of the Board of Directors during any regular or special meeting of the Board of Directors, provided a full statement of such proposed amendment shall have been sent to each Board member not less than seven (7) days prior to the meeting.

Section 3. Affirmative action may be taken to amend these Bylaws by unanimous vote of the entire Board membership at any regular or special meeting of the Board of Directors which is properly noticed under the Brown Act, in which event the provision for seven (7) days' notice shall not apply.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the City of Alameda Health Care District, duly held September 23, 2002, amended on October 14, 2002, November 10, 2003, July 1, 2004, August 19, 2014, and January 18, 2016.

<p>A MEASURE A: So that the Alameda Hospital may remain open and continue to provide emergency and other health-care services, shall the Local Agency Formation Commission of Alameda County's January 10, 2002 resolution, ordering the formation of the City of Alameda Health Care District in the territory described, subject to certain terms and conditions, including adding a \$13,000,000 appropriations limit, and authorizing the District to levy an annual special tax of up to \$298 per parcel or per possessory interest, to defray operating expenses and capital needs, all as more particularly described in the resolution, be approved?</p>	YES
	NO

FULL TEXT OF MEASURE A

SPECIAL TAX FOR CITY OF ALAMEDA HEALTH CARE DISTRICT

So that the Alameda Hospital may remain open and continue to provide emergency and other healthcare services, shall the Local Agency Formation Commission of Alameda County's January 10, 2002 resolution, ordering the formation of the City of Alameda Health Care District **in** the territory described, subject to certain terms and conditions, including adding a \$13,000,000 appropriations limit, and authorizing the District to levy an annual special tax of up to \$298 per parcel or per possessory interest, to defray operating expenses and capital needs, all as more particularly described in the resolution, be approved?

The District shall establish an administrative review process in accordance with the law.

The revenues generated by the special tax will be used only for the specific purposes of repaying outstanding hospital indebtedness and defraying ongoing hospital general operating and capital improvement expenses.

The special tax will be deposited into a fund held by the Alameda County Treasurer.

The District shall cause to be filed an annual report with its Board of Directors, commencing not later than January 1, 2003, and annual thereafter, which report shall contain information regarding the amount of special tax revenue collected and expended as well as the status of projects funded with the proceeds of the special tax.

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**ALAMEDA COUNTY LOCAL AGENCY FORMATION COMMISSION
IMPARTIAL ANALYSIS FOR THE PROPOSED FORMATION OF THE
CITY OF ALAMEDA HEALTH CARE DISTRICT AND
AUTHORIZATION FOR SPECIAL TAX LEVY**

State law allows for the formation of districts to provide hospital services and funding of those services through special taxes. California law requires that the formation of any hospital district be approved by the voters of the proposed district. California law also requires that a special tax be approved by two-thirds of voters casting ballots on a proposed special tax measure.

This proposed measure, if approved, will result in the formation of The City of Alameda Health Care District (the District) and will authorize the District to impose and levy an annual special tax not to exceed \$298 per parcel or, in limited circumstances, per possessory interest (the special tax). Alameda Hospital, Inc., a non-profit corporation ("Alameda Hospital"), applied to the Alameda County Local Agency Formation Commission for the formation of the District. Alameda Hospital indicated that it is seeking to ensure continuing local access to emergency, acute care, and healthcare services to residents of the District and visitors to the area by proposing this measure. If the special tax is approved by the voters, the District would be required to use the tax proceeds to repay hospital indebtedness and to defray ongoing operating and capital improvement expenses of the District. Alameda Hospital intends to transfer the Hospital assets and liabilities to the District, including plant, property, equipment and all other tangible assets.

The Alameda County Local Agency Formation Commission approved the formation of the District on December 11, 2001 and January 10, 2002, subject to voter approval of both the formation of the District and the special tax. Thus, if this measure is not approved by two-thirds of all votes cast on the measure, the special tax will not be imposed, and the District will not be formed.

The District would be located in Alameda. The boundaries of the District would be coterminous with the City of Alameda. The land area of the District would be approximately 14,253 acres or 22.27 square miles. A five-member board of directors would govern the District. All members of the board would be directly elected by registered voters living in the District, except for the initial board of directors, which would be appointed by the Board of Supervisors according to State law. Any registered voter residing in the District would qualify to be a candidate for election to the board. The District would have all the powers provided in the Local Health Care District Law (Health & Safety Code Section 32000 *et seq.*) and would be subject to other applicable California laws.

s/LOU ANN TEXEIRA
Executive Officer
Alameda County Local
Agency Formation Commission

ARGUMENT IN FAVOR OF MEASURE A

Alameda Hospital has served our community for over 100 years. Through two world wars, the Great Depression, two major earthquakes and the closing of the Naval Air Station, Alameda Hospital has served generations of Alameda families in times of need.

Like many other hospitals around the country Alameda Hospital is facing an uncertain financial future. If Measure A does not pass, Alameda Hospital will close. Measure A does two things. First, it provides ongoing revenue to keep the hospital open. Second, it establishes a hospital district with a publicly elected board that will provide fiscal oversight to the Hospital.

Measure A is supported by a broad cross section of our community that include firefighters, police, business leaders, community leaders and seniors. All of the money raised by Measure A is tax deductible and will stay in our community to benefit Alameda citizens.

If you are in doubt about Measure A, consider the following if Alameda Hospital closes:

- Victims of heart attacks and other emergencies will need to travel to Highland Hospital or other Oakland hospitals for emergency care, adding at least 20 critical minutes of travel.
- If a bridge or the Tube is closed for any reason, Alameda residents will be without access to emergency care.
- During a crisis like an earthquake or fire there will be NO local emergency care for Alameda residents.
- Alameda Hospital's Emergency Room serves more than 16,000 people every year. If the hospital closes these patients will have to go to other severely overcrowded hospitals in the area.

No one knows when a life-threatening emergency will strike. Today an ambulance can reach Alameda Hospital's Emergency Room in 4 or 5 minutes. Measure A ensures that Alameda Hospital's Emergency Room and other medical facilities will be there when you need them.

Please vote Yes.

s/WILMA CHAN

Assembly Member, 16th Assembly District

s/DENNIS JENNINGS

Emergency Services Coordinator

s/JEPHTHA BOONE, MD

Retired Primary Care Physician

s/ROSEMARY REILLY

Director, Alameda Meals on Wheels

s/WALT JACOBS

Realtor



s providers in the area.

- (e) Formation of the proposed District shall be contingent upon voter approval, at the same election as formation, of a parcel and possessory interest tax not to exceed \$298 per parcel and possessory interest per year, it being understood that Government Code section 50077 authorizes the Commission to call a special election on the tax on behalf of the proposed District. The purpose of the tax shall be to assist the proposed District in meeting the costs of providing emergency, acute care and other healthcare services, and operating and improving property of the proposed District. The question submitted at the election with respect to formation of the proposed District shall include, with matters set forth in Government Code sections 57133(k), 57134 and 57135, a statement of this condition on formation.
 - (t) The appropriations limit for the proposed district shall be \$13,000,000.00.
 - (g) The proposed District shall utilize the regular assessment roll of the County.
 - (h) The effective date for formation of the proposed district shall be July 1, 2002.
5. The Commission proposes the imposition and levy of the 2002 Parcel Tax.
 6. The 2002 Parcel Tax shall take effect as of July 1, 2002, and shall be assessed against each taxable parcel of land and each possessory interest as described in Appendix "B" within the proposed district.
 7. As of July 1, 2002, and thereafter, as set forth in an agreement between the proposed District and the County, the 2002 Parcel Tax shall be collected by the Alameda County Tax Collector at the same time and along with the general ad valorem taxes collected by the Tax Collector. The tax shall be subject to the same penalties as general ad valorem taxes. The Tax and penalties shall bear interest at the same rate as the rate for unpaid ad valorem property taxes until paid.
 8. A special election is hereby called for Tuesday, April 9, 2002 in the territory included within the proposed district. At the election, the question of whether the order of formation and the 2002 Parcel Tax shall be approved, shall be submitted to the voters of the proposed district in the following manner:
 - (a) There shall be included on the ballot to be marked by the voters of the proposed district, in addition to any other matters required by law, ballot language in the following form:

So that the Alameda Hospital may remain open and continue to provide emergency and other healthcare services, shall the Local Agency Formation Commission of Alameda County's January 10, 2002 resolution ordering the formation of the City of Alameda Health Care District in the territory described, subject to certain terms and conditions,

including adding a \$13,000,000 appropriations limit, and authorizing the District to levy an annual special tax of up to \$298 per parcel or per possessory interest, to defray operating expenses and capital needs, all as more particularly described in the resolution, be approved?"

- (b) The ballot to be used at the election shall be both as to form and matters contained therein such as may be required by law. On the ballot, in addition to any other printed matter required by law, opposite the question(s) to be voted upon and to its right, the words "yes" and "no" shall be printed on a separate line(s) with voting squares.
 - (c) The full text of the ballot measure for the 2002 Parcel Tax shall read as set forth in Appendix "B". The Commission requests that the full text of the ballot measure be printed in the ballot pamphlet.
 - (d) The Registrar of Voters is hereby authorized, instructed, and directed to provide and furnish any and all official ballots, notices, printed matter, and all supplies, equipment and paraphernalia that may be necessary to properly and lawfully conduct the election.
 - (e) The Registrar of Voters is hereby further directed to take the necessary and appropriate actions to provide the necessary election officers, polling places, and voting precincts for the election.
 - (f) The polls for the election shall be open during the hours required by law, and the election shall be held and conducted as provided by law.
 - (g) Notice of time and place of holding the election, together with any other notices required by law, shall be given by the Registrar of Voters.
 - (h) Arguments for and against the question may be, and other analyses provided for by law shall be, submitted in accordance with the law.
 - (i) The election shall be consolidated with any other election held on the same date in territory that is the same or in part the same.
 - (j) The canvass of ballots cast at the election shall be conducted in accordance with the law.
9. If a majority of votes cast upon the question set forth in subparagraph (a) of paragraph 8 are in favor of formation of the proposed district, and only if two-thirds majority of votes cast upon the question set forth in subparagraph (b) of paragraph 8 are in favor of the 2002 Parcel Tax, the Commission shall adopt a resolution confirming the order of formation contained in this resolution.
 10. If a majority of votes cast upon the question set forth in subparagraph (a) of paragraph 8 are against formation of the proposed district, or if less than two-thirds majority of votes cast upon the question set forth in subparagraph (b) of paragraph 8 are in favor of the 2002 Parcel Tax, then in either such case the Commission shall adopt a resolution terminating the proceedings.
 11. The Executive Officer and her designees are hereby authorized and directed to execute and deliver any documents and to perform all acts necessary to place the measures set forth in paragraph 8 on the ballot, including making any revisions, corrections, or alterations to the language of the ballot measure.

...sures t1)iply with requirements of law and election officials.

- 12. The Executive Officer of the Commission is directed to transmit certified copies of this resolution to the Alameda County Registrar of Voters and the Clerk of the Alameda County Board of Supervisors.
- 13. The Executive Officer is designated as custodian of the documents and other materials that constitute the record of the proceedings upon which the Commission's decision is herein levied. These documents may be found at the Alameda County LAFCo Office, 1221 Oak Street, Room 555, Oakland, CA 94612.
- 14. Although LAFCo finds that the original petition met all statutory requirements, at the request of the applicant, LAFCo orders that the applicant shall be required to prepare a new petition containing the language of the ballot as described in this order, and shall have such petition circulated for signature to the residents of the proposed district, and shall submit signatures supporting such new petition to the County Registrar of Voters on or before March 15, 2002, and shall thereafter obtain certification from said County Registrar of Voters, attesting that applicant has received the requisite number of signatures from such new petition as would have been required to support the original petition. In the event that such requisite number of signatures are not so obtained and certified, the application shall be deemed withdrawn and said measure shall not be submitted to the voters.

THE FOREGOING RESOLUTION was introduced at a regular meeting of the Commission on the 10th day of January, 2002, City of Alameda City Hall, City Council Chambers, located at 2263 Santa Clara Avenue, Alameda, California on the motion made by Commissioner Crowle, seconded by Commissioner Butler, and duly carried.

Ayes: 7 (Commissioners Butler, Crowle, Foukes, Lockhart, Miley, Pico and Steele)

Noes: 0

Abstention: 0

Approved as to Form by:

s/Brian Washington
LAFCo Legal Counsel

CERTIFICATION:

I hereby certify that the foregoing is a correct copy of a resolution adopted by the Local Agency Formation Commission of Alameda County, California.

Attest:

s/Lou Ann Texeira, Executive Officer

RESOLUTION NO. 01-15
RESOLUTION OF LOCAL AGENCY FORMATION COMMISSION OF ALAMEDA COUNTY APPROVING THE FORMATION OF THE CITY OF ALAMEDA HEALTH CARE DISTRICT AND ESTABLISHING A SPHERE OF INFLUENCE FOR THE DISTRICT
RESOLVED, that the Alameda County Local Agency Formation Commission ("Commission") hereby certifies and finds as follows:

I. PROCEDURAL HISTORY

- 1.0 David D. O'Neill, Dennis Pagonis and John Carper M.D. filed a registered voter petition ("petition") with the Executive Officer of the Commission ("Executive Officer") on October 24, 2001, requesting formation of the City of Alameda Health Care District ("proposed district") pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 ("CKH Act"), commencing with Section 56000 of the Government Code, the Local Health Care District Law commencing with Section 32000 of the California Health and Safety Code ("Local Health Care District Law"), the District Organization Act commencing with Section S8000 of the California Government Code ("District Organization Act"), and the Local, Special, Vacancy and Consolidated Elections Law commencing with Section I0400 of the California Elections Code ("Elections Code").
- 1.1 After receiving the petition, the Executive Officer requested the Registrar of Voters to determine the number of registered voters residing within the proposed District and the number of valid signatures on the petition. Upon receipt of that information on October 30, 2001, the Executive Officer determined that the petition met the signature requirements set forth in the Local Health Care District Law for local health care district formation petitions and on November 16, 2001 issued the Certificate of Filing:
- 1.2 The Executive Officer worked with LAFCo planning staff and legal counsel to review the application and prepare a report, including recommendations, noting that LAFCo of Alameda County, as lead agency, found the application to be Categorical Exempt under the California Environmental Quality Act (CEQA).
- 1.3 The Executive Officer set formation of the proposed District for hearing and gave published notice thereof, as provided in the CKH Act.
- 1.4 The Executive Officer prepared a report analyzing and recommending approval of formation of the proposed District. The Executive Officer furnished copies of said report to all persons entitled to copies under the CKH Act.



1.5 The Commission conducted a duly noticed public hearing on formation of the proposed District on December 11, 2001 ("hearing"). At the hearing, all interested parties were given the opportunity to hear, and be heard, and all oral and written testimony and evidence presented or filed was received and considered by the Commission. After close of the hearing, the Commission considered the formation of the proposed District and sphere of influence, and approved formation of the proposed District, subject to the terms and conditions of approval specified herein.

1.6 The Commission has reviewed and considered this resolution and hereby finds that it accurately sets forth the intentions of the Commission with respect to formation of the proposed District.

II. CEQA COMPLIANCE

2.0 The Executive Officer worked with LAFCo planning staff and legal counsel to review the application and prepare a report, including recommendations, noting that LAFCo of Alameda County, as lead agency, found the application to be Categorical Exempt under the California Environmental Quality Act (CEQA), as there is no possibility of a significant effect on the environment. Therefore, the activity is not subject to CEQA. The Commission finds that the Categorical Exemption is an adequate document. Further, the Commission finds that the proposed District formation will result in no possibility of a significant effect on the environment. The Commission also finds that formation of the proposed District is exempt from the environmental document filing fee otherwise required by the Department of Fish and Game under Title 14, California Code of Regulations, section 711.4.

III. CORTESE-KNOX-HERTZBERG ACT COMPLIANCE

3.0 Formation of the proposed District is consistent with the intent of the CK-I Act, including, but not limited to, the policies set forth in Government Code section 56001, 56301 and 56377. The Commission finds that existing agencies would be unable to provide the services to be provided by the proposed District in a more efficient and accountable manner than the proposed District. The existing non-profit agency that owns and operates Alameda Hospital does not have the financial resources to maintain services at their current levels. Approval of formation of the proposed District and the associated special tax would enable a new local agency to provide needed services in an efficient and accountable manner. The Commission further finds that reorganization with other local agencies providing related services would not be feasible at this time.

3.1 The Commission finds that there is a growing population and a need for emergency, acute care and other medical services in the City of Alameda. The Commission further finds that without the formation of the proposed District, the availability of such services in the City of Alameda will decrease or disappear altogether. The Commission further finds that the formation of the proposed District is consistent with the general and specific plans and spheres of influence of the affected local agencies.

3.2 The Commission has reviewed and concurs with the business plan, the proposed District. The plan indicates that the District's initial operational financing would be from receivables from Alameda Hospital's prior operations with new revenues from current business. The business plan further indicates that in subsequent fiscal periods, the proposed District would use special tax revenues to restore eliminated services or establish new ones.

3.3 The purpose of the proposed District is to ensure local access to emergency, acute care and other medical services for residents and visitors of the proposed District. The proposed District would perform such services by acquiring and ensuring the continued operation of Alameda Hospital.

3.4 The proposed District's boundaries would be coterminous with the City of Alameda. The residents of the City of Alameda would be subject to the special tax for the proposed District. The proposed District would not affect the ambulance services currently provided to the City of Alameda.

3.5 The proposed District has 37,728 registered voters residing within its proposed boundaries. The territory within the proposed District is, therefore, inhabited territory, as defined in Government Code section 56046.

3.6 The Commission makes the following findings with respect to the establishment of the sphere of influence for the proposed District that is coterminous with the proposed boundaries of the District:

- (a) The proposed District would have no authority over land use; and its plan to provide local access to emergency, acute care and other medical services for the residents and visitors of the proposed District through the continued operation of Alameda Hospital would not be growth-inducing. Any change in land use of property owned by the proposed District would require approval and environmental review by the appropriate land use agency. No impact to agriculture or open space lands is anticipated.
- (b) The formation of the proposed District and imposition of the associated special tax would be for the purpose of ensuring continued operation of Alameda Hospital. Retention of Alameda Hospital in the City of Alameda would help ensure acceptable levels of emergency, acute care and other medical services for the residents and visitors of the proposed District.
- (c) Retention of Alameda Hospital by the proposed District would maintain public facilities and adequate delivery of public services. Closing Alameda Hospital would negatively affect the provision of service because this is the only such facility in the City of Alameda.
- (d) Formation of the District would be in response to the petition.

IV. DISTRICT ORGANIZATION ACT

4.0 The District Organization Act requires two public hearings, a preliminary hearing and a final hearing, by the supervising authority for the formation of a local health care district. Pursuant to Government Code section 56100, the Commission finds that the Commission is the "supervising authority" for the purposes of formation of the proposed District. The Commission further finds that the Commission's hearing on December 11, 2001, serves as the "preliminary hearing" under the District Organization Act for formation of the proposed District. The Commission further finds that the notice given pursuant



tc.)CKH Act for the Commission's hearing on December 11, 2001, provided sufficient notice to satisfy the requirements of the District Organization Act for the preliminary hearing on the proposed District. The Commission further finds that the "final hearing" required by the District Organization Act for formation of the proposed District will be conducted by the Commission in accordance with the notice and procedural requirements of the District Organization Act.

NOW, THEREFORE, based on the foregoing certifications and findings and the record of these proceedings, the Commission hereby determines and orders as follows:

1. The foregoing certifications and findings are true and correct, and are supported by substantial evidence in the record.
2. The Categorical Exemption in accordance with the provisions of CEQA and the State CEQA Guidelines is an adequate document. The proposed District formation will result in no possibility of a significant effect on the environment. The Executive Officer is directed to file a Notice of Exemption in accordance with CEQA. The Executive Officer is further directed to execute a fee exemption for the California Department of Fish and Game environmental document filing fee.
3. Formation of the proposed District is approved, subject to the following terms and conditions:
 - (a) The name of the proposed District shall be the City of Alameda Health Care District.
 - (b) The boundaries of the proposed District shall be as described in Exhibit A attached and are subject to correction of Final Maps and Description as may be required by the County Surveyor.
 - (c) The proposed District shall be governed by a five (5) member board of directors, each of whom shall be a registered voter residing in the proposed District and whose term shall be four years, with the exception of the first board. The first board of directors shall be appointed, upon formation of the proposed District, by the Alameda County Board of Supervisors. Upon appointment, the first board of directors shall, by lot, designate two members who shall leave office when their successors take office pursuant to Elections Code section 10554, and three members shall leave office two years thereafter. Thereafter, the board of directors shall be elected at large from throughout the proposed District.
 - (d) The proposed District shall not provide ambulance service to the territory without coordination and the consent of other ambulance services providers in the area.
 - (e) Formation of the proposed District shall be contingent upon voter approval, at the same election as formation, of a parcel and possessory interest tax not to exceed \$298 per parcel and possessory interest per year, it being understood that Government Code section 50077 authorizes the Commission to call a special election on the tax on behalf of the proposed District. The purpose of the tax shall be to assist the proposed District in meeting the costs of providing emergency, acute care and other medical

services, and operating and improving property of the , Jhosed Distric,t. The question submitted at the election with respect to formation of the proposed District shall include, with matters set forth in Government Code sections 57133(k), 57134 and 57135, a statement of this condition on formation.

- (f) The appropriations limit for the proposed District shall be \$13 million.
 - (g) The proposed District shall utilize the regular assessment roll of the County.
 - (h) The effective date for formation of the proposed District shall be July 1, 2002.
 - (i) The applicant, Alameda Hospital, and LAFCo shall enter into an agreement providing for the applicant to indemnify LAFCo against an expenses arising from any legal actions challenging the proposed formation of the hospital district.
4. The sphere of influence of the proposed District shall be coterminous with thf proposed boundaries of the District.
 5. Formation of the proposed District is assigned the following short-form designation: "Formation of the City of Alameda Health Care District."
 6. The Commission shall initiate and conduct protest proceedings for the formation of the proposed District in compliance with this resolution and tht provisions of the CKH Act, the Local Health Care District Law, and tht District Organization Act, as appropriate.
 7. The Executive Officer is hereby authorized and directed to mail certifiec copies of this resolution in the manner provided by law.
 8. The Executive Officer is designated as custodian of the documents and othe materials that constitute the record of the proceedings upon which tht Commission's decision is herein levied. These documents may be found at tht Alameda County LAFCo Office, 1221 Oak Street, Room 555, Oakland, CP 94612.

THE FOREGOING RESOLUTION was introduced at a special meeting of tht Commission on the 11th day of December, 2001, at 705 I Dublin Boulevard Dublin, California on the motion made by Commissioner Miley, seconded b: Commissioner Haggerty, and duly carried.

Ayes: Commissioners Butler, Crowle, Haggerty, Miley and Morrisson - 5

Noes: 0

Abstention: 0

Approved as to Form by:

s/Brian Washington
LAFCo Legal Counsel