MINUTES OF MEETING OF NORTH LAKE COUNTY HOSPITAL DISTRICT OF JULY 17, 2025

A meeting of the North Lake County Hospital District (NLCHD) was held on July 17, 2025 at 5:30 p.m. in the Lake County Commission Chambers, Administration Building, 315 W. Main Street, Tavares, Florida.

Mr. Trueman Hurley, Chairman, called the meeting to order.

Reverend Chris George, Administrative Pastor with Faith World in the City of Leesburg and a veteran who served in South Korea, led the Pledge of Allegiance and gave the Invocation.

ROLL CALL

Ms. Meredith Kirste, NLCHD Attorney, called the roll to ascertain the trustees present for the meeting, with the following members in attendance: Ms. Marie Aliberti, Mr. Thomas Hansing, Mr. Ricky Harper, Mr. Trueman Hurley, and Ms. Barbara Price.

APPROVAL OF MINUTES

On a motion by Ms. Aliberti, seconded by Mr. Hansing, and carried unanimously by a vote of 5-0, the NLCHD Board approved the Minutes of January 23, 2025, as presented.

PRESENTATION OF QUARTERLY AUDITS

Mr. Hurley recognized Mr. Matt White, with Crippen and Co., regarding the quarterly audits for July 1, 2024 through September 30, 2024, and from October 1, 2024 through December 31, 2024.

Mr. White indicated that his organization was the internal Certified Public Accountant (CPA) firm for the NLCHD, and that there were two other CPA firms which were involved in this organization that he would represent for at the current meeting. He said that included in the packet was the agreed upon procedure reports by Forvis Mazars, the current CPA firm which conducted the quarterly agreed upon procedures, and the quarters presented in final form. He added that the packet also included a draft of the March 31, 2025 agreed upon procedures, noting that the process of the Board was to review and approve completed agreed upon procedures for September 30, 2024 and December 31, 2024. He elaborated that if these were approved, they would release payment to the organizations, so long as it was within budget; furthermore, they were in budget for both quarters. He said that with approval at the current meeting, the NLCHD would be able to fund the organizations for the funding they expended as tested through this agreed upon procedures engagement. He added that there were no significant findings, and that the value requested by quarter on the final reports was included; additionally, he also provided a page supplement to each Board member which would show them the amount by quarter and how it compared to the approved budget for the year.

On a motion by Ms. Price, seconded by Mr. Harper and carried unanimously by a vote of 5-0, the NLCHD Board approved the quarterly report as stated for July 1, 2024 through September 30, 2024, and to release funds as included.

Mr. Hansing made a motion to approve the quarterly report as stated for October 1, 2024 through December 31, 2024 and to release funds as included.

Ms. Aliberti seconded the motion.

Ms. Price asked to confirm that these were the budgeted dollars.

Mr. White said that this was correct. He then relayed that Tab 5(c) was a draft of the quarter of January 1, 2025 through March 31, 2025, and that Mr. Farlen Halikman, with Forvis Mazars, was unable to attend but had suggested that the NLCHD could entertain a motion for approval of the draft as stated. He relayed that Mr. Halikman had assured him that the numbers would not change, and that once they received the final version of those numbers to match the draft in the Board's packet, they could release funds with the Board's approval at the current meeting; additionally, if the numbers changed, he would not move forward and would wait until the next NLCHD meeting to have them presented for approval.

Mr. Harper commented that the Board had not voted on the previous motion.

On a motion by Mr. Hansing, seconded by Ms. Aliberti, and carried unanimously by a vote of 5-0, the NLCHD Board approved the quarterly report as stated for October 1, 2024 through December 31, 2024, and to release funds as included.

On a motion by Ms. Price, seconded by Mr. Hansing, and carried unanimously by a vote of 5-0, the NLCHD Board approved to wait until the quarterly report for January 1, 2025 through March 31, 2025 was in final form.

2024 ANNUAL FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

Mr. White said that Purvis, Gray and Company was an independent CPA firm which conducted an annual financial statement audit of the Board of Trustees and the NLCHD's financial statements, and that this was conducted for the 2024 fiscal year. He elaborated that the audit was conducted and that the results were included in the packet, noting that Purvis Gray was unable to attend and had asked him to present the findings. He pointed out the Purvis Gray report in the packet, noting that it stated that they had a clean, unmodified opinion for the year ended September 30, 2024, which was the highest form of assurance. He added that at the back of the packets were letters which would state whether there were any issues with the audit, of which there were none. He requested approval of the financial statements, and relayed that the audit was completed by the end of April 2025. He added that there was a statutory requirement to file the final audited financial statements with the State in many forms, which they had addressed by the June 30, 2025 deadline.

Mr. Harper asked if the interest on page eight of the packet was interest which the NLCHD was earning, or if it was a cost.

Mr. White replied that the $115,307 was interest income.

On a motion by Mr. Hansing, seconded by Ms. Aliberti, and carried unanimously by a vote of 5-0, the NLCHD Board approved to accept the 2024 annual financial statements.

STATEMENT OF FUNDS RECEIVED AND DISBURSED

Mr. White commented that this item was a requirement to advertise with local newspapers and media outlets the statement of funds received and disbursed, noting that this was a cash basis set of income and expenses, non-accrual related, for the year of October 1, 2023 through September 30, 2024. He said that pursuant to Chapter 2012-258, Section 8(b), Florida Statutes, this was advertised in the newspaper.

FUNDING REQUEST WORKSHEET

Mr. White remarked that this item was provided as a supplemental to the packet, and that the chart would show the 2023-2024 budget, the year to date (YTD) actual numbers, and some scenarios for what a budget and associated millage would look like based on the fixed overhead costs of the organization, as well as the current total funding request from clinics and hospitals. He said that the first page was the schedule of truth in millage (TRIM) dates, and that July 1, 2025 was the date when the Lake County Property Appraiser certified the tax rolls. He commented that the next happening specific to the NLCHD was 35 days thereafter, or by August 8, 2025, noting that the NLCHD had to certify the completed form DR-420 which included the 2025-2026 proposed millage rate. He hoped that the Board would be able to come to an agreement on a proposed millage rate that they could file by August 4, 2025 on their behalf. He said that in past years if there was a stalemate or an inability to come to an agreed upon millage rate, then to preserve the Board's ability to set the rate in the future without incurring unnecessary costs, it had been filed and certified within the timelines at the maximum one mill. He said that the next set of happenings would be 20 days thereafter or by August 24, 2025, which was when the Property Appraiser mailed the TRIM notices, and that 65 to 80 days later or by September 18, 2025, the NLCHD would hold a hearing regarding the tentative budget and an update to the proposed millage. He stated that 95 days after July 1, 2025, or October 3, 2025, the NLCHD needed to advertise its intent to adopt the final millage in a final budget hearing, and that by day 97 through 100, or October 8, 2025, the NLCHD needed to hold a public hearing and adopt a final millage and final budget. He mentioned that they were currently between day one and 35, and that as the Board proposed a scenario to come up with what a millage would need to be, he would provide them with that millage should they like to make a motion to accept one.

Ms. Kirste commented that they had a preliminary budget meeting scheduled for September 11, 2025, and a final budget meeting on September 25, 2025.

Mr. White added that their current meeting dates were in compliance with this timeline.

PRESENTATIONS FROM PROVIDERS

Mr. Hurley relayed that health providers were not coming to request funding to spend; rather, they were requesting funding to reimburse them for funding they had already spent taking care of indigent individuals in the county.

UF Health Leesburg Hospital

Mr. Phil Braun, Vice President and General Counsel for University of Florida (UF) Health Central Florida, asked what one mill would fund and what the total requests were.

Mr. White replied that one mill would produce $23,182,291 in tax revenue, and that the requests from the hospitals and clinics totaled about $9.8 million.

Mr. Braun inquired about the millage to cover this.

Mr. White responded that to cover the overhead costs and the requests, including the carryforward of surplus funds from the current year, the millage would need to be 0.45 mills to cover the requests and leave minimal surplus.

Mr. Braun indicated that the items he would present were specific to UF Health Leesburg Hospital, which was inside the NLCHD and provided services to the district residents, including those who were not qualified. He showed an overview of the different lives they had touched, opining that it would not be possible to provide this quality of care without the NLCHD's help with funding. He added that by helping his hospital fund indigent care, it allowed them to treat everyone and provide quality care to the entire community. He relayed that year in and year out, there was $20 million in shortfall to provide care because between Medicare, Medicaid and self-pay, they ran at a shortfall with these items; furthermore, one did not pay or cover the costs to provide care to those payers. He said that 78.3 percent of their business was unable to pay for the costs it took to operate, and that funding sources such as the NLCHD and the ability to pull down Federal funding allowed them to keep operating. He said that there was tremendous cost to run a hospital and that the costs kept increasing, noting that people came regardless of their ability to pay and that the hospital assessed and treated those patients. He pointed out that as they came out of the coronavirus disease 2019 (COVID-19) pandemic, they had labor force and nursing costs which were not typical, and that as this had started to decrease, they saw a need to subsidize the provider costs which were essential to a hospital. He specified that this included anesthesia and radiology services, which were having to be subsidized by the hospital to numbers that they had not experienced in the past, noting that this led to some of their negative operating margins; however, they could not run a hospital without those services. He relayed that what they made allowed them to reinvest, and that when they did not have a positive operating margin, it meant that they had to find other ways to reinvest and go into savings, which they could only do for so long. He stated that for other national operating margins of hospitals, most were at a positive 4.9 percent, and he opined that many people would say that this was not a great margin for reinvesting into a hospital and making it state of the art, which would be closer to six or seven percent. He relayed that his hospital was a safety net hospital when it came to many things, and that they provided pediatric care and helped subsidize this. He added that they had a large heart program, and opined that the clinics were important and helped with preventative care, though they also needed the hospitals. He showed their funding request, and related that they had been careful not to use resources to request funding which had not been allocated. He mentioned that they did not necessarily qualify more people than what the NLCHD allocated, and that if they went beyond what was allocated, they would be at $4.5 million or more in indigent care without any issue. He opined that this was a critical time, even more so with recent

legislation which passed, noting that Medicaid was one of their shortfalls. He remarked that the State of Florida was the 47th state as far as spending for Medicaid, and that they believed that an estimated 990,000 people would be coming off the Medicaid roll, noting that they would become indigent patients seen by his hospital. He opined that they would have an increase in indigent care, and that more of their resources would need to fund this; therefore, their partnership with the NLCHD was appreciated. He said that in the past there had not been enough funding in the millage to pay for all the funding needs, though there currently was with property value increases. He recalled that what the NLCHD had done historically was to fund the clinics and LifeStream Behavioral Center, and then if the millage did not cover the hospitals, they would split it between the hospitals to come up with a final allocation. He opined that the hospitals could use it, and that they would make use of what the NLCHD saw fit to provide them. He added that the millage set at the current meeting was tentative, and that it could not be raised later; therefore, he encouraged the Board to set the millage rate at a number that was high enough to give them flexibility to go back down and not cap themselves before they heard from the public and everyone at the budget hearings.

Mr. Hurley mentioned that 990,000 people would be coming off the Medicaid roll in the State of Florida, and he asked how many of them would be qualified for indigent care. He also questioned if many of them were undocumented.

Mr. Braun did not think many of them were undocumented and that it was a fairly small number if at all, opining that the State was strict about allowing this.

Mr. Hansing relayed that he had downloaded UF Health's financials, and that all he could find was the 2023 financials. He commented that there had been $2.32 billion in revenue with $2.26 billion in expenses; therefore, their revenue exceeded their expenses by $58.1 million.

Mr. Braun clarified that this was a Form 990 and had much information which was across different hospitals. He said that the finance team could meet with Mr. Hansing to discuss this margin.

Mr. Hansing indicated that he would like to see what they did in 2024.

Mr. Braun mentioned that there was much process to file a Form 990, and that they were usually about a year behind. He relayed that the margin was directly related to the hospital's operating margin, and that many items went into the Form 990.

Mr. Hansing opined that it looked like their margins were pretty healthy.

Mr. Braun related that the UF Health Leesburg Hospital margins were what he had showed, and that they were negative.

Mr. Hurley asked if Mr. Hansing's numbers were for UF Health or UF Health Leesburg Hospital.

Mr. Hansing responded that UF Health Central Florida said that revenue was $121,000 for the entire year, and that their management team and their funding came out of the UF Health Shands Hospital, which did $2.32 billion in total revenue.

Mr. Braun opined that there was more to it than looking at the UF Health Shands Hospital revenue number, noting that it was a large university health system which did trauma and other items. He opined that comparing them to UF Health Shands Hospital was not accurate or fair to what the community hospital did and spent, along with what it cost and was paid. He opined that one could not take that revenue and say it applied to UF Health Leesburg Hospital because it also belonged to UF; furthermore, UF Health Shands Hospital revenue also went through UF. He opined that UF Health Leesburg Hospital's revenues would be a better comparison, and said that UF Health Leesburg Hospital had its own Form 990. He also clarified that UF Health Central Florida was a parent organization and did not own anything, and that it allowed the two hospitals to be under one system, though they were separate corporations.

Mr. Harper inquired about the indigent people who would be coming out of the 990,000.

Mr. Braun replied that it was a projection from the Florida Hospital Association (FHA) on the impact of the One Big Beautiful Bill, and that the total individuals in the country that would come off the Medicaid roll was around 10.9 million.

Mr. Harper asked if his financial team knew how the tariffs would affect their supply chain.

Mr. Braun responded that some telecommunications had passed on some tariff costs, and relayed his understanding that steel prices had increased.

Ms. Aliberti inquired about people affected by affordable health care subsidies being eliminated in January 2026, noting that these would be in addition to those coming off the Medicaid roll.

Mr. Braun opined that it was likely that they would not have coverage. He indicated his understanding that when patients did not have coverage, they would use the clinics to the extent they could, as well as the emergency room (ER); furthermore, the hospital was obligated to screen and treat them.

AdventHealth Waterman

Ms. Anita Young, Vice President and Chief Operating Officer (COO) for AdventHealth Waterman, said that her hospital was a 310-bed facility that also had around 18,000 admissions each year. She remarked that their ER visits were roughly 70,000 per year, and that they experienced many of the same cost increases mentioned by Mr. Braun related to radiology coverage, anesthesia coverage, etc. She indicated that they worked collaboratively across the county with UF Health, and she expressed appreciation for the tax support passed through this Board. She opined that it played a critical role in enabling them to be a medical safety net for the community, and to provide essential medical care to the indigent residents of northeast Lake County. She opined that the Board should feel proud to play an important part of extending healthcare which allowed people to regain

their health and return to productive lives, and that it was a direct expression of the community's values. She commented that at AdventHealth Waterman their mission was rooted in the belief that every individual deserved access to quality healthcare regardless of their circumstance, including access to high levels of technology and all services. She commented that over the past 12 months they had submitted claims totaling $3,055,438, and that on behalf of future qualified patients they would care for, they were requesting a comparable submission for the upcoming distribution year. She asked that the Board continue to extend this reimbursement support, ensuring that every qualified patient entrusted to their care felt whole and supported. She clarified that these were people with no private insurance, no Medicaid or Medicare, and often nowhere else to turn except clinics or ERs across the district. She thanked the Board for their continued partnership in ensuring that their community was supported at their time of healthcare need, and said that together they extended care to all in a manner that preserved their dignity and demonstrated how community came together and cared for its own.

Mr. Hansing indicated that the 2023 Form 990 that he downloaded for AdventHealth Waterman showed revenue of $427 million and expenses of $392 million; therefore, revenue exceeded expenses by around $35 million. He asked how the business was doing in 2024, opining that they were doing well in 2023.

Ms. Young said that they were a not for profit institution which meant that they still needed to make a profit to be able to reinvest any profits made back into their facilities to provide ongoing care to all of their community. She mentioned it cost $3.5 million to replace a magnetic resonance imaging (MRI) machine, and that if they wanted to add robotic technology, it could be from $3 million to $5 million. She opined that it was important for everyone that they stayed on the cutting edge of providing the best care for the right reason and for the lowest cost possible; therefore, they reinvested their funds back into their facility, and continued to upgrade and grow for new residents coming to Lake County.

Mr. Andrii Korchuk, Chief Financial Officer (CFO) for AdventHealth Waterman, commented that their capital model was such that what they were earning was what they were reinvesting in their capital. He added that every year they tried to be technologically advanced, and he pointed out that every time they had a case which was not urgent, it came to him to be approved; however, he approved 99 percent of the cases because it was the right thing to do. He said that on United States (U.S.) Highway 441 one could see the new medical office building being built, noting that this cost $26 million to build. He stated that it would not serve anyone other than this community, and that it would be there for many years. He opined that they were successful financially, and said that he worked hard to reduce expenses in productivity and supplies, which he reported to their financial committee each month to ensure that they were good stewards of their resources. He opined that if they wanted to have technology, good physicians, and to take care of the indigent population, they needed those additional dollars. He commented that when the indigent population came to their hospital, they did not differentiate whether one was indigent or a good payor mix, noting that they treated everyone the same.

Mr. Hansing opined that they were doing a good job.

Mr. Hurley recalled that they were requesting around $3,055,000, and asked how it would affect them if they received zero dollars.

Mr. Korchuk replied that it would be proportionately affecting them, and that there would be certain things that they would have to decline in terms of their capital purchases at the end of the year. He added that there would also be some capital purchases that they would have to delay to the following years.

Ms. Young clarified that they would continue to care for the patients in their community even if they received zero dollars from the NLCHD.

LifeStream Behavioral Center, Inc.

Mr. Rick Hankey, President and Chief Executive Officer (CEO) for LifeStream Behavioral Center, said that the funding they received in the past allowed them to serve the community. He commented that they had a psychiatric hospital but were different, noting that they were required by law to provide services to whoever was brought there. He added that they were a Baker Act and Marchman Act receiving facility, and that they were truly a safety net; therefore, their population was the indigent, the uninsured and the underinsured. He commented that if they did not receive funding, the individuals they served would likely end up in ERs, jails or on the street as homeless. He related that their vision was to bring hope to life, that they had been around for over 50 years, and that in the last year they served over 41,000 people in about six different counties. He said that Lake County was their hub and the largest county they served, and that in their hospital last year they served over 4,600 people. He explained that the Baker Act and Marchman Act were involuntary commitments to their hospitals, and that they had up to 72 hours to do an assessment and determine what the next step of action was; however, they were not a long term psychiatric care hospital. He elaborated that they were short term to deal with the crisis, and that they had a system of care where individuals discharged from their hospital were assigned a care manager, a case manager or outpatient services because the psychiatric hospital was the most costly and restrictive level of care. He relayed that they moved toward a team model and more of an outpatient-based model to see people where they were. He stated that approximately 47 percent of individuals had no funding, and that the others had no insurance and were on Medicaid or Medicare. He mentioned that the State of Florida was about 48th in the country with regard to per capita spending for behavioral health, and that this region was in the bottom quartile for per capita spending. He said that LifeStream had been able to take all the funding they received and that they used it to have one of the most comprehensive systems of care in the state including the following: prevention and intervention in the community; their psychiatric hospital; integrated primary care for individuals they served; housing; detox; outpatient services; medication assisted management; and psychiatric services. He recalled that they received around $1.2 million in the previous year, and that they would be staying at this level in the current year for their request, noting that they served over 450 individuals. He clarified that he could not move funding around, and that most of their funding came from Federal and State grant revenue. He relayed that they received two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), and that they were able to get people into services much quicker; furthermore, if one was to call their call center or go to their wellness center, they could provide same day services. He related that they had 46 in-patient psychiatric

beds in their adult hospital for males and females, and that they had 20 beds for children. He said that COVID-19 had a significant impact on the mental health of children and adults, and that their numbers were expanding. He added that they were having many overdoses related to the opioid crisis, and that the hospitals allowed them to put individuals into their ERs so that LifeStream could meet them there and get them into their services immediately. He stated that they currently had over 354 residential and hospital beds, noting that they also had a crisis stabilization unit for 10 beds, along with 10 beds for detox. He relayed that they also had beds to divert from State hospital or jail, and that they had a 62-bed hospital in Citrus County which was currently being built. He clarified that they were not for profit, and that for the 62-bed hospital they had to secure appropriations from legislative members. He remarked that most individuals came to them from law enforcement, and that they also received a large number of Baker Act individuals from the hospital system or primary care doctors. He indicated that their challenges included the following: labor shortages, noting that they had to increase salaries; it being an uncertain time, noting that they were receiving more individuals brought to them under the Baker Act who were concerned about possibly losing their job at the Federal level, along with geriatric individuals who had lost their job; increased homelessness; there would not be any increases from their contract for this fiscal year from their managing entity; no increase in Medicaid rates in 15 years; seen an increase in individuals who were misusing drugs; and an increase in suicide attempts and suicides in the county. He thanked the Board for their consideration, and opined that LifeStream were good stewards of funding, reiterating that that he had to ensure that all the funding they received was spent.

Mr. Hansing opined that they were putting the $7.6 million from 2023 to a good cause and getting that building done.

Mr. Hankey explained that it was about $18 million, and that they were able to raise funding from different Counties and the Florida Department of Children and Families (DCF). He added that they had another $1 million coming to them, but that the rest would have to come out of their reserves or they would have to raise funding.

Ms. Price thanked him and expressed appreciation for LifeStream, relaying that she recently had a friend who had to use their services and that their life had changed due to this intervention.

Mr. Hurley pointed out that each provider except two were requesting less funding than in the previous year, though they were saying that they were expecting an influx of expenses with the One Big Beautiful Bill; therefore, he questioned why they were not requesting more funding.

Mr. Hankey stated that LifeStream was requesting the same level as the previous year. He related that part of this was likely that it had been ingrained into his thinking that they were usually not allowed to request more funding. He opined that they did not feel that it was appropriate, and that they had learned over time how to make do and best spend their funding.

Mr. Hurley indicated that indigent care was a significant issue for him, and he expressed appreciation for the work of medical providers in the county. He said that he wanted to ensure that they continued to take care of these people, and that they were able to take care of the approximately 990,000 people who could be coming to their doors.

Community Health Centers, Inc.

Mr. Mark Dickinson, Vice President and CFO for Community Health Centers, said that his organization had been around for 53 years and had 16 sites with five in Lake County and 11 in Orange County. He mentioned that in the past year they saw 67,000 patients and had 250,000 visits between their different disciplines of medical, dental, behavioral health, psychiatry and optometry. He commented that they also ran internal pharmacies taking advantage of the Federal 340B program. He clarified that they were a federally qualified health center and had Federal guidelines that they had to follow. He stated that Federal funding was slightly less than 10 percent of their budget currently, and that in the past year he had requested $440,000; however, in the current year he had seen in their centers in north Lake County a large influx of undocumented uninsured patients. He said that they had to maintain a payor mix, and that he could not ask anyone for their documentation; rather, they had to take everyone. He added that their staff had to go back after the fact and look up those 1,100 or 1,200 individuals each quarter, and that they found that about a third were undocumented; therefore, he did not submit for reimbursement for this. He mentioned what would happen with the Medicaid program, and that people would fall off the rolls and become uninsured. He also recalled that the Affordable Care Act (ACA) subsidies would be going away or be severely reduced, opining that there would be more uninsured patients. He relayed that it was proposed in the Federal register that they would no longer be allowed to see anyone who was undocumented, and that this would affect their centers because they would have to revamp their procedures and request proof of citizenship. He also opined that if they could not see undocumented individuals, then their citizen uninsured numbers would go back up to where they were, and their numbers would climb due to the ACA and Medicaid issues. He said that they would likely come up short of the $440,000 they requested in the previous year, though he was asking for flat funding going forward because he knew it would increase. He clarified that when he had requested the $440,000, he had not realized how many undocumented uninsured patients they would encounter that they could not submit for reimbursement. He summarized that they lost resident uninsured patients at the hands of undocumented uninsured patients, and that this was an issue. He opined that they did a good job trying to relieve the hospitals of some ER burden, though he expressed concerns about the upcoming year, opining that it would shift the undocumented individuals that the nongovernmental organizations (NGOs) were sending to them, and noting that they would not be able to take them anymore; therefore, those individuals would find the ER.

Mr. Hansing asked if $440,000 would be enough funding.

Mr. Dickinson was unsure, and reiterated that he was coming up short in the current year. He said that he did not want to overbudget at the expense of other people, and that the $440,000 might be a good place to start.

Mr. Hurley asked if any of the 810 patients they saw in the previous year were undocumented.

Mr. Dickinson denied this, noting that this was for nine months and that they were strictly residents. He relayed that they had about 1,100 visits from undocumented people in nine months, and that there were around 1,500 visits from uninsured residents.

Ms. Price opined that their clinics were a great one stop, and she inquired if they saw other patients on a sliding scale.

Mr. Dickinson relayed that this would change because currently, the sliding fee scale was their public benefit. He elaborated that they received some grant funding to allow uninsured patients to access their sliding fee scale and their 340B pharmacy, which would no longer be the case. He clarified that they would not be abler to offer their sliding fee scale to anyone who was undocumented, and he was unsure if they could see them anyway because their Federal grant went to salaries and wages. He indicated that they were still waiting for guidance, and that he was trying to follow the letter of the law. He relayed that the best case scenario for undocumented individuals who would want to visit them would be that they would have to charge a full fee, and he indicated concerns for this.

Community Medical Care Center

Ms. Tamara Youngren, Ministry Director for Community Medical Care Center, said that for the past 29 years Community Medical Care Center had provided medical care to the most medically needy residents in Lake County, and that their clinic was able to provide indigent care visits due to their large number of volunteer physicians. She relayed that they currently enjoyed a volunteer partnership of 30 licensed primary and specialty healthcare professionals, and that at each clinic session they had a family practice nurse practitioner working alongside their volunteer family practice and internal medicine physicians providing quality medical care. She relayed that they provided their patients with numerous areas of specialty medical care, and that these licensed healthcare professionals and 24 volunteer office and intake personnel made their clinic a one stop medical home for patients in primary and specialty care. She mentioned that also had a state-of-the-art dental wing where volunteer dentists offered their time and expertise to ensure that dental issues did not become large medical issues. She recalled that in 1990, the community recognized the critical need for indigent medical care in their area, and that the NLCHD was formed. She remarked that this had helped thousands of residents during their time of medical need, and that the NLCHD made it possible for free clinics to reach out with services that many in the community could not receive any other way. She relayed that this critical funding provided a large part of their overall budget, and that their services would be greatly impacted without it. She commented that in the following year it was projected that clinics such as theirs would experience an increase in patients seeking care due to changes in Medicaid and the growth that the county was experiencing; additionally, the clinic had recently recruited several new specialty providers who would expand their services. She requested to allow them to continue this work by providing $178,250 in funding to meet the needs of an estimated 1,150 patient visits during the upcoming year at a rate of $155 per visit. She said it was their passion to press on in this mission by ensuring that the most basic needs of the medically underserved in the community would be met by local free

volunteer clinics and a caring, professional and personal environment providing individuals and their family with help and hope for the future.

Mr. Hansing asked why they were requesting less funding when their costs were increasing.

Ms. Youngren replied that they did not meet their quota in the current year; therefore, it was challenging for her to request more funding than in the previous year. She said that their facility was paid for and that they did not have to meet a mortgage, and that they worked primarily with volunteers, noting that they could have a narrow margin.

Mr. Hansing inquired if around $178,000 would cover them.

Ms. Youngren denied this, but clarified that they ran a dental department in which they could not bill visits to the NLCHD; additionally, they also saw patients from Sumter County who they could not bill for. She added that the numbers that the NLCHD saw were only a portion of what they were seeing.

AdventHealth Waterman Community Primary Health Clinic

Ms. Edlyn Fernandez, Manager for AdventHealth Waterman Community Primary Health Clinic, said that this was her clinic's 25th year. She relayed that they continued to serve as an efficient primary medical home to the uninsured and indigent members in their community, and that they continued to provide care in a Federally designated health professional shortage area and medically underserved area for primary care. She relayed that the data showed that their poverty rate and uninsured rate was at 9.5 percent, and that the City of Leesburg poverty rate was as high as 18 percent. She commented that they helped to reduce patients' need for ERs for medical care, and she expressed appreciation for the NLCHD's funding for reimbursement. She remarked that they avoided duplication of services by navigating patients to resources within their community, such as LifeStream Behavioral Center, specialist care, and dental. She stated that they found themselves in a food and transportation shortage, and that they helped provide social service navigation as well. She said that for the past year they provided 1,474 patient visits during their last cycle, which did not meet the mark of what they were expecting, noting that they had lost a provider and changed their electronic medical record; furthermore, they also lost the ability to do telehealth visits. She pointed out that rural areas had no transportation or bus service, and that they cared for this population as well. She related that they just hired a full-time nurse practitioner to help cover for the provider they lost and telehealth, and that they expected the number of visits to increase. She relayed that they also distributed $1.8 million in free medication through their prescription assistance program and their connection with AmeriCares direct relief. She indicated that medications were one of the highest reasons that patients went back to hospitals, noting that diabetic medication, insulin, etc. were covered for their patients through working with pharmaceutical agencies. She opined that this spoke to the NLCHD's investment in her clinic, and that the funding multiplied and cared for the community. She said that they cared for a patient population that encountered a hardship, and opined that patients were not individuals who chose not to work. She added that they also provided $91,000 in free access to labs and imaging, which was not the totality of the cost for the past fiscal year. She said that her clinic was there to care for those in their time of need, getting them back to feeling whole where they

could return to work and being productive members in the community. She requested an allocation of $310,000 for the 2025-2026 fiscal year, which was based on $155 per patient visit and an expected 2,000 eligible visits. She opined that the NLCHD's support in practical, fiscally responsible solutions for those funded by this district was crucial, especially as they experienced continued growth in the community. She opined that it directly improved health access and protected public resources in north Lake County, and that since Medicaid disenrollment in the State of Florida, there were slightly over one million patients disenrolled; however, this did not include the One Big Beautiful Bill. She specified that half of these individuals were children, which her clinic did not care for, and that she had listed a higher request, being conservative, though she did not know what was going to occur.

Mr. Hansing asked if she was confident that $310,000 was enough to cover their expected increase in costs.

Ms. Fernandez reiterated that it was conservative, and said that their providers had been helping fill medications and speak to patients for their care without being able to document it and count it because she did not currently have telehealth functionality. She said that they did not charge patients for services as they saw completely uninsured patients, and she questioned how she could provide a true number when she did not have this. She stated that from what she was seeing and the data, everyone was expecting a higher number. She opined that the Board was hearing a consortium of groups who were conservative and appreciated the funding that the Board was considering.

LifeStream Primary Care Clinic

Mr. Hankey commented that LifeStream Behavioral Center had been providing integrated primary care services for the last 15 years, and that this started due to research indicating that people with severe mental illness died 20 years before the general population due to psychotropic medication and fear of primary care. He stated that when LifeStream opened its clinic, patients had presented significant blood pressure levels and A1C levels; however, patients learned to address this and live with these items. He commented that the number of people that they were able to help diagnose with cancer and other life threatening and chronic diseases was significant, and that their clinic offered this service to severely mentally ill people so that they knew that they could visit and feel secure. He added that LifeStream was able to understand what was occurring on the behavioral health side, as well as in their primary care, and that they were not providing specialty care; rather, they referred out to their community, noting that they built a network of community specialists who could work with their population. He added that LifeStream sent their care and case managers with patients so that they felt comfortable going to an appointment. He shared the following information: 68 percent of adults with mental illness had one or more chronic physical conditions, with many going unnoticed or untreated until they felt that they could reach out and get help; more than one in five adults with mental illness had a co-occurring substance use disorder; their populations had high blood pressure; many individuals smoked; and compared to the general population, they had higher levels of heart disease, diabetes, obesity and asthma. He remarked that the return on investment for funding from the NLCHD was that 35 percent of their consumers were no longer at risk for high blood pressure, 81 percent had lowered their body mass index (BMI), 52 percent had a lower

waist circumference, 62 percent showed lower A1C levels, and 43 percent showed lower cholesterol levels. He stated that medication maintenance and education of increased medication adherence not only of their psychotropic medications, but their primary care medications, was 94 percent, which lowered psychological stress by 88 percent. He said that they also had care coordinators to work with patients to continue this healthy lifestyle when they were home, and that the reason why LifeStream had requested slightly less funding was that through the Federal grant they received for the Certified Community Behavioral Health Clinic (CCBHC), it would allow them to take some of that funding and put it toward their indigent primary care; additionally, they would also have funding for the next two years. He opined that the people they served were getting better because they kept coming back to their clinics but were not coming back to their hospitals.

Ms. Price praised him again, opining that he was doing everything that she had been advocating for over the last seven years.

St. Luke's Free Medical and Dental Clinic

Ms. Erin Burley, Director of Clinics for Catholic Charities of Central Florida, said that her organization had two clinics in Lake County including Lazarus Dental Clinic in the City of Leesburg and St. Luke's Free Medical and Dental Clinic in the City of Eustis. She indicated that their mission was to embrace those in need with hope, transforming their lives through faith, compassion and service. She thanked the Board for their previous support, and she requested $15,500 in reimbursement to assist them in continuing to serve the community's medical and dental needs. She relayed that they had been able to maintain low operating costs by recruiting volunteer doctors, nurses, dentists and hygienists, and that they employed one office manager and a part-time dental assistant. She said that St. Mary of the Lakes provided them with space on their campus for their clinic, as well as some financial assistance. She added that they applied for various other grants, and that many of their patients suffered from chronic conditions, and that without insurance and/or enough income, many of them many not know that they suffer from these illnesses, or may not receive treatment. She relayed that these conditions, if untreated, could and most likely result in a visit to the ER, which cost the hospitals money, and the patients lost time from work which affected the entire family. She said that by receiving regular medical care, these ER visits could be avoided, and they would have a healthier and more productive community. She commented that they recently formed a relationship with Empowerment for Access, an organization which supported victims of human trafficking and people who were aging out of foster care, and that her clinic would be helping meet the medical and dental needs of their clients. She provided an example of one of their patients which showed the importance of having free clinics in the community, opining that the Board's support could make a lifechanging and possibly lifesaving difference for many of their neighbors. She also relayed that the Board could tour her clinic.

Mr. Hansing asked if she was sure that $15,500 would cover their costs.

Ms. Burley replied that one of the challenges they faced was finding volunteer providers, and that she would like to be able to see more patients; however, she needed the providers to see more patients. She clarified that these were not just the visits of who they saw; rather, it was just the people she was expecting to be reimbursable. She opined that the

amount of paperwork was cumbersome for their staff, noting that many of their patients were potentially reimbursable but that they could not be submitted because they had too much difficulty getting a Medicaid denial letter.

PUBLIC COMMENT

No one wished to address the Board at this time.

TENTATIVE MILLAGE RATE

Mr. Hurley clarified that this would not be the final millage rate that the Board would establish, and opined that they needed to set it high enough that they could reduce it to where it needed to be because they could not raise it.

Mr. Hansing relayed his understanding that 0.45 mills would cover all of the costs, and that it would be reasonable.

Ms. Price agreed, reiterating that the requests had been received and that it covered all of the requests with some excess amount left over.

Mr. Hurley questioned if there was a possibility that more requests could be made or adjusted.

Ms. Kirste replied that there was a possibility that other clinics that qualified could request more funding, though they never had the clinics and hospitals request more funding after they did the presentations.

Mr. Harper asked if Ms. Kirste could research this.

Ms. Price relayed her understanding that once the funding requests had been submitted, this would be the request.

Mr. Hurley asked if it could be adjusted, or if there was a possibility that other clinics might attend.

Ms. Price indicated her understanding that Mr. Hansing had asked each person if they were sure about their request, and that all of them confirmed this at the current time. She opined that their requests had been submitted, and she advocated for the 0.45 mills.

Mr. Braun said that they submitted their funding requests, and noted that it was earlier than it ever had been. He added that the NLCHD's millage would be set at the budget hearing rather than the current meeting, and that at a budget hearing someone could attend and opine why the Board should do something different; however, he did not anticipate this. He opined that what the Board was discussing was likely a reasonable amount, and said that the millage would not be more than what the Board set at the current meeting.

Ms. Price reiterated that 0.45 mills was currently fully funding the requests, opining that they had all had to tighten their belts and that this was being generous.

Mr. Hurley opined that 0.6 mills or 0.5 mills would not hurt at the current meeting because the Board could always reduce it to 0.45 mills at the budget meeting.

Ms. Price opined that 0.45 mills was reasonable for a tentative millage and that the providers had ample time to submit their requests.

Ms. Aliberti recalled a situation when she had served on a city commission where some people wanted a rollback, noting that she had expressed concerns for this and that COVID-19 had occurred in the following year. She indicated that she looked forward, and that she had heard the providers say that this was their reimbursement for the past; however, this was their budget request looking toward the future based on their past history. She opined that providers were smart to realize the factor of 990,000 people in the State of Florida being removed from the Medicaid rolls, and she recalled that she had brought up the ACA subsidies. She opined that they were going to see a crisis in January 2026 because people who received the subsidy and had healthcare would not be able to afford it. She opined that the Board needed to think progressively because this was something that they could not ignore; therefore, her recommendation would be to wait until the next meeting.

Ms. Price commented that on a city council, a city manager would review the budget for each part of the city. She said that the providers submitted the requests, and that the Board would not be reducing their requests at the current meeting; rather, they were looking at 0.45 mills and if the Board did not reduce it at their next meeting, the providers could be fully funded for their submitted requests.

Ms. Aliberti stated that she would not see the Board reducing it.

Mr. White clarified that Florida Statutes would require that the Board set a millage by the final due date, and that the budget could ebb and flow between the current time and when they finalized it; additionally, it could change by virtue of trustee designation throughout the year. He commented that the final number relevant to the Board would be when a final millage was set, which would cap their influx of income. He relayed his understanding that the budget could be changed as needed until finalized, and thereafter through budget amendments.

Mr. Hansing asked if the millage they set at the current meeting would be on the TRIM notice.

Mr. White confirmed this and reiterated that the number could decrease, though if it increased, it would likely be the result of unnecessary costs to re-mail and file according to Florida Statutes.

Ms. Price clarified that she was not advocating for it to increase, and that she was supporting a tentative millage of 0.45 mills, which would currently fulfill every request if they did not go lower.

Mr. Harper indicated his understanding that 0.45 mills was about a $700,000 gap which could be fulfilled if other requests were received.

Mr. White clarified that there would be $260,000 remaining.

Ms. Price said that she was still advocating for 0.45 mills because this also included their operating expenses.

Mr. Hurley asked that on the chance that something needed to change between the current time and when they set their final millage rate, what would it hurt to have some cushion on it with 0.5 mills instead of 0.45 mills; furthermore, when they reached their final vote, they could decrease it to 0.45 mills, 0.43 mills, or wherever they needed to have it.

Ms. Price relayed that she had sat on this Board for seven years and that there had never been a request to increase once the tentative millage rate had been set.

Mr. Harper said that there was the One Big Beautiful Bill and the ACA subsidy issue.

Mr. Braun opined that there had never been a second request because it was usually further in, and that the tentative millage rate had always been one mill until recently; therefore, there had been room to move. He opined that the reason why no one had requested more funding was that it had been decided at the budget meeting rather than the tentative budget meeting. He added that it was publicly noticed and that more people attended budget meetings because they were closer to the end of the year, and he clarified that he was not suggesting to go to one mill. He said that they were not looking to go beyond the needs, and that he was unsure if there was harm in 0.5 mills to give some cushion, noting that the NLCHD may come into unplanned operating expenses.

Mr. Hansing inquired if they could request more funding at the next meeting.

Mr. Braun replied that it would be a public hearing and that anyone could attend and opine that hospitals needed more funding; furthermore, the hospital may have more data, though he did not anticipate a large amount. He opined that the NLCHD was being gracious in funding the amount, noting that it was just a tentative millage.

Ms. Price related that as a business owner, she set a budget yearly and tried to reduce it. She opined that the Board needed to set this as a tentative millage of 0.45 mills which would fund everything that had been requested at the current meeting.

On a motion by Ms. Price, seconded by Mr. Hansing, and carried by a roll-call vote of 3-2, the NLCHD Board approved to set a tentative millage of 0.45 mills.

Mr. Hurley and Ms. Aliberti voted no.

OTHER BUSINESS

Ms. Kirste relayed that the next meetings would be September 11, 2025 at 5:30 p.m. for the preliminary budget meeting, and September 25, 2025 at 5:30 p.m. for the final budget meeting.

Ms. Price thanked everyone for their submissions.

ADJOURNMENT

The meeting adjourned at 7:28 p.m.

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Trueman Hurley, Chairman