Financial Assistance for Northern Light Health Hospital Services Policy
(6/26/2026)

DEFINITIONS

Amount Generally Billed (AGB): The Amount Generally Billed for emergency or other Medically Necessary Care to individuals who have insurance covering such care. Northern Light Health calculates the AGB annually for each of its Member Organization hospitals. Northern Light Health may use either the look-back method or the prospective method to calculate to calculate AGB, as determined appropriate by each Member Organization Hospital.

- Under the look-back method, Northern Light Health calculates AGB by taking the total payments the applicable Member Organization hospital received from all commercial plans and Medicare during the Member Organization hospital's prior fiscal year and dividing the total by the gross hospital charges for services provided to beneficiaries under those commercial plans and Medicare during the same period.
- Under the prospective method, Northern Light Health determines AGB by estimating the amount that Medicare fee-for-service or Medicaid would allow for emergency or other medically necessary care, using the same coding and billing processes the hospital would apply if the patient were a Medicare or Medicaid beneficiary. The AGB amount under this method includes both the insurer's payment and the patient's cost-sharing obligations, such as deductibles, coinsurance, and copayments.
- A free written description of how Northern Light Health calculates the AGB, as well as the applicable AGB for a particular Northern Light Health Member Organization hospital, is available upon request or by visiting http://northernlighthealth.org/billing-help.

Application Period: The period during which Northern Light Health must accept and process a Financial Assistance Application. The Application Period begins on the date the care is provided by a Northern Light Health Member Organization hospital to an individual and ends no earlier than the 240th day after the date the first post-discharge billing statement for the care is provided.

Elective Cosmetic Surgery: CMS Medicare Hospital Manual, Section 250.11. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for improvement of functioning of malformed body member.

Emergency Care:

- An individual presents at the Emergency Department ("ED") and a request is made for examination or treatment for any medical condition; or
- The patient is treated at a department or practice that is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment (e.g., an urgent care center, off-campus Labor and Delivery suite, etc.).

Extraordinary Collection Actions (ECAs): The following actions taken against an individual, or against any other individual who has accepted or is required to accept responsibility for the

individual's Member Organization hospital bill for the care, related to obtaining payment of a bill for care covered under this Policy (FAP): (i) selling an individual's debt to another party; (ii) reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus; and (iii) actions that require a legal or judicial process (e.g., placing a lien on an individual's property, foreclosing on an individual's property, garnishing an individual's wages). ECAs **do not include** placing Member Organization hospital liens on a patient's property to obtain the proceeds of settlements, judgments, or compromises arising from a patient's suit against a third party who caused the patient's injuries.

ECAs also **do not include** a Member Organization hospitals' sale of an individual's debt to another party if, prior to the sale, the Member Organization hospital enters into a legally binding written agreement with the purchaser of the debt containing four conditions:

1. the purchaser of the debt must agree not to engage in any ECAs to obtain payment of the debt;
2. the purchaser of the debt must agree not to charge interest on the debt in excess of the rate in effect under Section 6621(a)(2) at the time the debt is sold (or such other interest rate set by notice or other guidance published in the Internal Revenue Bulletin);
3. the debt must be returnable or recallable by the Member Organization hospital upon a determination by the Member Organization hospital or the purchaser that the individual is FAP-Eligible; and
4. if the individual is determined to be FAP-Eligible (see definition below) and the debt is not returned to or recalled by the Member Organization hospital, the purchaser must adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the purchaser and the Member Organization hospital together more than the individual is personally responsible for paying as an FAP-Eligible Individual.

ECAs also **do not include** the filing of a claim in a bankruptcy proceeding.

Family: A Family is a group of two or more persons related by birth, marriage, or adoption who reside together and among whom there are legal responsibilities for support; all such related persons are considered as one Family.

Family Income: Gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from Family members not living in the household, government pensions, private pensions, any insurance income and annuity payments, income from rents, royalties, estates and trusts. All forms of self-employment income are included.

FAP-Eligible Individual: An individual eligible for financial assistance under the FAP (without regard to whether the individual has applied for assistance under the FAP).

Federal Poverty Level (FPL): The Federal Poverty Income guideline as determined by the United States Department of Health and Human Services and published in the Federal Register.

Financial Assistance Application: Application completed in accordance with the process set forth in Section III of this Policy.

Gross Charges: A Member Organization hospital's full, established price for medical care that the Member Organization hospital consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Maine Resident: A person living in the State of Maine with the intent to remain in the state indefinitely; or who enters the state with a permanent, temporary, seasonal or other job commitment or who is seeking employment. Maine Resident does not include a person who is in the state temporarily as a tourist or visitor.
Income: Modified Adjusted Gross Income (MAGI): Methodology used to calculate gross income in accordance with 42 CFR 435.603(e)for purposes of eligibility determination for free or discounted care.

Eligibility may be calculated by:

(1) Multiplying by 4 the patient's family income for the 3 months preceding the determination of eligibility; or

(2) Using the patient's actual family income for the 12 months preceding the determination of eligibility

Medically Necessary Care: Medical services or supplies which:

1. Are ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition;
2. Are provided for the diagnosis or direct care and treatment of the medical or mental health condition;
3. Meet the standards of good medical practice within the medical and mental health community in the service area;
4. Are not primarily for the convenience of the patient or a provider; and
5. Are the most appropriate level or supply of service which can safely be provided or, when necessary, as determined by utilization process review.

Modified Adjusted Gross Income (MAGI): Methodology used to calculate gross income for the purpose of eligibility determination for free or discounted care.
Multiple Family Household: If a household includes more than one Family and/or more than one unrelated individual, the income guidelines are applied separately to each Family and/or unrelated individual, and not to the household as a whole.

PURPOSE

This Policy addresses free care and discounted prices and supports Northern Light Health's commitment to provide access to affordable, high-quality healthcare in a fiscally responsible manner. The provision of financial assistance is consistent, appropriate and essential to fulfill our mission, vision and values.

POLICY

In order to promote the health and well-being of the communities served, uninsured or under insured individuals with limited financial resources who do not qualify for various entitlement programs shall be eligible to apply for free or discounted health care based on established criteria as outlined in this Policy. The intent is to assure that financial assistance is made available to those who are in need and least able to pay.

Northern Light Health maintains a separate billing and collection policy (System Policy 16-009, Billing and Collection for Northern Light Health Hospital Services) which describes the actions Northern Light Health may take in the event of nonpayment.

I. **LIMITATIONS**

A. This Policy applies to:

1. Maine Residents receiving Emergency and other Medically Necessary Care as determined by the clinical judgment of the provider without regard to the financial status of the patient, and who meet the requirements in Section II.
2. Individuals, regardless of residency, seeking Emergency Care and who meet the requirements in Section II.

B. Financial Assistance does not:

1. Provide health insurance;
2. Act as a substitute or supplement for health insurance;
3. Guarantee benefits;
4. Cover non-Northern Light Health medical care providers (third-parties);
5. Preclude minimum co-payments required by regulation or for clinical reasons (e.g. batterer's intervention program; narcotics treatment program);
6. Cover Elective Cosmetic Surgery.

II. **ELIGIBILITY FOR FREE OR DISCOUNTED CARE**

A. **NHSC Active Sites[1] (Designated Critical Access Hospitals (CAH) and Rural Health Clinics (RHC))**

i. Financial assistance for Medically Necessary Care is available to Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill

and

- Meet the income criteria set forth below.

ii. Financial assistance for Emergency Care is available to Maine Residents and non-Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill;

and

- Meet the income criteria set forth below.

[1] The National Health Service Corps (NHSC) assists with loan repayment for qualified health care professionals working in Rural Health Clinics and Critical Access hospitals.

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Northern Light Health Member Organization hospitals provide 100% financial assistance/free care based on criteria as defined below:

- Gross income is below or equal to 200% of the FPL, calculated using Modified Adjusted Gross Income (MAGI) methodology and subject to approval.
- Patient is a Resident of Maine.
- Non-Maine Resident seeking Emergency Care.
- For services or supplies that are Medically Necessary.

Northern Light Health Member Organization hospitals provide income-based monthly payment plans not to exceed 4% of the patient's monthly family income that is not exempt from attachment or garnishment under Maine Law based on the criteria as defined below:

- Gross income does not exceed 400% of the FPL, calculated using Modified Adjusted Gross Income (MAGI) methodology and subject to approval.
- Patient is a Resident of Maine.
- Non-Maine Resident seeking Emergency Care.
- For services or supplies that are Medically Necessary.

iii. No individual eligible for financial assistance will be charged more for emergency or otherwise Medically Necessary Care than the calculated AGB.

iv. Patients will be assisted and encouraged to apply for accessible insurance coverage/MaineCare and/or third-party opportunities.

B. **All Other Sites**

i. Financial assistance for Medically Necessary Care is available to Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill;

and

- Meet the income criteria set forth below.

ii. Financial assistance for Emergency Care is available to Maine Residents and non-Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill;

and

- Meet the income criteria set forth below.

Northern Light Health Member Organization hospitals provide 100% financial assistance/free care based on criteria as defined below:

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- Gross income is below 200% of the FPL, calculated using Modified Adjusted Gross Income (MAGI) and subject to approval
- Patient is a Resident of Maine
- Non-Maine Resident seeking Emergency Care
- For services or supplies that are Medically Necessary
- All Third-Party Payer sources have been investigated

Northern Light Health Member Organization hospitals provide income-based monthly payment plans (not to exceed 4% of the individual's monthly income) based on the criteria as defined below:

- Gross income does not exceed 400% of the FPL, calculated using Modified Adjusted Gross Income (MAGI) methodology and subject to approval
- Patient is a Resident of Maine
- Non-Maine Resident seeking Emergency Care
- For services or supplies that are Medically Necessary
- All Third-Party Payer sources have been exhausted

iii. No individual eligible for financial assistance will be charged more for emergency or otherwise Medically Necessary Care than the calculated AGB.

PROCEDURE

I. **IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS**

A. When possible, prior to the service date of the patient, the Northern Light Health Member Organization hospital will conduct a pre-admission interview with the patient, the guarantor, and/or his/her legal representative. When a pre-admission interview is not possible, the Northern Light Health Member Organization hospital will provide a written notice of the availability of financial assistance as outlined below:

a. **Inpatient Services** – written notice must be provided upon admission, or in the case of emergency admission, prior to patient discharge.

i. In the case of an emergency admission, the Northern Light Health evaluation of payment alternatives should not take place until the required medical care has been provided.

b. **Outpatient Services** – written notice must be provided at the time service is provided and/or included with the patient's bill.

1. At the time of the initial patient interview, the following information should be gathered:

a. Routine and comprehensive demographic data; and

b. Complete information regarding all existing third-party coverage.

B. All patients will be offered the opportunity to apply for financial assistance. When a patient requests financial assistance after leaving the facility, a Patient Account

Representative will provide instruction to access the online Financial Assistance Application to the patient/guardian for completion.

a. In the event the patient/guardian states they do not have internet access, or they request a physical copy, a Patient Account Representative will mail a Financial Assistance Application to the patient/guardian for completion.

C. Identification of potentially eligible patients can take place at any time during the Application Period.

D. Financial counselors are generally available during regular business hours to provide the following services:
   1. Identify possible payment sources such as accident liability insurance or COBRA.
   2. Screen patients for possible coverage under state, federal, or local assistance programs, including Member Organization hospital free care.
   3. Assist patients in applying for federal or state sponsored health insurance and free care programs.
   4. Discuss any financial questions.
   5. Establish payment arrangements.
   6. Provide price estimates.
   7. Provide patients with an itemized bill upon request.

E. The Northern Light Health Member Organization hospital may rely on information obtained from other sources to determine whether the individual is eligible for assistance.

II. NON-COVERED SERVICES NOTICE

A. Prior to providing any medical service, treatment, procedure, or test that is not covered under this Financial Assistance Policy, the hospital shall provide the patient with advance written notice that the services is not covered.

B. The hospital shall not bill a patient for a service if advance notice of non-coverage was not provided. Billing to a patient's health insurance carrier for such services is permitted where applicable.

III. MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY IN THE COMMUNITY

Northern Light Health and its Member Organizations will comply with all applicable laws, rules and regulations regarding notification to patients regarding financial assistance, including the following:

A. Posted signs and individual notices containing information on the availability of free care or financial assistance are located in key public areas of the Member Organization hospital, including but not limited to the following: Central Registration/Patient Access, Emergency Room waiting area, Clinic locations, Member Organization

hospital-employed physician practice waiting rooms, financial counselor locations and the Business Office.

B. Paper copies of this Policy, the Financial Assistance Application, and the plain language summary will be available at the locations listed in (A) above and will be offered to patients as part of the intake or discharge process.

C. Information, such as brochures, will be included in patient services/information folders and/or at patient intake areas and upon request via phone, internet or in person.

D. A conspicuous notice regarding the availability of financial assistance, including the telephone number of the Member Organization hospital office or department that can provide information about this Policy and the Financial Assistance Application process, and the URL or web address where copies of this Policy, the Financial Assistance Application, and plain language summary can be found, will be included on all billing statements. The billing statement will also include information on the process for disputing charges.

E. All public information and/or forms regarding the provision of financial assistance, including, but not limited to, this Policy, the Financial Assistance Application, and the plain language summary of the Policy, will use languages that are appropriate for the facility's service area. Public information, forms and/or signage will be translated for populations that have limited English proficiency. These translations will be provided in languages, other than English, spoken by at least 1,000 people or 5% (whichever is less) of the community served by the Member Organization hospital.

F. The Financial Assistance Application, instructions, plain language summary, and separate billing and collection policy may be accessed via http://northernlighthealth.org/billing-help.

G. Northern Light Health will make a reasonable effort to orally notify an individual about the Member Organization hospital's Financial Assistance Policy and about how to obtain assistance with the Financial Assistance Application process at least 30 days prior to the initiation of ECAs against the individual.

H. If at any time during the Application Period the patient expresses an inability to pay, the patient will be informed of the availability of financial assistance and will be provided a Financial Assistance Application. The Financial Assistance Application and instructions may be accessed via http://northernlighthealth.org/billing-help.

IV. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE

A. The patient should receive and complete a written Financial Assistance Application and provide all supporting data/documents required to verify eligibility. The types of data/documents that are required in support of the Financial Assistance Application are listed in the Financial Assistance Application instructions. Northern Light Health does not require notarization of any application or supporting documentation.

B. Presumptive Eligibility – A determination where a patient is presumed eligible for financial assistance based on financial and historical qualifiers:
   1. Individual is eligible for certain state programs, i.e., SNAP, TANF;
   2. Individual is currently eligible for Medicaid, but was not at the date of service;
   3. Individual is homeless;
   4. Individual is deceased and has no known estate able to pay hospital debts;
   5. Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act.

C. A formal letter will be mailed to the patient/guardian advising whether the Financial Assistance Application has been approved or denied. In the event of a denial, in whole or in part, the letter will include:
   1. The specific reasons for the decision, and
   2. A statement that the applicant has a right to a fair hearing regarding the denial, and
   3. Instructions on how to request such a fair hearing.

D. An approved Financial Assistance Application from any Northern Light Health Member Organization hospital will be utilized to presumptively determine eligibility by any Northern Light Health Member Organization hospital for a period of six months from the approval date except if any of the following apply:
   1. Subsequent rendering of inpatient services;
   2. Income change;
   3. Family size change;
   4. Change in employment status;
   5. Patient Meets Medicaid eligibility criteria.

E. Individuals may contact any Northern Light Health Member Organization hospital for more information about the Financial Assistance Application process and for assistance with the Financial Assistance Application. A list of Member Organization hospitals and contact information may be accessed via http://northernlighthealth.org/billing-help.

F. Patients seeking Emergency Medical Care: Northern Light Health Member Organization hospitals will provide, without discrimination, care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42

U.S.C 1395dd)) to individuals regardless of their eligibility for assistance under this Policy and as required under the Emergency Medical Treatment and Active Labor Act ("EMTALA") as further described under System Policy 21-007, Emergency Treatment and Transfer Rules. Northern Light Health Member Organization hospitals will not engage in activities that discourage individuals from seeking emergency medical care, such as by demanding patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

V. EXTRAORDINARY COLLECTION ACTIONS (ECAs)

A. **General Requirements Prior to Initiating ECAs**

Northern Light Health Member Organization hospitals may not initiate any ECA for at least 120 days from the date that the Northern Light Health Member Organization hospital provides the first post-discharge billing statement for the care and until the individual has been notified of the FAP. Additionally, before engaging in ECAs against an individual, Northern Light Health Member Organization hospitals must make reasonable efforts to determine whether an individual is eligible for financial assistance under the FAP in accordance with **Section 1** below. ECAs may not be engaged in if the patient has made a satisfactory payment arrangement with the Member Organization hospital. Finally, prior to commencing any ECA, the VP of Finance, or designee, must determine that the Member Organization hospital has made reasonable efforts to determine whether an individual is FAP-Eligible and has otherwise complied with Northern Light Health billing policy. No ECA may be commenced prior to such determination by the VP of Finance or designee.

1. **Reasonable Efforts**

A Northern Light Health Member Organization hospital will be deemed to have made reasonable efforts to determine whether an individual is eligible for financial assistance under the FAP if the Northern Light Health Member Organization hospital either: (i) determines the individual meets the requirements for a presumptive eligibility determination; or (ii) within 15 days of receiving an application, notify the applicant to clearly explain what additional information or documentation, if any, is necessary to complete the application; or (iii) within 45 days of receiving a completed financial assistance application provides notice to the individual about the FAP and processes any FAP application submitted by the individual (whether the application is complete or incomplete) in accordance with the following procedures.

a. To make a presumptive eligibility determination, the Member Organization hospital must determine that the individual is eligible for financial assistance based on information other than that provided by the individual or based on a prior FAP-eligibility determination. If the individual is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the Member Organization hospital must:

i. Notify the individual of the basis for the determination and how to apply for more generous assistance under the FAP;
ii. Give the individual a reasonable period of time to apply for more generous assistance before initiating an ECA; and
iii. If the individual submits a complete FAP application seeking more generous assistance within the Application Period, take the steps described in **Section 3** below.

b. In order to provide adequate notice to an individual about the FAP, Northern Light Health Member Organization hospitals must do all of the following:
   i. Notify the individual about the FAP in **all** of the following ways, at least 30 days prior to initiating one or more ECAs:
      1. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identifies the ECAs that the Northern Light Health Member Organization hospital intends to use to obtain payment, and states a deadline after which ECAs may be initiated, which deadline is no earlier than 30 days after the date the written notice is provided.
      2. Enclose a plain language summary of the FAP with the written notice.
      3. Make a reasonable effort to orally notify the individual about the FAP and how the individual may obtain assistance with the FAP process.
   ii. If the individual submits an **incomplete** FAP application during the Application Period, the Northern Light Health Member Organization hospital will take the following additional steps outlined in **Section 2** below.
   iii. If the individual submits a **complete** FAP application during the Application Period, the Northern Light Health Member Organization hospital will take the following additional steps outlined in **Section 3** below.

2. **Additional Procedures if an Incomplete FAP Application is Submitted**
   a. In addition to complying with the notice requirements described in **Section 1** above, Northern Light Health Member Organization hospitals must, within 15 days of receiving an incomplete FAP application submitted during the Application Period, provide the individual with notice of how to complete the FAP application and a reasonable opportunity to do so within 30 days of receiving an incomplete application. In order to satisfy these requirements, Northern Light Health Member Organization hospitals must do all of the following:
      i. Not initiate, or take further action on previously initiated, ECAs.
      ii. Provide the individual with a written notice within 30 days that contains the following information:
         - Description of the information and/or documentation under the FAP or FAP application form that must be submitted to complete the FAP application.

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- Contact information, including telephone number and physical location, of: (i) the Member Organization hospital office or department that can provide information about the FAP; and (ii) either (a) the Member Organization hospital office or department that can provide assistance with the FAP application process, or (b) at least one nonprofit organization or government agency that the Member Organization hospital has identified as an available source of assistance with FAP applications.

b. If the individual subsequently submits a complete FAP application during the Application Period, Northern Light Health Member Organization hospitals must follow the procedures set forth in **Section 3** below.

3. **Additional Procedures if a Complete FAP Application is Submitted**
   a. In addition to complying with the notice requirements described in **Section 1** above, Northern Light Health Member Organization hospitals must, within 45 days of receipt, complete all of the following with respect to an individual who submits a complete FAP application during the Application Period:
      i. Not initiate, or take further action on previously initiated, ECAs.
      ii. Make a determination as to whether the individual is eligible for financial assistance under the FAP within 45 days. If the individual is determined to be eligible for financial assistance, the Northern Light Health Member Organization hospital must also take the steps listed in **Section 3.b.** below.
      iii. Notify the individual of the eligibility determination in writing, including the assistance for which the individual is eligible (if any) and the basis for the eligibility determination within 45 days.
   b. If the individual is determined to be eligible for financial assistance under the FAP, the Northern Light Health Member Organization hospital must take the following additional steps:
      i. Refund any amounts paid for the care that exceeds the amount the individual is determined to be responsible for paying for as a FAP-Eligible Individual, unless the amount of the refund would be less than $5.00. Refunds are **only** for payments for the episode(s) of care to which an individual's FAP application relates.
      ii. Take all reasonable measures to reverse any ECA taken against the individual to obtain payment for the care (e.g., vacate any judgment, discharge any lien or levy, and remove any adverse information from a credit report).
      iii. If the individual is eligible for financial assistance other than free care, provide the individual with a billing statement that indicates: (i) the amount the individual owes for the care as an FAP-Eligible Individual; (ii) how that amount was determined; and (iii) the AGB for the care.

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VI. LIST OF PROVIDERS DELIVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

The Northern Light Health Financial Assistance Provider List, found at http://northernlighthealth.org/billing-help, contains a list of the providers at each Northern Light Health Member Organization hospital who provide Emergency Care and/or Medically Necessary Care and specifies which of these providers are covered by this Policy. Northern Light Health regularly updates its provider list in an effort to ensure the list remains accurate and up-to-date. However, there may be times when this list has not been updated to include a new provider or to reflect a change in a provider's status as covered or not covered by this Policy. Northern Light Health recommends that individuals consult with a Northern Light Health financial counselor whenever possible to confirm whether information about a particular provider is accurately reflected.

VII. MONITORING AND REPORTING

A. A Financial Assistance Application log from which periodic reports may be generated shall be maintained aside from any other required financial statements.
B. Financial Assistance activity will be reported to the community annually, based on estimated costs of the services.

REFERENCES

10-144 CMR ch. 150 Free Care Guidelines
22 MRSA 1716 Charity care and financial assistance programs provided by hospitals

ATTACHMENTS

(Both attachments are accessed via http://northernlighthealth.org/billing-help or via the External Link located above this Policy)
Financial Assistance Application
Financial Assistance Provider List

This document was approved by the committee(s) noted below on the date(s) as noted:

Board of Directors, 4/28/2005, 9/25/2007 (unpublished), 8/16/2009, 6/16/2011, 6/13/2012, 10/8/2014, 6/22/2016, 10/4/2017, 10/2/2019, 10/07/2020, 06/09/2021, 10/11/2023, 5/27/2026
Board Governance Committee, 6/1/2011, 10/8/2014, 5/4/2016, 9/12/2017, 9/18/2019; 9/07/2023, 5/27/2026
Board Finance Committee, 5/8/2009, 7/30/2014, 5/25/2016, 9/13/2017, 9/16/2019, 8/20/2020, 06/02/2021, 5/31/2023, 1/28/2026, 4/29/2026
Leadership Council, 6/19/2012, 6/17/2014, 9/19/2017, 09/01/2020, 4/30/2021
Finance Council, 6/5/2014, 3/8/2016, 8/8/2017, 7/15/2020, 4/30/2021, 3/24,2023, 10/17/2025, 4/24/2026

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