



**ERIE COUNTY MEDICAL CENTER CORPORATION**

**TRANSMITTAL**

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**TO:** Timothy J. Meyers  
Erie County Legislature Chair

**FROM:** Erie County Medical Center Corporation

**DATE:** March 27, 2025

As required by New York State Public Authorities Law §3642(1); Public Authorities Law §2800, enclosed please find Erie County Medical Center Corporation's 2024 Annual Report.

**2024 ANNUAL REPORT OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**  
(AS REQUIRED BY N.Y. PUBLIC AUTHORITIES LAW)



**Respectfully Submitted by the Corporation**  
**March 31, 2025**

## **TABLE OF CONTENTS**

<b>Message from the Leadership of ECMC Corporation</b>	<b>Pages 3-7</b>
<b>Certification</b>	<b>Page 8</b>
<b>Mission Statement</b>	<b>Page 9</b>
<b>Accomplishments</b>	<b>Page 10-15</b>
<b>Performance Goals</b>	<b>Pages 16-19</b>
<b>Capital Projects</b>	<b>Page 20</b>
<b>Real Property &amp; Property Acquisitions</b>	<b>Page 20</b>
<b>Code of Conduct</b>	<b>Page 21</b>
<b>Internal Control Structure and Procedures</b>	<b>Page 21</b>
<b>Pending Litigation</b>	<b>Page 21</b>
<b>Corporation and Board Structure</b>	<b>Pages 22-32</b>
<b>Subsidiary Information</b>	<b>Pages 33-34</b>

### **APPENDIX A**

<b>Financial Reports</b>
<b>Four-Year Financial Plan</b>
<b>Outstanding Bonds and Notes</b>

### **APPENDIX B**

<b>Compensation Schedule</b>
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### **APPENDIX C**

<b>Corporation Expenditures in Excess of \$100,000</b>
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### **APPENDIX D**

<b>Enabling Legislation</b>
<b>Charter or By-Laws</b>

## MESSAGE FROM THE LEADERSHIP OF ECMC CORPORATION

Throughout 2024, ECMC experienced continued growth in our healthcare services, building on our post-pandemic successes in restoring overall hospital operations and patient volumes. Like other safety net hospitals across the country and locally, it has been challenging, but the focus on our patients by our entire ECMC Family has supported our ability to continue to make progress and provide our community with the high-quality care they expect and deserve.

In almost every measurable category, increases demonstrated a sustainable positive trend in patient volumes that is certainly beneficial to serving our community and improving our financial challenges. Positive operational growth was reflected in our inpatient and outpatient services, Emergency Department visits, and surgeries.

We often speak about ECMC's unique culture and the dedication and resilience of our caregivers. They are the cornerstone of our institution. Their accomplishments and nationally recognized clinical excellence supports and strengthens our recruitment efforts. ECMC has had tremendous success recruiting nurses in the past year, eliminating almost all agency nurses. In 2024, we brought on 769 new hires that includes 165 new RNs, 48 LPNs and 114 CNAs. We hear routinely that many of our new employees are attracted to ECMC based on their knowledge of our inclusive, diverse and talented workforce and supportive culture. And we continue to elevate our surrounding community with our top hiring from our own 14215 zip code. Also, 136 new physicians were onboarded during the year and resulted in the expansion of services on our health campus.

Among our many clinical accomplishments, accreditations and national recognition in 2024, ECMC's Medical Intensive Care Units (MICU) North and South were recognized by the American Association of Critical-Care Nurses (AACN) with a gold-level Beacon Award for Excellence. With this accomplishment, ECMC is 1 of only 2 Level 1 Trauma Centers in New York State with more than 1 Gold Beacon Unit, 1 of 7 hospitals in the state with more than one Gold Beacon unit, and one of two hospitals in Western New York with more than one Gold Beacon unit. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. The AACN's Gold Beacon Award for Excellence is further evidence of ECMC's national best-in-class patient care that we have become known for throughout our community.

Expanding our state-of-the-art surgical capabilities, a fifth surgical robot, the ION robotic navigational bronchoscopy platform was added this past year to ECMC's surgical services. It is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate.

In another indication of national affirmation of ECMC's clinical excellence, we earned status in 2024 as an American College of Surgeons (ACS) Surgical Quality Partner due to ECMC's participation in multiple ACS quality programs. According to the ACS, "Hospital systems that implement ACS Quality Programs help hospitals prioritize a proactive quality and safety culture, reduce unnecessary hospital stays, and save money." We were proud to be recognized by such a prestigious national organization for our commitment to quality services, patient safety, and sound management of our institution.

In Orthopedics, ECMC was honored by US News and Annual Report in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement. According to their report, “Over 6,000 hospitals were evaluated and eligible hospitals received one of three ratings -- high performing (593 hospitals), average (1,376 hospitals) or below average (488 hospitals) with the balance either not offering the service or performing too few of the procedures to be rated. Hospitals that earned a high performing rating were significantly better than the national average.”

The American College of Emergency Physicians (ACEP) informed ECMC that our Emergency Department in 2024 achieved the bronze standard — Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation. The voluntary GEDA program, which includes three levels similar to trauma center designations, provides specific criteria and goals for emergency clinicians and administrators to target. This accreditation from ACEP reinforces the high-quality care and clinical excellence that ECMC is known for, particularly in our Emergency Department. It further highlights our caregivers’ commitment to ensuring that all patients, notably older adults, receive the very best healthcare services they need.

ECMC’s clinical services continued to receive national recognition for their excellence and innovation. Lucia Gioeli MA, VP of Ambulatory Services & Population Health and Amanda Farrell BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst presented the “Perceived Control of Chronic Condition” this past June within the Innovation in Healthcare track at America’s Essential Hospital’s national annual meeting VITAL2024.

Dr. Anthony Martinez, ECMC’s Medical Director of Hepatology was honored in July with the Coalition for Global Hepatitis Elimination’s 2024 Hepatitis Elimination Champion award. Dr. Martinez was one of eight Champions selected worldwide from seven countries, reinforcing the scope and level of excellence of ECMC’s clinicians. The Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, is a nonprofit bringing together global partners to achieve worldwide elimination of viral hepatitis.

And in further recognition of ECMC’s innovative high-quality healthcare services, the national publication Healthcare IT News published a high-profile feature story on our Ambulatory Services very successful Remote Patient Monitoring program, which was developed in collaboration with Independent Health.

Demonstrating ECMC’s clinical leadership in our region, our Rehabilitation Medicine and Acute Care Services held its seventh annual Rehab Symposium, titled “A Multidisciplinary Approach to the Acute Care Patient.” For this well-attended conference, many of the region’s most experienced clinicians were invited to speak on a variety of topics pertaining to rehabilitation on acute and critical care services. Area therapists, rehab professionals, and therapy students from the community were invited to learn about some of the specialty services that are available at ECMC.

We celebrated the opening of ECMC’s new satellite Trauma Recovery Center, that is affiliated with the institution’s BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. In October 2023, ECMC’s BRAVE program achieved designation/certification as Western New York’s only Trauma Recovery Center (TRC). It is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that

distinction from the National Alliance of Trauma Recovery Centers (NATRC); the other TRC in the state is located in Brooklyn. There are only 52 TRCs in the United States. It's a successful model that treats victims of violence holistically and proactively through comprehensive case management and assertive outreach.

We were pleased and gratified that Terrace View Long-Term Care Facility was again recognized on Newsweek's Best Nursing Homes 2025 list. This prestigious award, which Terrace View has received in five consecutive years, is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Of the 600 skilled nursing facilities that operate in New York State, 69 received this recognition for 2025. This prestigious, national third-party assessment reinforces the high-quality care that distinguishes Terrace View and underscores the professionalism and commitment of our Terrace View caregivers.

And this past year we were proud to celebrate the 10th Anniversary of the opening of our Center for Occupational & Environmental Medicine (COEM). The COEM was designed as a regional health facility for Western New York workforce members with work-related health needs and to prevent work-related illnesses and injuries through increased awareness and health education, early diagnosis and treatment. The COEM was created at ECMC in close collaboration with Western New York's labor unions to help workers exposed to occupational and environmental conditions and injuries in the workplace. Beginning in 2014 with just 15 patients, the COEM has grown tremendously, now having served over 36,000 patients over the past decade. This growth reflects our commitment to the health and wellness of our community and the benefit of having such a center available to workers from throughout our region.

ECMC was again recognized by the Lown Institute among the best nationally and in New York State, receiving 'A' grades on the 2024-2025 Lown Institute Hospitals Index across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse. The Lown Hospitals Index is the only national ranking to provide a holistic evaluation of hospital performance across health equity, value, and outcomes.

Essential to our continuing ability to maintain high-quality healthcare services is our ability to access funding from a variety of sources that strengthen ECMC. In 2024, with the strong support of our Congressional delegation, we received \$14,624,938 from the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) to cover costs associated with emergency protective measures and increased staffing taken for ECMC's COVID response dating back to the start of the pandemic in Spring 2020. This funding was provided at a 100% federal cost share. In addition, we received another two awards totaling \$7,951,672 with a 90% cost share. Contract labor costs were very expensive during the COVID-19 pandemic and necessary to ensure we could support our ECMC caregivers as they worked to save the lives of the most vulnerable patients in our community.

Further, ECMC received \$13.6M from FEMA to upgrade and modernize our emergency generators. We applied for this grant in June of 2022. Again, thanks to the support of our Congressional delegation, this grant will enable ECMC to acquire and install six new state-of-the-art emergency generators that will protect ECMC for many years to come.

ECMC also was awarded \$8,279,008 through New York State's Vital Access Provider Program (VAP). The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase health equity for populations at risk. With this funding, ECMC expanded our Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address social determinants of health and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.

We were also pleased to learn that our Employee Health and Hepatology teams were both awarded \$250,000 each (\$500,000 total) in grant funding from Erie County and the Erie County Department of Health to aid in the community's response to the opioid crisis. Employee Health is using the funds to create employee assistance programs for both ECMC and the community, and the Hepatology team is working on a community-wide approach with a focus of addressing the needs of criminal justice-involved persons and the needs of pregnant or parenting women and their families.

As an institution, ECMC has been very intentional and successful in procuring goods and services from NYS-certified MWBEs. Over the past few years, we have been heralded by the Governor for our quantifiable success, twice receiving the state's MWBE Champions Award. Since 2020, ECMC has utilized over \$42 million in MWBE services on a variety of projects throughout our institution. And in the state's 2023-2024 fiscal year, ECMC was responsible for \$4.35 million to NYS Certified MWBEs, representing a 48% utilization, well exceeding the NYS goal of 30%.

The dynamic culture of ECMC is best represented in the success of our Annual Giving Campaign. Because of our ECMC Family's generosity in 2024, we achieved the highest level of support from staff throughout our institution. By exceeding 50% participation in charitable giving, we realized the highest percentage ever (52.26%) for contributions to the Annual Giving Campaign. With \$483,204 in total support in 2024, the Foundation reinvests those proceeds back into the care our staff deliver through a variety of programs that support professional development for staff, equipment and technology to enhance our high-quality healthcare services and other initiatives to ensure they have all of the support and resources they need to provide lifesaving care to our patients.

This past July marked the second year of ECMC's Healthcare Explorers program, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. For this past summer's five two-day sessions, applications from area high school students increased 71% over last year, which resulted in 150 student participants from 45 schools. The success of the program caught the attention of HANYS, which filmed one of the sessions and shared highlights, including interviews with participants and program organizers, with their 500 not-for-profit and public hospitals, nursing homes, and other healthcare member organizations statewide as part of their Member Spotlight series.

We also continue to recognize and support our nurses, and this year the ECMC Foundation Nursing Education and Professional Development Fund supported 48 nursing scholarships and 35 nursing certifications. Since 2017 through 2024, 464 nursing scholarships and 299 nursing certifications have been granted. And to help prepare for future nurses here at ECMC, from 2020 through 2024, we have hosted 6,853 nursing students, RNs and LPNs, all of whom completed a clinical experience in our institution. We know that many of the students ultimately choose to pursue their nursing careers at ECMC based on their experience training here.

After several years devoted to restoring ECMC's finances, operations and patient volumes, we are beginning to witness the overall improvements we have dedicated ourselves to achieving. Thanks to the guidance and support of our Board of Directors, ECMC maintains its strong position in our region as a healthcare institution that provides nationally recognized and honored high-quality healthcare services to the residents of Western New York – no matter their condition or circumstance.

Sincerely,



Thomas J. Quatroche Jr., PhD  
President & CEO  
Committee



Eugenio Russi  
Chair, Board of Directors



Jennifer Pugh, MD, MBA, FACEP  
President, Medical Executive



## CERTIFICATION

The financial reports submitted in this Annual Report have been approved by the Board of Directors of the Erie County Medical Center Corporation and are hereby certified, as indicated by signatures below, by the Chief Executive Officer and Chief Financial Officer.

Specifically, the undersigned certify, based on knowledge and information provided to us that the financial reports and the information provided therein (1) are accurate, correct and do not contain any untrue statement of material fact; (2) do not omit any material fact which, if omitted, would cause the financial statements to be misleading in light of the circumstances under which such statements are made; and (3) fairly present, in all material respects, the financial condition and results of operations of the Erie County Medical Center Corporation as of, and for, the year ended December 31, 2024.

Respectfully submitted,



Thomas J. Quatroche, Ph.D.  
President and Chief Executive Officer



Jonathan T. Swiatkowski, CPA  
Chief Financial Officer

## MISSION

To provide every patient the highest quality of care delivered with compassion.

## VISION

### ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

## CORE VALUES

#### ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

#### EXCELLENCE

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

#### DIVERSITY

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

#### FULFILLING POTENTIAL

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

#### DIGNITY

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

#### PRIVACY

We honor each person's right to privacy and confidentiality.

#### FAIRNESS and INTEGRITY

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

#### COMMUNITY

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

#### COLLABORATION

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

#### COMPASSION

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

#### STEWARDSHIP

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.



The difference between healthcare and true care™



## Accomplishments ECMC - 2024

- ECMC's **Employee Health and Hepatology teams** were both awarded \$250,000 each (\$500,000 total) in grant funding from Erie County and the Erie County Department of Health to aid in the community's response to the opioid crisis. Employee Health will use the funds to create employee assistance programs for both ECMC and the community, and the Hepatology team will work on a community-wide approach with a focus of addressing the needs of criminal justice-involved persons and the needs of pregnant or parenting women and their families.
- Lucia Rossi's (MA VP of Ambulatory Services & Population Health) and Amanda Farrell's (BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst) submission, **Addressing Perceived Control of Chronic Condition** was accepted to be presented on Wednesday, June 19, 2024, within the Innovation in Healthcare track at America's Essential Hospital's annual meeting **VITAL2024** in San Diego. Chronic conditions are a leading cause of global mortality. Many patients lack self-management skills due to low perceived behavioral control, leading to poor health outcomes. Perceived behavioral control reflects a patient's view of how easy or difficult it is to execute a behavior, like a lifestyle modification. ECMC incorporated a patient empowerment intervention into chronic condition management programs. This intervention aims to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention has had positive impact on perceived behavioral control. These findings are promising indicators of the program's effectiveness in promoting compliance and improving health perceptions among patients.
- In addition, Amanda Farrell also submitted another abstract, **Optimizing Diabetes Management: A Comprehensive Care Model**, which was accepted for America's Essential Hospital's **VITAL2024** poster session that will be held during the conference's opening reception, showcasing Amanda's work to the participants including the association's leadership and board of directors. According to AEH, abstracts like Amanda's highlight their members' outstanding, innovative work to deliver efficient and effective care to those in greatest need.
- ECMC awarded a **NYSDOH Vital Access Program and Safety Net Provider grant** of \$8,279,008. The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase health equity for populations at risk. With this funding, ECMC will expand its Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address SDOH and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.

- U.S. Senate Majority Leader Charles E. Schumer and U.S. Senator Kirsten Gillibrand announced ECMC received \$14,624,938 from the U.S. Department of Homeland Security's **Federal Emergency Management Agency** (FEMA) to cover costs associated with emergency protective measures and increased staffing taken for their COVID responses dating back to the start of the pandemic in Spring 2020. This funding is provided at a 100% federal cost share.
- **Global Healthcare Exchange** (GHX) announced that ECMC is among the inaugural class of its "Supply Chains of Distinction Award for 2023," which recognized 75 top performing hospitals and health systems in North America. The Supply Chains of Distinction Award honors GHX Exchange-connected provider organizations that excelled in driving best-in-class supply chain operations. The award is based upon a set of "perfect order" metrics for a calendar year, rated as a percentage of PO lines sent across the GHX Exchange that are touchless and completely automated, from purchase through payment. The line must satisfy all requirements to be rated as "perfect."
- ECMC received \$13.6M from **FEMA** to upgrade and modernize its emergency generators. Applied for the grant in June of 2022. Thanks to the support of our Congressional delegation, this grant will enable ECMC to acquire and install six new state-of-the-art emergency generators that will protect ECMC for many years to come.
- On Saturday, March 9th, ECMC and the ECMC Foundation held its **seventh annual Rehab Symposium**, titled "A Multidisciplinary Approach to the Acute Care Patient." For this conference, many of the region's most experienced clinicians were invited to speak on a variety of topics pertaining to rehabilitation on acute and critical care services. Area therapists, rehab professionals, and therapy students from the community were invited to learn about some of the specialty services that are available at ECMC.
- ECMC's Material Management team were honored by the **Buffalo Purchasing Initiative** for achieving Highest Outreach and Engagement for local MBE vendors. Their successful effort resulted in ECMC generating \$924k in direct spending with local businesses owned by an MBE.
- At the **American Academy of Oral Medicine Annual Conference** in Orlando, FL (4/17-4/20/24), ECMC's Drs. Elizabeth Kapral and Jennifer Frustino presented at the event's Meet the Expert Sessions. Dr. Kapral spoke on 'Special Patient Care' and Dr. Frustino spoke on 'Oral and Oropharyngeal Cancer: Screening and Prevention'. In addition, Drs. Brooke Kolber and Nicole Piscatelli were granted fellowship into the Academy based on passing the fellowship examination in 2023.
- ECMC was one of 462 national healthcare institutions to earn an "**LGBTQ+ Healthcare Equality High Performer**" designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.

- Dr. Anthony Martinez, ECMC’s Medical Director of Hepatology who was honored with the **Coalition for Global Hepatitis Elimination’s 2024 Hepatitis Elimination Champion award**. Dr. Martinez was one of eight Champions selected worldwide from seven countries. His clinic at ECMC, “La Bodega,” has been recognized nationally and globally as a novel co-localized model for managing viral hepatitis and addiction disorders. Since 2013, the clinic has treated thousands of individuals for hepatitis C (HCV) and substance use disorder. It has been recognized twice with the New York State World AIDS Day Commissioner’s Special Recognition Award. The Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, is a nonprofit bringing together global partners to achieve worldwide elimination of viral hepatitis.
- Terrace View received an overall 4-star rating from a recent survey conducted by **The Centers for Medicare and Medicaid Services (CMS)**. The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures. The health inspection rating incorporates data reported through June 30, 2024. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating are detailed in the CMS report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the first calendar quarter of 2024.
- ECMC awarded \$157,002 from the **Ryan White Part F program**. These funds are reimbursement for dental care provided to HIV positive patients.
- ECMC received funding from NYS OMH to move forward with the **adolescent Help Center project**. Total dollar amount is \$250,000. ECMC submitted its funding request through OMH’s RFP entitled “Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) OMH107.”
- Terrace View Long-Term Care received its **formal recertification from the NYS Department of Health** following a multi-day survey in August.
- In Orthopedics, ECMC was honored by **US News and Annual Report** in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement. According to their report, “Over 6,000 hospitals were evaluated and eligible hospitals received one of three ratings -- high performing (593 hospitals), average (1,376 hospitals) or below average (488 hospitals) with the balance either not offering the service or performing too few of the procedures to be rated. Hospitals that earned a high performing rating were significantly better than the national average.”
- Celebrated the opening of ECMC’s new satellite **Trauma Recovery Center**, that is affiliated with the institution’s BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. In October 2023, ECMC’s BRAVE program achieved designation/certification as Western New York’s only Trauma Recovery Center (TRC). It is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that distinction from the National Alliance of Trauma Recovery Centers (NATRC); the other TRC in the state is located in Brooklyn. There are only 52 TRCs in the United States. It’s a successful model that

treats victims of violence holistically and proactively through comprehensive case management and assertive outreach.

- ECMC again recognized by the Lown Institute among the best nationally and in New York State, receiving ‘A’ grades on the **2024-2025 Lown Institute Hospitals Index** across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse. The Lown Hospitals Index is the only national ranking to provide a holistic evaluation of hospital performance across health equity, value, and outcomes. Top grades on the Index represent independent, data-backed recognition of success in these areas. The Lown Hospitals Index for Social Responsibility is the only ranking to include metrics of health equity and value of care alongside patient outcomes, creating a holistic view of hospitals as total community partners.
- Through this award, \$525,550 over three years from **DOJ Office for Victims of Crime (OVC) FY24 Services for Victims of Human Trafficking grant**, Buffalo Rising Against Violence at Erie County Medical Center Trauma Recovery Center (BRAVE TRC) will expand comprehensive services to support the needs of human trafficking survivors and increase community capacity to screen, identify, and appropriately refer survivors for services. BRAVE TRC will utilize project funds to hire personnel dedicated to project activities, expand and strengthen victim services for all forms of human trafficking, develop and expand trauma-informed screening protocols across hospital systems in order to identify trafficking victims more effectively. The project will also increase community collaboration and capacity regarding identification, services, and referral pathways for trafficking survivors, with data-driven decisions guiding outreach, training, and collaboration activities. BRAVE TRC will identify victims of all types of human trafficking and ensure that a comprehensive array of services is readily available to meet the individualized needs of survivors, including foreign nationals and U.S. citizens, male survivors, and those exploited by labor trafficking.
- Terrace View Long-Term Care Facility recognized on **Newsweek’s Best Nursing Homes** 2024 list. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing homes nationwide received this distinction. Of the 600 skilled nursing facilities state-wide that operate, 69 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation. This is the fifth consecutive year Terrace View has received this recognition.
- Trustees of the **B. Thomas Golisano Foundation**, at their quarterly meeting in October, approved a grant of \$70,000 to support ECMC’s Special Needs Dentistry Program overseen by Dr. Elizabeth Kapral DDS, MS. The grant will support the purchase of specialized dental equipment that will be used to provide comprehensive care in the dental operating room and specialty outpatient clinic, which specializes in caring for people with intellectual and developmental disabilities. This ECMC service is the largest program providing critical dental health services to patients with IDD in Western New York.

- ECMC’s Medical Intensive Care Units (MICU) North and South were each recognized by the American Association of Critical-Care Nurses (AACN) with a **gold-level Beacon Award for Excellence**. With this accomplishment, ECMC is 1 of 2 Level 1 Trauma Centers in New York State with more than 1 Gold Beacon Unit, 1 of 7 hospitals in the state with more than one Gold Beacon unit, and one of two hospitals in Western New York with more than one Gold Beacon unit. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who successfully improve patient outcomes and align practices with AACN’s six Healthy Work Environment Standards. The gold-level Beacon Award for Excellence earned by ECMC’s MICU North and South nurses signifies effective and systematic approaches to policies, procedures, and processes.
- In another indication of national affirmation of ECMC’s clinical excellence, we earned status in 2024 as an **American College of Surgeons (ACS) Surgical Quality Partner** due to ECMC’s participation in multiple ACS quality programs. According to the ACS, “Hospital systems that implement ACS Quality Programs help hospitals prioritize a proactive quality and safety culture, reduce unnecessary hospital stays, and save money.” We were proud to be recognized by such a prestigious national organization for our commitment to quality services, patient safety, and sound management of our institution.
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- Expanding our state-of-the-art surgical capabilities, a fifth surgical robot was added this past year to our surgical services. The **ION robotic navigational bronchoscopy platform** was delivered to ECMC on September 9th. It is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate. ECMC’s Thoracic Surgeon, Dr. Thamer Qaqish successfully first utilized the ION robot on September 25th, expanding our cutting-edge surgical technology for the benefit of our patients. The robotic platform is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase patients’ survival rate. In addition, in 2024 we completed a 12-week Operation Room lighting modernization project, which now provides significantly enhanced and improved lighting for our dedicated surgical teams.
- This past July marked the second year of ECMC’s **Healthcare Explorers program**, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. For this summer’s five two-day sessions, applications from area high school students increased 71% over last year, which resulted in 150 student participants from 45 schools. The success of the program caught the attention of HANYS, which filmed one of the sessions and shared highlights,

including interviews with participants and program organizers, with their 500 not-for-profit and public hospitals, nursing homes, and other healthcare member organizations statewide as part of their Member Spotlight series.



## 2024 PERFORMANCE GOALS/OUTCOMES

### ECMC Strategic Plan Priorities and Goals

- 1. Exceptional Quality and Experience** – Raise the standard of clinical care to improve quality, patient safety, research and patient experience in the acute care and ambulatory environments.
- 2. Cultural Identity** – Preserve ECMC’s strong cultural identity while further instilling a sense of urgency and genuine stewardship to achieve our organizational objectives.
- 3. Campus Transformation** – Address our deferred maintenance issues, expand capacity, and integrate the development of Kensington Heights and the surrounding community.
- 4. Performance Improvement** – Generate the margin necessary to meet our budgetary goals by lowering ECMC’s overall cost position, enhancing revenue cycle performance, and targeted growth.
- 5. Population Health Capabilities** – Take greater responsibility for managing the overall health of our patient populations through a shift from fee-for-service to risk-based arrangements.
- 6. Community Needs** – Through partnerships and targeted investments, be a leading corporate citizen by addressing socioeconomic challenges that impact our communities.
- 7. Great Lakes Health Collaboration** – Further increase interconnectivity between ECMC, Kaleida and our partners through clinical and operational collaborations.
- 8. Strengthen Relationship with Academic Partners** – Partner with the University at Buffalo and other local professional training programs to enhance our impact across the tripartite academic mission.

### Progress Against Strategic Plan Priorities and Goals

#### **1. Exceptional Quality and Experience**

- All major accreditations, regulatory licensure and certifications have been maintained. Preparation for several accreditations in 2025, including hospital Joint Commission Survey.
- Medical Intensive Care Units earned American Association of Critical Care Nurses gold-level Beacon Award for Excellence.
- Maintained ANCC Pathway to Excellence designation.
- ECMC selected as a site for multiple oncology related clinical trials sponsored by various companies including Lipella Pharmaceuticals, Inc., MeiraGTx, MTGroup, and Merck.
- Presented ECMC’s *Ambulatory Services & Population Health’s Addressing Perceived Control of Chronic Condition* study within the Innovation in Healthcare track at America’s Essential Hospital’s annual meeting VITAL2024. The study incorporated patient empowerment intervention into chronic condition management programs. This intervention aimed to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention had positive impact on patients perceived behavioral control.
- Participated in the American Diabetes Association State of Diabetes in November 2024.
- Updated ECMC’s Quality and Patient Safety Program to provide a safe environment for patients and staff free from recognizable safety issues and medical errors, while managing activities toward reducing risk of harm and injury.

## **2. Cultural Identity**

- ECMC was one of 462 national healthcare institutions to earn an “LGBTQ+ Healthcare Equality High Performer” designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- ECMC’s Office of Diversity, Equity and Inclusion oversees six Employee Resource Groups, which facilitate a cultural awareness initiative to promote inclusion and belonging across our organization.

## **3. Campus Transformation**

- Completion of OR lighting modernization program.
- Kensington Heights and Grider Street development initiatives.

## **4. Performance Improvement**

- Strategic Plan updated with focus on: patient throughput, quality, post-acute care, capacity and efficiency processes, and further development of key service lines (e.g., Behavioral Health, Primary Care & Orthopedics).
- Continued expansion of Accelerating Excellence programs and projects.
- Oral Oncology & Maxillofacial Prosthetics acquired Artec Space Spider 3D Scanner and SprintRay Pro 95 S Printer, which is leading to more comfortable visits for patients, greater speed and accuracy in our laboratory work, and greater patient satisfaction.
- Daily bed huddles 7 days per week.
- Expanded state-of-the-art surgical capabilities with a fifth surgical robot added this past year to surgical services (along with existing DaVinci, Rosa and Mako systems). The ION robotic navigational bronchoscopy platform is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate.
- ECMC Center for Cardiovascular Care in collaboration with the ECMC Radiology Department added a new diagnostic service of Coronary CTA’s.
- Expanded Intensive Outpatient Program and Help Center operations.
- Developed new patient tracking system called TeleProcedure.
- Added 769 new hires that includes 165 new RNs and 48 LPNs and 114 CNAs.
- Recruited 136 new physicians to the ECMC Medical Staff, including new surgeons in surgeons in Ortho, Neuro, GI, Urology.
- IT improvements included: enhancements to Adult Medical Emergency and Patient Safety Check app, which includes EVS scrub tracker and room cleaning tracker, along with fall risk indicator and audible alerts for safety checks; community-based lab results and clinical integration in Altera; Altera change capture implemented in multiple clinics; Internet bandwidth upgraded from 1Gbps to 3Gbps; Asimily device management implemented, Biomed collaboration, improves awareness of risks and software updates.

## 5. Population Health Capabilities

- Conducted multiple cancer screening and prevention events in vulnerable communities throughout the city with a variety of partners.
- ECMC's Population Health's *Optimizing Diabetes Management: A Comprehensive Care Model* abstract was accepted for America's Essential Hospital's VITAL2024 poster session, showcasing their work to the participants including the association's leadership and board of directors. According to AEH, abstracts like ECMC's highlight their members' outstanding, innovative work to deliver efficient and effective care to those in greatest need.
- Participated in 50 outreach events across vulnerable neighborhoods, where essential health education was provided and conducted blood pressure screenings. These efforts reflect our ongoing commitment to supporting community well-being and addressing health disparities in underserved areas. Our engagement has not only contributed to increased awareness of chronic health conditions but also fostered trust and collaboration with local populations.
- Provision of clinical mental health services with expertise and training in the treatment of acute trauma and polyvictimization for underserved crime survivors including vulnerable populations such as persons of color, the homeless, LGBTQ people, chronically mentally ill, non-English speaking and those living in poverty.
- New federal grant funds to provide basic needs to under resourced survivors of violence with focus for services within Buffalo's zip codes with the combined highest social deprivation index scores and the highest rates of gun violence through the past 15 years of available data. Primary zip codes of focus will be 14215 and 14211, with a secondary focus on six other zip codes within the city (14204, 14207, 14208, 14212, 14213, and 14214).

## 6. Community Needs

- Exceeded MWBE goal for 2024, reaching 48% utilization.
- ECMC honored in 2024 by Buffalo Purchasing Initiative (BPI) for highest increase in eligible spend from previous year among region's 14 participating organizations in the BPI.
- Recognized by the Lown Institute, for outstanding social responsibility, receiving an "A" grade on the 2024-25 across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse.
- Maintained partnership with the Buffalo City Mission focused on its Recuperative Care Unit.
- Opened new satellite Trauma Recovery Center, that is affiliated with the institution's Buffalo Rising Against Violence (BRAVE) initiative, which is ECMC's hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. There are only three such Centers in New York State and 52 in the country.
- Received over \$2.8 million dollars in state funding for ECMC's SNUG program, which, along with ECMC's BRAVE program, provides services to victims of penetrating trauma to decrease recidivism and improve service linkage post discharge.
- Received \$456,239.58 in continued funding for ECMC's BRAVE program to provide 24/7 hospital response to victims of domestic violence, elder abuse and human trafficking.
- Received new federal grant to screen and provide victim services to survivors of human trafficking.

## **7. Great Lakes Health Collaboration**

- Continued partnership and investment in Great Lakes Integrated Network
- Continued successful collaborative value-analysis program.

## **8. Strengthen Relationship with Academic Partners**

- Between 2020-2024, approximately 6,900 Nursing students have rotated through ECMC as part of their clinicals.
- Strengthened Neurological surgery with UB Neurosurgery. Dr. Hanna Algattas performing skull-based neurosurgery for tumors, which is only procedure of this kind currently in WNY.
- New elective for fourth year medical students: “Trauma Surgery and Trauma Informed Care” in conjunction with UB Department of Surgery with focus on trauma surgery and community-based research on health disparities.
- Recruited 70 new physicians, 59 Allied Health Professionals, including surgeons, neurologists, gastroenterologists and urologists.
- Credentialing and privileging transformation – entered into a collaborative agreement with Kaleida Health and UAHS to transform credentialing to a fully electronic format with dates aligned throughout. Return on investment includes increased efficiencies and provider satisfaction.

## **2025 HIGH PRIORITY INITIATIVES**

- New quality structure and Performance Improvement Program to support continuing journey to a High Reliability Organization.
- Electronic Health Record Transformation – entered into a collaborative agreement with Kaleida Health and UBMD to transform healthcare access for patients, improve access to data, and improve overall health system performance through Epic Community Connect.
- Grow research initiatives and clinical trial opportunities for clinical investigators with grants and sponsors.
- Maintain a survey ready environment, focused on Joint Commission Hospital, Laboratory and Substance Use Treatment Survey in 2025.

### CAPITAL PROJECTS IN PROCESS IN 2024

Mammography Suite	Began August 2024
Generator Replacements	Began January 2024
Fire Damper Duct Access Panels	Began November 2024

### REAL PROPERTY ACQUISITIONS

<b>Address of Location Purchased</b>	<b>Name of Seller</b>	<b>Purchase Price</b>
NONE		

## **CODE OF ETHICS**

See Appendix D. Article XI; Sections 1-8

### **INTERNAL CONTROL STRUCTURE AND PROCEDURES**

Assessment of Effectiveness of Internal Controls

New York State Public Authority Reporting System (PARIS)

Erie County Medical Center Corporation

At and For the Year Ended December 31, 2024

The evaluation of the system of internal control is an ongoing process conducted throughout the year by myself in the capacity as the Chief Financial Officer of Erie County Medical Center Corporation. In this ongoing process there is engagement and oversight by the Audit Committee of the Board of Directors with support, advice and assistance provided by the Chief Executive Officer, the Chief Operating Officer, the General Counsel and a robust internal audit function.

The conclusions of the ongoing assessment were that no control deficiencies, significant deficiencies or material weaknesses, collectively as defined in generally accepted auditing standards, in internal controls were identified, however, performance improvement opportunities to enhance internal control were identified and implemented.

Based on my ongoing assessment, the work of the internal audit function and the work of the independent audit firm for ECMC there is an effective system of internal control to safeguard assets and to assure that transactions are properly authorized.

Respectfully submitted,



Jonathan T. Swiatkowski, CPA  
Chief Financial Officer

### **PENDING LITIGATION**

The corporation is involved in several matters related to medical malpractice, workers' compensation, and business disputes as discussed in Note 15 in the enclosed audited financial statements beginning on page 49. There are no other material matters pending litigation at this time.

## **CORPORATION AND BOARD STRUCTURE**

ECMC Corporation's Board of Directors is comprised of 15 voting Directors, drawn from institutions and occupations across Western New York. Of these directors, eight are appointed by the Governor of New York – via the recommendations of the County Executive (3), County Legislature (3), the Temporary President of the NYS Senate (1) and the Speaker of the NYS Assembly (1) – and seven are appointed by the County Executive with the advice and consent of the Erie County legislature. In addition, the Board has four non-voting members: (1) appointed by Erie County Executive; (1) appointed by Erie County Legislature Majority; (1) appointed by Erie County Legislature Minority; (1) ECMCC President and CEO via Public Authorities Law.

### **ECMC CORPORATION BOARD OF DIRECTORS**

#### **OFFICERS**

Eugenio Russi  
*Chair*

Sharon L. Hanson  
*Secretary*

Darby Fishkin, CPA  
*Treasurer*

Thomas J. Quatroche Jr., PhD  
*President & CEO*

#### **BOARD MEMBERS**

Ronald P. Bennett, Esq.

Reverend Mark E. Blue

Jonathan A. Dandes

Michael H. Hoffert

Christian Johnson

James L. Lawicki, II

Christopher J. O'Brien, Esq.

The Honorable John O'Donnell, J.S.C.

Reverend Kinzer M. Pointer

Michael A. Seaman

Philip Stegemann, MD

Benjamin Swanekamp

## **BOARD OF DIRECTORS REGULAR AND ANNUAL MEETINGS**

### **Tuesday, January 23, 2024 (Annual and Regular Meeting)**

Present: Reverend Mark Blue\*, Ronald Bennett\*, Ronald A Chapin\*, Jonathan Dandes, Darby Fishkin, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegemann, Benjamin Swanekamp

Excused: Christian Johnson, Jennifer Persico

Also

Present: Donna Brown, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

### **Tuesday, February 27, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Ronald A Chapin\*, Jonathan Dandes, Sharon Hanson, Michael Hoffert\*, Christian Johnson\*, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegeman, Benjamin Swanekamp

Excused: Darby Fishkin, James Lawicki, Jennifer Persico

Also

Present: Donna Brown\*, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez\*, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

### **Tuesday, March 28, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Ronald A Chapin\*, Jonathan Dandes, Sharon Hanson, Michael Hoffert\*, Christian Johnson\*, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegeman, Benjamin Swanekamp

Excused: Darby Fishkin, James Lawicki\*, Jennifer Persico

Also

Present: Donna Brown\*, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez\*, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

### **Tuesday, April 23, 2024**



Present: Ronald Bennett\*, Reverend Mark Blue\*, Ronald A Chapin\*, Darby Fishkin, Sharon Hanson, Michael Hoffert\*, Christian Johnson\*, James Lawicki\*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Jonathan Dandes, Michael Hoffert, Christian Johnson, Jennifer Persico, Philip Stegeman

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Cassandra Davis\*, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee\*, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski\*

### **Tuesday, May 28, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Ronald A Chapin\*, Jonathan Dandes, Darby Fishkin\*, Sharon Hanson, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Michael Seaman, Benjamin Swanekamp

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico, Eugenio Russi; Philip Stegeman

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

### **Tuesday, June 25, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue\*, Jonathan Dandes\*, Darby Fishkin\*, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Ronald Chapin, Christian Johnson, Christopher O'Brien, Jennifer Persico, Philip Stegeman

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

### **Tuesday, July 23, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Darby Fishkin\*, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegeman, Benjamin Swanekamp

### **Tuesday, July 23, 2024 (continued)**

Excused: Jonathan Dandes, Sharon Hanson, Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico

Also

Present: Donna Brown, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

**Tuesday, September 24, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue\*, Jonathan Dandes, Darby Fishkin, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Hon. John O'Donnell\*, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp\*

Excused: Christian Johnson, Christopher O'Brien, Jennifer Persico

Also

Present: Samuel Cloud\*, MD, Peter Cutler, Andrew Davis\*, Cassandra Davis, Joseph Giglia\*, Susan Gonzalez, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Jonathan Swiatkowski

**Tuesday, October 22, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue\*, Jonathan Dandes, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Christopher O'Brien\*, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp\*

Excused: Darby Fishkin, Christian Johnson, Hon. John O'Donnell\*, Jennifer Persico

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Anastasia Roeder, Jonathan Swiatkowski

**Tuesday, December 3, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue\*, Darby Fishkin, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp\*

**Tuesday, December 3, 2024 (continued)**

Excused: Jonathan Dandes, Christian Johnson, Christopher O'Brien, Jennifer Persico

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia,  
Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Anastasia Roeder,  
Jonathan Swiatkowski

**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

<b>STANDING COMMITTEE</b>	<b># OF MEMBERS</b>	<b>BOARD MEMBERSHIP</b>	<b>STAFF</b>
<b>EXECUTIVE</b>  <i>Quarterly or Call of Chair</i>	<b>4</b>	<u><b>Eugenio Russi - Chair</b></u> Jonathan Dandes Darby Fishkin Sharon L. Hanson  Thomas Quatroche, ex officio Joseph Giglia, ex officio	Andrew L. Davis Jonathan Swiatkowski Samuel D Cloud, MD  Jeffra Wilson (Asst.) x4823
<b>QUALITY IMPROVEMENT/ PATIENT SAFETY</b>  <i>Meets Monthly</i>	<b>3</b>	<u><b>MICHAEL HOFFERT - Chair</b></u> Kinzer Pointer Judge John O'Donnell Benjamin Swanekamp Christian Johnson	Andrew Davis Thomas Quatroche Donna Jones Samuel D. Cloud, MD Charlene Ludlow Pam Lee  Jackie Wilson (Asst.) x5888
<b>FINANCE</b>  <i>Meets Monthly</i>	<b>5</b>	<u><b>MICHAEL A. SEAMAN - Chair</b></u> Mark Blue Darby Fishkin Benjamin Swanekamp Phil Stegemann	Andrew Davis Jonathan Swiatkowski Thomas Quatroche  Lynn Sacha (Asst.) x6331
<b>AUDIT &amp; COMPLIANCE</b>  <i>Quarterly or Call of Chair</i>	<b>4</b>	<u><b>DARBY FISHKIN - Chair</b></u> James Lawicki Christopher O'Brien Reverend Kinzer Pointer  Joseph Giglia, ex-officio	Andrew Davis Jonathan Swiatkowski Thomas Quatroche Lindy Nesbitt Nadine Mund  Lynn Sacha (Asst.) x6331
<b>EXECUTIVE COMPENSATION</b>  <i>Call of Chair</i>	<b>4</b>	<u><b>JONATHAN DANDES - Chair</b></u> Sharon Hanson Christopher O'Brien	Thomas Quatroche Joseph Giglia

**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

<b>STANDING COMMITTEE</b>	<b># OF MEMBERS</b>	<b>BOARD MEMBERSHIP</b>	<b>STAFF</b>
<b>GOVERNANCE</b>  <i>Call of Chair</i>	<b>4</b>	<b><u>SHARON HANSON - Chair</u></b> Judge John O'Donnell Jon Dandes Darby Fishkin Thomas Quatroche, Jr., ex officio Joseph Giglia, ex officio	Lindy Nesbitt Lori Hoffman (Asst.) x5684
<b>HUMAN RESOURCES</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<b><u>MICHAEL SEAMAN - Chair</u></b> Michael Hoffert Kinzer Pointer	Andy Davis  Michelle Kroupa(Asst.)x5273
<b>INVESTMENT</b>  <i>Semi-Annually or Call of Chair</i>	<b>3</b>	<b><u>EUGENIO RUSSI - Chair</u></b> Sharon L. Hanson Judge John O'Donnell	Jonathan Swiatkowski Thomas Quatroche Michael Seaman  Lynn Sacha (Asst.) x6331
<b>BUILDINGS &amp; GROUNDS</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<b><u>RONALD BENNETT - Chair</u></b> Michael Hoffert Mark Blue	Andrew Davis Thomas Quatroche Pam Lee  Michelle Kroupa(Asst.)x5273
<b>WBE/MBE SUBCOMMITTEE</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<b><u>REVEREND MARK BLUE - Chair</u></b> Rev. Kinzer Pointer Christian Johnson	Diane Artieri Sarina Rohloff Nicholas Long Joseph Giglia Andrew Davis Lindy Nesbitt  Patty Chase (Asst.) x7595
<b>POST-ACUTE QI</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<b><u>Michael Seaman - Chair</u></b> Rev. Kinzer Pointer Christopher O'Brien	Andrew Davis Stephen Woodruff  Monica Hunjan (Asst.) x7279

**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

<b>STANDING COMMITTEE</b>	<b># OF MEMBERS</b>	<b>BOARD MEMBERSHIP</b>	<b>STAFF</b>
<b>CONTRACTS</b>  <i>Quarterly or call of Chair</i>	<b>3</b>	<u><b>CHRISTOPHER O'BRIEN - Chair</b></u> Ronald Bennett Jennifer Persico	Joseph Giglia Lindy Nesbitt  Lori Hoffman (Asst.) x6584

**Erie County Medical Center Corporation**  
**Confidential Evaluation of Board Performance**

<b>Criteria</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>
Board members have a shared understanding of the mission and purpose of ECMCC.				
The policies, practices and decisions of the Board are always consistent with this mission.				
Board members comprehend their role and fiduciary responsibilities and hold themselves and each other to these principles.				
The Board has adopted policies, by-laws, and practices for the effective governance, management and operations of ECMCC and reviews these annually.				
The Board sets clear and measurable performance goals for ECMCC that contribute to accomplishing its mission.				
The decisions made by Board members are arrived at through independent judgment and deliberation, free of political influence or self-interest.				
Individual Board members communicate effectively with executive staff so as to be well informed on the status of all important issues.				
Board members are knowledgeable about ECMCC's programs, financial statements, reporting requirements, and other transactions.				
The Board meets to review and approve all documents and reports prior to public release and is confident that the information being presented is accurate and complete.				
The Board knows the statutory obligations of ECMCC and if ECMCC is in compliance with state law.				
Board and committee meetings facilitate open, deliberate and thorough discussion, and the active participation of members.				
Board members have sufficient opportunity to research, discuss, question and prepare before decisions are made and votes taken.				
Individual Board members feel empowered to delay votes, defer agenda items, or table actions if they feel additional information or discussion is required.				
The Board exercises appropriate oversight of the CEO and other executive staff, including setting performance expectations and reviewing performance annually.				
The Board has identified the areas of most risk to ECMCC and works with management to implement risk mitigation strategies before problems occur.				
Board members demonstrate leadership and vision and work respectfully with each other.				

Date Completed: \_\_\_\_\_

## ECMC CORPORATION EXECUTIVE ADMINISTRATION

Thomas J. Quatroche Jr., PhD  
*President and Chief Executive Officer*

Andrew L. Davis, MBA  
*Chief Operating Officer*

Samuel D. Cloud, MD  
*Chief Medical Officer*

Jonathan T. Swiatkowski, CPA  
*Chief Financial Officer*

Charlene Ludlow, MHA, RN, CIC  
*Senior Vice President of Nursing*

Cassandra Davis  
*Senior Vice President of Operations*

Pamela Lee, MBA, MS, RN  
*Senior Vice President of Operations*

Joseph T. Giglia, II, Esq.  
*General Counsel*

Donna M. Brown  
*Associate Hospital Administrator*

Peter K. Cutler  
*Senior Vice President of Communications and External Affairs*

Phyllis Murawski  
*Chief Quality Officer*

John Cumbo  
*Interim Chief Information Officer*

Anastasia Roeder  
*Interim Executive Director, ECMC Foundation*



## **ECMC CORPORATION MEDICAL-DENTAL STAFF OFFICERS**

Jennifer Pugh, MD, MBA, FACEP  
*President*

Michael Cummings, MD  
*Immediate Past President*

Michael A. Manka Jr., MD  
*President-Elect*

Ashvin Tadakamalla, MD  
*Treasurer*

James Lukan, MD, FACS  
*Secretary*

## **PRIMARY CORPORATION**

### **Erie County Medical Center Corporation**

ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 573 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level 1 Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences – the difference between healthcare and true care™.

ECMC Corporation Employees: 4,119

## **ACTIVE SUBSIDIARY INFORMATION**

### **PPC Strategic Services, LLC**

ECMC Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships, and to provide management services to them, as needed. The accounts of PPC Strategic Services LLC are consolidated into the accounts of the Corporation as of, and for the years ended, December 31, 2024 and 2023, respectively.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

PPC Strategic Services LLC (formerly named ECMCC Strategic Services, LLC) owns Greater Buffalo Niagara SC Venture, LLC, a presently inactive entity. The ownership interest is accounted for utilizing the equity method of accounting.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

### **Grider Community Gardens, LLC**

This entity is wholly owned and controlled by the Corporation. The Corporation's net investment as of December 31, 2024 and 2023 is approximately \$935 thousand and \$1 million, respectively, and is reflected in other non-current assets of the parent company's financial statements.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

**Grider Support Services, LLC**

This entity was formed to act as a Management Services Organization (“MSO”) for physician services for ECMC Hospital. The accounts of Grider Support Services, LLC are consolidated into the accounts of the Corporation as of, and for the years ended, December 31, 2024 and 2023, respectively.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: 181

**1827 Fillmore, LLC**

This entity was formed in order to purchase real estate adjacent to the current health campus for the purpose of future development. Its activities to date consist of remediating and improving land adjacent to the ECMC campus and is consolidated into ECMC Corporation.

Net position as of December 31, 2024 and 2023 is (\$210) and \$144 thousand, respectively.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

# **Erie County Medical Center Corporation**

(A Component Unit of the County of Erie)

Financial Report  
December 31, 2024

## Contents

Independent auditor's report	1-3
Management's discussion and analysis	4-15
Basic financial statements	
Statements of net position	16
Statements of revenues, expenses and changes in net position	17
Statements of cash flows	18-19
Statements of net position—discretely presented component units	20
Statements of revenues, expenses and changes in net position—discretely presented component units	21
Notes to the financial statements	22-56
Required supplementary information	
Schedule of corporation's contributions NYSLRS pension plan	57
Schedule of corporation's proportionate share of net pension liability (asset) NYSLRS pension plan	58
Schedule of corporation's changes in total OPEB liability and related ratios	59

**Independent Auditor's Report**

Board of Directors  
Erie County Medical Center Corporation

**Report on the Audit of the Financial Statements*****Opinions***

We have audited the financial statements of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation (the Corporation), a component unit of the County of Erie, as of and for the year ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of the Corporation, as of December 31, 2024 and 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinions***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that management's discussion and analysis as well as the required supplementary information for certain pension and other postemployment benefits (OPEB) related data, as listed in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

**Other Information Included in the Annual Report**

Management is responsible for the other information included in the annual report. The other information comprises the information included in the annual report but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

*RSM US LLP*

Cleveland, Ohio  
March 25, 2025



## **Management's Discussion and Analysis**

Erie County Medical Center Corporation (the Corporation or ECMCC) is a state public benefit corporation dedicated to providing every patient the highest quality of care delivered with compassion. The Corporation fully embraces its position as a safety net provider for the eight-county region of Western New York State (encompassing over 1.5 million residents), supporting persons in need who lack the ability to pay.

To assist the reader in understanding the operations of the Corporation, this annual report has been organized into three parts that should be read together:

- Management's discussion and analysis
- Financial statements and notes to the financial statements and
- Supplemental schedules

The purpose of the discussion and analysis is to provide the reader with objective data to evaluate the financial position and the activities of the Corporation for the year ended December 31, 2024. This narrative and the financial statements and footnotes are the responsibility of the Corporation's management.

The financial statements (the statements of net position, the statements of revenues, expenses and changes in net position and the statements of cash flows) present financial information in a form similar to that used by other government hospitals and have been prepared in accordance with accounting principles generally accepted in the United States of America.

The accompanying financial statements of the Corporation include financial data of the Corporation's discretely presented component units: (i) ECMC Foundation, Inc., and (ii) The Grider Initiative, Inc. however, Management's Discussion and Analysis focuses on the Corporation.

## **Introduction**

During 2024, the Corporation improved in both quality outcome metrics and operational growth while facing another year of financial challenges. During this period, despite these challenges, ECMCC continued to provide high quality, compassionate care to the tens of thousands of Western New Yorkers who depend on it, serve as the region's community hospital and trauma center, and help patients from the most influential to the most vulnerable. ECMCC's dedicated caregivers, support staff, executive leadership, as well as an involved and supportive Board of Directors, continue to advance the mission of the Corporation and its service to the greater Western New York area. The Corporation continues to be a provider of choice in our community as a result of its continual focus on high quality healthcare services, the patient experience and physician engagement.

## Operations Analysis

The Corporation continued its recovery across inpatient and outpatient care, serving not only Western New York residents but also many individuals from beyond the region, bringing patient volume closer to pre-pandemic levels. The following outlines the patient volume encounters (not expressed in thousands):

	2020	2021	2022	2023	2024	% Growth 2023-2024
Inpatients	19,110	18,903	17,412	17,643	18,105	2.6%
Surgeries	12,481	13,803	12,478	13,321	13,672	2.6%
Emergency	65,261	68,384	59,064	63,715	63,917	0.3%
Outpatients	299,297	280,611	274,402	297,168	299,098	0.6%
Dialysis	27,973	26,116	24,961	25,159	25,771	2.4%
Transplants	134	146	148	151	143	-5.3%

During 2024, the healthcare industry both nationally and locally faced several challenges, including rising costs and workforce shortages. Despite these obstacles, the Corporation successfully increased patient volumes through a dedicated focus on improving patient throughput. ECMCC's inpatient volumes ended the year 2.6% higher in patient discharges and 6.2% higher in inpatient surgeries, while the average length of stay improved by 3.7%. Outpatient surgeries saw a slight increase of 0.4% compared to the previous year, and emergency department visits rose by 0.3%, contributing to a 0.6% overall growth in total outpatient visits. As the Regional Center of Excellence for Transplantation and Kidney Care, the Corporation completed 143 transplant surgeries (kidney and pancreas) in 2024, following a record year in 2023.

The COVID-19 pandemic officially ended on May 11, 2023. While the public emergency concluded, the Corporation continues to await reimbursement for certain incremental eligible expenses incurred during the pandemic from the Federal Emergency Management Agency (FEMA), which provided financial relief through its Disaster Relief Fund. As of December 31, 2024, the Corporation has received \$23.9 million from FEMA to cover eligible COVID-19-related expenses.

Rising costs due to inflation and workforce shortages continue to affect both the healthcare industry and the Corporation. To sustain mission-critical services, ECMCC continues to work closely with the New York State Department of Health's various grant and operational assistance programs to address cash flow funding gaps. ECMCC has implemented a series of operational improvements aimed at mitigating cost escalations and increasing payor reimbursement. These efforts have led to financial improvements, and when coupled with certain supplemental funding receipts from FEMA, the Corporation did not require supplemental funding from the New York State Department of Health in 2024 after having received \$76.3 million of supplemental funding during 2023.

## Operations Analysis (Continued)

The continued volume and visit trends reflect the trust that the Western New York community has placed in ECMCC. Notable achievements in 2024 include:

- **Global Healthcare Exchange (GHX)** announced that ECMCC is among the inaugural class of its “Supply Chains of Distinction Award for 2024,” which recognized 75 top performing hospitals and health systems in North America. The Supply Chains of Distinction Award honors GHX Exchange-connected provider organizations that excelled in driving best-in-class supply chain operations.
- ECMCC was honored by the **Buffalo Purchasing Initiative** for achieving Highest Outreach and Engagement for local Minority Business Enterprise vendors.
- ECMC is one of 462 national healthcare institutions to earn an “**LGBTQ+ Healthcare Equality High Performer**” designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- Dr. Anthony Martinez, ECMC’s Medical Director of Hepatology who was honored with the **Coalition for Global Hepatitis Elimination’s 2024 Hepatitis Elimination Champion award**. Dr. Martinez was one of eight Champions selected worldwide from seven countries. His clinic at ECMC, “La Bodega,” has been recognized nationally and globally as a novel co-localized model for managing viral hepatitis and addiction disorders.
- In Orthopedics, ECMCC was honored by **US News and Annual Report** in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement.
- ECMCC again recognized by the Lown Institute among the best nationally and in New York State, receiving ‘A’ grades on the **2024-2025 Lown Institute Hospitals Index** across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse.
- Terrace View Long-Term Care Facility recognized on **Newsweek’s Best Nursing Homes 2024** list. Only four percent of nursing homes nationwide received this distinction. This is the fifth consecutive year Terrace View has received this recognition.
- Terrace View Long-Term Care Facility received an overall 4-star rating from a recent survey conducted by **The Centers for Medicare and Medicaid Services (CMS)**.
- Terrace View Long-Term Care Facility received its **formal recertification from the NYS Department of Health** following a multi-day survey in August.
- ECMCC’s Medical Intensive Care Units (MICU) North and South were each recognized by the American Association of Critical-Care Nurses (AACN) with a **gold-level Beacon Award for Excellence**.
- In another indication of national affirmation of ECMCC’s clinical excellence, we earned status in 2024 as an **American College of Surgeons (ACS) Surgical Quality Partner** due to ECMC’s participation in multiple ACS quality programs.
- The American College of Emergency Physicians (ACEP) informed ECMCC that our Emergency Department in 2024 achieved the bronze standard — **Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation**.
- ECMCC celebrated the opening of our new satellite **Trauma Recovery Center**, that is affiliated with the institution’s BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence.

## Operations Analysis (Continued)

### Financial Metric Analysis

The Corporation's total net position decreased in 2024 primarily due to significant non-cash expenses related to the actuarial liability adjustments for the New York State Pension Plan and Post-Retirement Health Benefit obligations. Additional drivers of performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2023 (most recent publicly available audited data) averages of other comparable New York State (NYS) Public Benefit Corporation (PBC) hospitals are presented in the following table. The financial statements used for the calculation of the following ratios, where appropriate, have been reclassified to conform to the presentation used in the development of the benchmarks, consistent with generally accepted accounting principles (U.S. GAAP) for entities not subject to the Governmental Accounting Standards Board (GASB) standards.

	ECMCC			NYS PBC Average
	2024	2023	2022	2023
Operating margin	-2.0%	-14.2%	-10.8%	-14.3%
Operating cash flow margin	4.6%	-6.0%	4.6%	-8.2%
Debt service coverage	1.7	2.7	1.5	-0.5
Unrestricted days cash on hand	32.8	14.1	29.2	25.6
Days cash on hand	114.0	90.5	118.7	56.6
Days in accounts receivable	52.3	66.0	53.9	40.9
Average age of plant	17.3	15.4	13.0	19.1

The operational performance ratios for 2024 generally represent improvements from the Corporation's 2023 performance ratios and favorable comparisons to the NYS Healthcare Public Benefit Corporations' ratios. Notably, the operating margin for 2024 improved to -2.0%, compared to -14.2% in 2023, reflecting a positive shift but remaining negative. This improvement is largely driven by operational growth, despite the continued unfavorable impact of amortization components of the pension and postemployment benefit liabilities. Although these changes have no cash flows associated with them, the changes to the liabilities associated with them are included within the operating margin. Excluding the impact of the amortization components of pension and postemployment benefits, the operating margin for 2024 and 2023 stands at 2.1% and -11.6%, respectively. This shift indicates favorable operational performance and growth during 2024. Grants received from the New York State Department of Health (NYSDOH) and FEMA have been recognized as non-operating revenue and are excluded from the operating margin ratio calculations as required under GASB accounting standards. Unrestricted days cash on hand increased 18.7 days (132.6%) due to receipt of FEMA grant awards, accumulation of unrestricted investment income and an increase in annual Disproportionate Share Hospital (DSH) Revenue, a portion of which is subject to future reconciliation and repayment. Days in accounts receivable decreased by 13.7 days (20.1%) due to the improved collection efforts, improved staffing levels, and successful payment settlements with various insurance plans. Average age of plant increased by 1.9 years (12.3%) as a result of reduced capital investment aimed at managing cash flow needs to maintain essential community services amid operating challenges.

## Summary Financial Statements with Analysis

Management is providing the following summary financial statements and variance analysis for certain financial statement lines where it believes the readers understanding of the financial statements is enhanced.

### Statements of Net Position

Net position is categorized as follows:

**Net investment in capital assets:** Consists of capital assets, net of accumulated depreciation and reduced by outstanding debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets.

**Restricted:** Result when constraints placed on the use of the net position are either externally imposed by creditors, grantors, contributors, or imposed by law through constitutional provisions or enabling legislation.

**Unrestricted:** Represents the resources derived primarily from services rendered to patients and other operating revenues and not meeting the previously listed criteria. These resources are used for transactions related to the general healthcare and academic operations of the Corporation and may be used at the discretion of the Board of Directors to meet current expenses for any purpose.

Condensed Statements of Net Position are as follows:

	2024	2023	2022	2024-2023	
				\$ Change	% Change
<b>Assets</b>					
Current assets, excluding assets whose use is limited	\$ 203,094	\$ 189,816	\$ 210,427	\$ 13,278	7.0
Assets whose use is limited	191,601	170,621	157,516	20,980	12.3
Capital assets, net	282,632	313,039	359,386	(30,407)	(9.7)
Net pension asset	-	-	77,538	-	-
Other assets	9,978	8,906	7,780	1,072	12.0
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>	<b>812,647</b>	<b>4,923</b>	<b>0.7</b>
<b>Deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>	<b>178,411</b>	<b>(7,724)</b>	<b>(4.8)</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>
<b>Liabilities</b>					
Current liabilities	\$ 339,603	\$ 302,347	\$ 303,848	\$ 37,256	12.3
Noncurrent liabilities	637,616	730,926	560,724	(93,310)	(12.8)
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>	<b>864,572</b>	<b>(56,054)</b>	<b>(5.4)</b>
<b>Deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>	<b>396,441</b>	<b>58,238</b>	<b>68.7</b>
<b>Net Position</b>					
Net investment in capital assets	46,303	58,654	85,013	(12,351)	(21.1)
Restricted	46,938	29,012	12,314	17,926	61.8
Unrestricted	(374,393)	(363,833)	(367,282)	(10,560)	(2.9)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>	<b>(269,955)</b>	<b>(4,985)</b>	<b>(1.8)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>

## **Statements of Net Position (Continued)**

### **Comparison of December 31, 2024 to December 31, 2023**

Overall, total assets and deferred outflows of resources decreased \$2,801 from 2023 to 2024.

The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, increased by \$13,278 due to the following:

- Cash, cash equivalents and investments increased by \$13,813 due to the receipt of certain disproportionate share (DSH/IGT) payments, increased collections on billed accounts receivable, increased retroactive insurance payer settlements, accumulation of unrestricted investment income, a retrospective reimbursement settlement related to the 340b drug pricing program and the receipt of \$17.3 million of FEMA program reimbursement payments. These inflows were partially offset by management's payment of the New York State Pension Plan contribution as required and ongoing operating vendor and employee payments.
- Patient accounts receivable, net, decreased by \$8,681 due to increased collections efforts through increased staffing levels and successful insurance payer claim settlements achieved during the year. Also decreasing the balance are certain reserves recorded on professional billing accounts receivable as a result of a significant delay in billing due to the February 2024 Change Healthcare cyber attack.
- Other receivables decreased by \$27,715 which is due to a \$28,473 decrease in Medicaid DSH and UPL program receivables as a result of timing of payments, an increase of \$393 in due from third party payors and a \$365 increase in other receivables.

The following variances in non-current assets and deferred outflows of resources are noteworthy:

- Assets whose use is limited, including current portion, increased by a net of \$20,980, which is due to an increase in assets designated for capital and technology projects of \$16,724, gains on investments of \$8,584 offset by a decrease in reserve account funding for actuarial liabilities and other limited use assets of \$4,238.
- Capital assets, net, decreased by \$30,407 due to the shortfall in capital asset investments during 2024 as compared to the ongoing depreciation expense on all capital assets, which is a continued result of reduced cash flow availability. Investments in capital assets are summarized in a following section.
- Deferred outflows of resources decreased \$7,724 due to combined increases in differences between expected and actual actuarial experience offset by decreases in changes in assumptions related to the pension and other post-employment benefits deferred outflows of resources.

Overall, total liabilities and deferred inflows increased \$2,184 and net position decreased \$4,985 from 2023 to 2024.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits increased by \$9,550 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$15,538 largely as a result of increases in payor advances of \$13,604 related to the Change Healthcare cyber-attacks and Medicaid DSH and UPL repayment liability of \$9,743 offset by decreases in amounts due to Erie County of \$8,761.

### **Statements of Net Position (Continued)**

- Unearned revenue increased by \$5,355 due to investment income accumulation on unearned revenue coupled with an increase in grants restricted for certain purposes.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2024.
- Deferred inflows of resources increased \$58,238 largely as a result of increases in differences between projected and actual investment earnings on pension plan investments.
- The long-term portion of self-insured obligations decreased by \$7,281 due to decreases in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims and payments made on those claims. The current portion of these self-insured obligations decreased by \$410.
- Net pension liability, including current portion, decreased \$43,612 due to changes in actuarial assumptions used to value the plan as of December 31, 2024.
- The liability for Other Post-Employment Benefits (OPEB) decreased by \$15,315 primarily as a result of the favorable impact of a change in actuarial assumptions related to favorable healthcare trend rates and an increase in the discount rate used to measure the obligation.
- Net position decreased by \$4,985 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

### **Comparison of December 31, 2023 to December 31, 2022**

Overall, total assets and deferred outflows of resources decreased \$149,212 from 2022 to 2023. The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, decreased by \$20,611 due to the following:

- Cash, cash equivalents and investments decreased by \$20,029 due to losses from operations and the timing of the annual DSH and Upper Payment Limit (UPL) cash receipts offset by earnings on investments.
- Patient accounts receivable, net, increased by \$18,820 as a result of current year decreases in collections due to an increase in unbilled accounts as a result of staffing shortages and increased patient volumes.
- Other receivables decreased by \$21,822 which is due to a \$21,856 decrease in Medicaid DSH and UPL program receivables, a decrease of \$286 in due from third party payors and a \$320 increase in other receivables.

The following variances in non-current assets are noteworthy:

- Assets whose use is limited, including current portion, increased by a net of \$13,105, which is due to a required deposit of collateral of \$11,015 related to a new line of credit agreement, unrealized gains on investments of \$3,786 and an increase in reserve account funding for actuarial liabilities and other limited use assets of \$2,311, offset by a decrease in assets designated for long-term investment of \$4,007.
- Capital assets, net, decreased by \$46,347 due to the shortfall in capital asset investments during 2023 as compared to the ongoing depreciation expense on all capital assets, which is a continued result of reduced cash flow availability driven by operating losses. Investments in capital assets are summarized in a following section.

### **Statements of Net Position (Continued)**

- Net pension asset decreased \$77,538 and was eliminated due to changes in actuarial assumptions, which increased the liability thus creating a net pension liability, which is further discussed in the section below.

Overall, total liabilities and deferred inflows decreased \$143,000 and net position decreased \$6,212 from 2022.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits decreased by \$17,339 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$1,908 largely as a result of increases in amounts due to Erie County and third-party payors.
- Unearned revenue decreased by \$22,517 due to a decrease of \$27,000 related to the New York State grant received in late December 2022 for the calendar year 2023, thus recognized during 2023. Other unearned revenue increased \$4,483.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2023.
- The long-term portion of self-insured obligations increased by \$3,238 due to changes in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims greater than payments made on those claims. The current portion of these self-insured obligations decreased by \$148.
- Net pension liability, including current portion, was established at \$198,936 due to changes in actuarial assumptions used to value the plan as of December 31, 2023. As noted above, at December 31, 2022, the Corporation had recorded a net pension asset of \$77,538.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$22,516 primarily as a result of the unfavorable impact of a change in actuarial assumptions related to unfavorable healthcare trend rates and a decrease in the discount rate used to measure the obligation.
- Net position decreased by \$6,212 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.



## Statements of Revenues, Expenses and Changes in Net Position

Condensed Statements of Revenues, Expenses and Changes in Net Position are as follows:

	2024	2023	2022	2024-2023	
				\$ Change	% Change
Net patient service revenue	\$ 656,228	\$ 603,720	\$ 566,389	\$ 52,508	8.7
Disproportionate share (DSH) revenue	164,953	107,105	68,295	57,848	54.0
Other operating revenue	72,133	46,639	26,095	25,494	54.7
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>	<b>660,779</b>	<b>135,850</b>	<b>17.9</b>
Operating expenses:					
Payroll and employee benefits	463,302	440,770	410,664	22,532	5.1
Professional fees	112,289	110,577	109,113	1,712	1.5
Purchased services	72,027	81,712	78,037	(9,685)	(11.9)
Supplies	153,120	132,197	117,877	20,923	15.8
Other operating expenses	26,769	30,529	29,185	(3,760)	(12.3)
Depreciation and amortization	47,115	49,812	49,872	(2,697)	(5.4)
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>	<b>794,748</b>	<b>29,025</b>	<b>3.4</b>
<b>Operating income (loss) before pension and other post employment expense (benefit), amortization components</b>	<b>18,692</b>	<b>(88,133)</b>	<b>(133,969)</b>	<b>106,825</b>	<b>121.2</b>
Pension expense (benefit), amortization component	30,347	39,752	(32,537)	(9,405)	(23.7)
OPEB expense (benefit), amortization component	6,072	(20,424)	(29,861)	26,496	(129.7)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>	<b>(71,571)</b>	<b>89,734</b>	<b>83.5</b>
Non-operating revenues (expenses):					
Investment gain (loss)	7,411	6,283	(13,966)	1,128	18.0
Grant revenue and capital contribution	17,352	107,230	63,151	(89,878)	(83.8)
Interest expense	(12,021)	(12,264)	(12,028)	243	2.0
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>	<b>(34,414)</b>	<b>1,227</b>	<b>19.8</b>
Net position—beginning of year	(276,167)	(269,955)	(235,541)	(6,212)	(2.3)
Net position—end of year	\$ (281,152)	\$ (276,167)	\$ (269,955)	\$ (4,985)	(1.8)

## Comparison of December 31, 2024 to December 31, 2023

Overall, total operating revenues increased by \$135,850 or 17.9% in 2024 with changes attributable to the following:

- Net patient service revenue increased \$52,508, or 8.7%, in 2024 as a result of a combination of overall increased patient volumes, an increase in contracted reimbursement rates and revenue cycle improvements. Provisions for bad debts increased by \$8,067 due to reserves recorded related to the Change Healthcare cyber attack as further described in Note 4.
- DSH revenue increased by \$57,848, or 54.0%, in 2024 as a result of a decrease in the nursing home upper payment limit of \$607 due to a slight decrease in the pool size in the State Plan Amendment and a \$58,455 increase in federal DSH due to an increase in uncompensated care as a result of volume growth, and continued cost inflation exceeding increases in reimbursements from the Medicaid program.
- Other operating revenue increased \$25,494, or 54.7% primarily due to growth in specialty pharmacy operations of \$20,620, an increase in third-party quality incentives of \$2,553 and an increase in grant revenue of \$1,826.

## **Statements of Revenues, Expenses and Changes in Net Position (Continued)**

Total operating expenses including pension expense/benefit and other post-employment benefit expenses increased \$46,116 or 5.3% in 2024. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$22,532 or 5.1% as a result of contracted rate and step increases as well as necessary additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue decreased by 2.4%, from 73.0% in 2023 to 70.6% in 2024.
- Purchased services have decreased \$9,685 as a result of a nonrecurring expense during 2023 of \$11,239 to write-off an abandoned IT capital related project. The remaining variance is due to an increase in contract labor of \$2,058 due to staffing shortages.
- Pension expense decreased by \$1,074 as a result of changes in actuarial assumptions used to value the plan including investment returns and other demographic assumptions offset by an increase in our proportionate share of that expense.
- Supplies expense increased by \$20,923 or 15.8% as a result of increased surgical volume, significant growth in volume within the specialty pharmacy operations, pharmaceutical cost increases related to drug shortages and continued cost inflation on medical supplies.
- OPEB benefit decreased \$7,117 or 36.8% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payments made under the plan.

## **Comparison of December 31, 2023 to December 31, 2022**

Overall, total operating revenues increased by \$96,685 or 14.6% in 2023 with changes attributable to the following:

- Net patient service revenue increased \$37,331, or 6.6%, in 2023 as a result of a combination of overall increased patient volumes, an increase in contracted reimbursement rates, improvements in bad debt write-offs and improvements in ECMCC's ability to discharge patients into the community.
- DSH revenue increased by \$38,810, or 56.8%, in 2023 as a result of an increase in the nursing home upper payment limit of \$5,885 due to a significant increase in the pool size in the State Plan Amendment and a \$32,925 increase in federal DSH due to an increase in uncompensated care net of anticipated formula changes in the Medicaid DSH cap calculation enacted through legislation but not yet implemented which will exclude costs from services provided to Medicaid-eligible beneficiaries who are dually eligible for Medicare or any other coverage.
- Other operating revenue increased \$20,544, or 78.7% due to an increase in specialty pharmacy operations of \$20,777.

Total operating expenses including pension expense/benefit and other post-employment benefit expenses increased \$132,575 or 18.1% in 2023. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$30,106 or 7.3% as a result of increases in salaries due to new collective bargaining agreements' market rate adjustments and additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue increased by 0.5%, from 72.5% in 2022 to 73.0% in 2023.
- Pension expense increased by \$65,834 as a result of changes in actuarial assumptions used to value the plan including investment returns, discount rates and other demographic assumptions.

### **Statements of Revenues, Expenses and Changes in Net Position (Continued)**

- Supplies expense increased by \$14,320 or 12.1% as a result of increased surgical volume, increased volume within the specialty pharmacy operations and pharmaceutical cost increases related to drug shortages.
- OPEB benefit decreased \$11,976 or 38.2% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payment made to current employees.

### **Capital Assets, Net**

At December 31, 2024, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$282,632 compared to \$313,039 at December 31, 2023, representing a decrease of \$30,407 or 9.7%.

During 2024, the Corporation invested \$16,805 in various capital assets (\$6,375), leases (\$2,887) and SBITAs (\$7,543). Noteworthy investments in capital assets include infusion pumps and related software (\$2,222) and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include mobile x-ray system (\$794) and other various leased medical and non-medical equipment. Noteworthy additions to SBITAs includes a new payroll software system (\$3,261) and other medical and non-medical software. GASB Statement No. 87, *Leases*, establishes the foundational principle that leases are financing of the right-to-use an underlying asset for a period of time. The Corporation recorded lease assets, net of accumulated depreciation, in the amount of \$22,797 and \$26,371 in 2024 and 2023, respectively. GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, extends the right-of-use accounting concepts introduced in GASB Statement No. 87, *Leases*, to SBITAs. The Corporation recorded SBITA assets in the amount of \$22,322 in 2024 and \$25,761 in 2023.

### **Forward-Looking Factors**

Management has prepared the following forward-looking factors to assist the reader in understanding the financial, economic and market factors impacting the Corporation:

### **Collective Bargaining Agreements**

The Corporation operates under three collective bargaining agreements that cover substantially all employees. Corporation employees of the Civil Service Employee Association (CSEA) are covered by a contract negotiated in concert with Erie County, New York, which contains a sub-bargaining unit representing only Corporation employees. The agreement began January 1, 2023 and runs through December 31, 2027. Registered Nurses (RNs) are covered under an agreement with the New York State Nurses Association (NYSNA). This agreement began January 1, 2023 that runs through December 31, 2027. The Corporation's agreement with the American Federation of State, County and Municipal Employees (AFSCME), a contract negotiated in concert with the County of Erie, New York, and ratified with AFSCME employees in 2022 runs through December 31, 2026.

### **Transactions with the County of Erie**

The Corporation is a component unit of the County of Erie, New York. The County has ongoing contractual and legal obligations to the Corporation and the Corporation has ongoing contractual and legal obligations to the County.

**Medicare and Medicaid Reimbursement**

The future state of both reimbursement levels and reimbursement methods related to the Medicare and Medicaid programs remains uncertain. Unimplemented formulaic changes as well as budget proposals related to both of these programs for the upcoming year and beyond may significantly alter reimbursements or methodologies, thus changing the environment in which we conduct business as the Corporation relies heavily on these programs for reimbursement for services. The impact of these state and federal rule changes and budget proposals are unknown at this time but could materially impact the Corporation.

**Contacting the Corporation's Financial Management**

This financial report is designed to provide our community and creditors with a general overview of Erie County Medical Center Corporation's finances and to demonstrate the Corporation's accountability for the resources it receives. If you have any questions about this report or need additional financial information, contact the Chief Financial Officer, Erie County Medical Center Corporation, 462 Grider Street, Buffalo, New York 14215.

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Net Position**  
**December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
<b>Assets and Deferred Outflows of Resources</b>		
Current assets:		
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited	84,714	113,986
Patient accounts receivable, net	93,708	102,389
Other receivables	12,893	40,608
Supplies, prepaids and other	19,082	15,400
<b>Total current assets</b>	<b>287,808</b>	<b>303,802</b>
Assets whose use is limited	106,887	56,635
Capital assets, net	282,632	313,039
Other assets, net	9,978	8,906
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>
Deferred outflows of resources:		
Pension	121,188	123,115
Other post employment benefits	21,151	25,670
Other	9,401	10,679
<b>Total deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>
<b>Liabilities, Deferred Inflows of Resources and Net Position</b>		
Current liabilities:		
Current portion of long-term debt	\$ 12,755	\$ 12,128
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	15,147	16,409
Accounts payable	64,579	59,927
Accrued salaries, wages and employee benefits	44,501	39,603
Net pension liability	41,138	34,131
Other post employment benefits	12,767	12,326
Accrued other liabilities	57,559	42,021
Unearned revenue	81,157	75,802
<b>Total current liabilities</b>	<b>339,603</b>	<b>302,347</b>
Long-term debt, net	179,372	190,515
Long-term lease and SBITA liability, net	27,805	34,682
Net pension liability, net of current portion	114,186	164,805
Self-insured obligations	44,840	52,121
Other post employment benefits, net of current portion	265,829	281,585
Other	5,584	7,218
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>
Deferred inflows of resources:		
Pension	95,637	23,737
Other post employment benefits	45,778	59,337
Leases	1,563	1,666
<b>Total deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>
<b>Net Position:</b>		
Net investment in capital assets	46,303	58,654
Restricted:		
Expendable	46,938	29,012
Unrestricted	(374,393)	(363,833)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>

See notes to the financial statements.

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$12,663 and \$4,596 for 2024 and 2023, respectively	\$ 656,228	\$ 603,720
Disproportionate share revenue (DSH)	164,953	107,105
Other operating revenue	72,133	46,639
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>
Operating expenses:		
Payroll and employee benefits	463,302	440,770
Professional fees	112,289	110,577
Purchased services	72,027	81,712
Supplies	153,120	132,197
Other operating expenses	26,769	30,529
Depreciation and amortization	47,115	49,812
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>
<b>Operating income (loss) before pension benefit and other post employment benefits amortization components</b>	<b>18,692</b>	<b>(88,133)</b>
Pension expense, amortization component	30,347	39,752
OPEB expense (benefit), amortization component	6,072	(20,424)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>
Nonoperating revenues (expenses):		
Investment gain	7,411	6,283
Grant revenue	17,333	107,230
Interest expense	(12,021)	(12,264)
<b>Total nonoperating revenues</b>	<b>12,723</b>	<b>101,249</b>
<b>Loss before capital contributions</b>	<b>(5,004)</b>	<b>(6,212)</b>
Capital contributions	19	-
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>
Net position—beginning of year	(276,167)	(269,955)
Net position—end of year	<b>\$ (281,152)</b>	<b>\$ (276,167)</b>

See notes to the financial statements.

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Cash Flows**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 691,467	\$ 608,472
Payments to employees for salaries and benefits	(422,231)	(415,584)
Payments to vendors for supplies and other	(345,921)	(354,111)
Other receipts	171,416	119,572
<b>Net cash provided by (used in) operating activities</b>	<b>94,731</b>	<b>(41,651)</b>
Cash flows from capital and related financing activities:		
Purchases of capital assets	(12,551)	(12,554)
Payments on long-term debt	(12,255)	(11,714)
Interest paid on long-term debt	(9,797)	(10,264)
Payments on leases and SBITAs	(15,676)	(15,253)
Interest paid on leases and SBITAs	(2,224)	(2,000)
<b>Net cash used in capital and related financing activities</b>	<b>(52,503)</b>	<b>(51,785)</b>
Cash flows from noncapital financing activities:		
Grant funding	17,333	80,229
<b>Net cash provided by noncapital financing activities</b>	<b>17,333</b>	<b>80,229</b>
Cash flows from investing activities:		
Purchases of assets whose use is limited, net	(20,980)	(13,105)
Investment gain	7,411	6,283
Purchases of investments	(32,179)	(3,393)
<b>Net cash used in investing activities</b>	<b>(45,748)</b>	<b>(10,215)</b>
<b>Net change in cash and cash equivalents</b>	<b>13,813</b>	<b>(23,422)</b>
Cash and cash equivalents:		
Beginning	20,773	44,195
Ending	<b>\$ 34,586</b>	<b>\$ 20,773</b>

Noncash capital and related financing activities:

Included in accounts payable at December 31, 2024 and 2023, was \$624 and \$1,357, respectively, of invoices related to capital asset acquisitions.

(Continued)

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	<b>2024</b>	<b>2023</b>
Reconciliation of operating loss to net cash provided by (used in) operating activities:		
Operating loss	\$ (17,727)	\$ (107,461)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	47,115	49,812
Provision for bad debts	12,663	4,596
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(3,982)	(23,416)
Other receivables	27,715	21,822
Supplies, prepaids and other	(4,754)	(3,546)
Deferred outflows of resources	7,724	18,947
Accounts payable	9,313	(4,634)
Accrued liabilities	20,436	5,468
Unearned revenue	5,355	4,484
Estimated third-party payor settlements	(1,157)	1,750
Self-insured obligations	(7,281)	3,238
Net pension liability	(43,612)	276,474
OPEB	(15,315)	22,516
Deferred inflows of resources	58,238	(311,701)
<b>Net cash provided by (used in) operating activities</b>	<b>\$ 94,731</b>	<b>\$ (41,651)</b>

See notes to the financial statements.



**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Net Position—Discretely Presented Component Units**  
**December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
<b>Assets</b>								
Current assets:								
Cash and cash equivalents	\$ 2,239	\$ 270	\$ -	\$ 2,509	\$ 2,365	\$ 270	\$ -	\$ 2,635
Investments	-	-	-	-	-	-	-	-
Other receivables	1,235	-	-	1,235	938	-	-	938
Supplies, prepaids and other	13	-	-	13	259	-	-	259
<b>Total current assets</b>	<b>3,487</b>	<b>270</b>	<b>-</b>	<b>3,757</b>	<b>3,562</b>	<b>270</b>	<b>-</b>	<b>3,832</b>
Other receivables	-	-	-	-	887	-	-	887
Endowment and other investments	4,005	9,898	-	13,903	3,129	9,962	-	13,091
Equipment and vehicles, net	-	-	-	-	-	-	-	-
<b>Total assets</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>
<b>Liabilities and Net Position</b>								
Current liabilities:								
Accounts payable	\$ 257	\$ -	\$ -	\$ 257	\$ 11	\$ -	\$ -	\$ 11
Funds held in custody for others	897	-	-	897	596	-	-	596
<b>Total current liabilities</b>	<b>1,154</b>	<b>-</b>	<b>-</b>	<b>1,154</b>	<b>607</b>	<b>-</b>	<b>-</b>	<b>607</b>
Long-term liabilities:								
Related party	-	-	-	-	969	-	-	969
Unearned revenue	309	-	-	309	335	-	-	335
<b>Total liabilities</b>	<b>1,463</b>	<b>-</b>	<b>-</b>	<b>1,463</b>	<b>1,911</b>	<b>-</b>	<b>-</b>	<b>1,911</b>
<b>Net Position</b>								
Restricted:								
Nonexpendable	50	10,000	-	10,050	50	10,000	-	10,050
Expendable	3,078	168	-	3,246	2,634	232	-	2,866
Unrestricted	2,901	-	-	2,901	2,983	-	-	2,983
<b>Total net position</b>	<b>6,029</b>	<b>10,168</b>	<b>-</b>	<b>16,197</b>	<b>5,667</b>	<b>10,232</b>	<b>-</b>	<b>15,899</b>
<b>Total liabilities and net position</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>

\* - Activity related to the Research for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Statements of Revenues, Expenses and Changes in Net Position—Discretely Presented Component Units**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
Operating revenues:								
Grants, contributions and special events	\$ 3,754	\$ -	\$ -	\$ 3,754	\$ 4,732	\$ -	\$ -	\$ 4,732
<b>Total operating revenues</b>	<b>3,754</b>	<b>-</b>	<b>-</b>	<b>3,754</b>	<b>4,732</b>	<b>-</b>	<b>-</b>	<b>4,732</b>
Operating expenses:								
Program services and grants	697	500	-	1,197	970	-	1,107	2,077
Fundraising	1,815	-	-	1,815	1,640	-	-	1,640
Other operating expenses	941	-	-	941	641	-	-	641
<b>Total operating expenses</b>	<b>3,453</b>	<b>500</b>	<b>-</b>	<b>3,953</b>	<b>3,251</b>	<b>-</b>	<b>1,107</b>	<b>4,358</b>
<b>Operating income (loss)</b>	<b>301</b>	<b>(500)</b>	<b>-</b>	<b>(199)</b>	<b>1,481</b>	<b>-</b>	<b>(1,107)</b>	<b>374</b>
Nonoperating revenue:								
Investment income (loss)	61	436	-	497	127	385	13	525
<b>Change in net position</b>	<b>362</b>	<b>(64)</b>	<b>-</b>	<b>298</b>	<b>1,608</b>	<b>385</b>	<b>(1,094)</b>	<b>899</b>
Net position—beginning of year	5,667	10,232	-	15,899	4,059	9,847	1,094	15,000
Net position—end of year	<b>\$ 6,029</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 16,197</b>	<b>\$ 5,667</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 15,899</b>

\* - Activity related to the Research for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

## **Note 1.     Organization**

**The Corporation:** Erie County Medical Center Corporation (referred to as the Corporation or ECMCC) is a public benefit corporation created by the Erie County Medical Center Corporation Act, Chapter 143 of the Laws of New York State, 2003 (Title 6 of Article 10-C of the Public Authorities Law) (the Act) as amended in 2016. The Corporation was created under the Act to secure a form of governance which permits the Corporation to have the legal, financial, and managerial flexibility to operate its health care facilities for the benefit of the residents of New York State (the State), the County of Erie (the County), and Western New York, including persons in need who lack the ability to pay.

The Corporation's "Health Care Facilities" consist of the Medical Center, a 573-bed acute tertiary care facility providing inpatient, emergency, outpatient, primary care and specialty clinic services (Medical Center), a 390-bed residential health care facility (Terrace View) both located on Grider Street in the City of Buffalo and three chemical dependency and alcohol rehabilitation clinics located throughout the County. The Medical Center serves as the region's only Level 1 Adult Trauma Center, burn center, comprehensive traumatic brain injury and spinal cord injury rehabilitative center, Comprehensive Psychiatric Emergency Program provider for acute psychiatric emergencies, Regional Center of Excellence for Transplantation and Kidney Care.

The Corporation has the power under the Act to acquire, operate, and manage its facilities and to issue bonds and notes to finance the costs of providing such facilities. The Act specifically provides that the Corporation's existence shall continue until terminated by law; provided, however, that no such termination shall take effect so long as the Corporation shall have bonds or other obligations outstanding unless adequate provision has been made for the payment or satisfaction thereof. The Corporation's primary purpose is the operation of the Medical Center and Terrace View, and its powers, duties and functions are as set forth in the Act, as amended, and other applicable laws.

The Corporation qualifies as a governmental entity and, accordingly, is exempt from federal income tax pursuant to Section 115 of the Internal Revenue Code of 1986.

In accordance with Governmental Accounting Standards Board (GASB) Codification Section 2100, *The Financial Reporting Entity*, the Corporation's financial statements are included, as a discretely presented component unit, in the County's Annual Comprehensive Financial Report (ACFR). A copy of the ACFR can be obtained from the Erie County Comptroller's Office, 95 Franklin Street, Room 1100, Buffalo, New York 14202. The Corporation is subject to New York civil service law.

**Governance:** The Corporation is governed by its Board of Directors (the Board) consisting of fifteen (15) voting directors, eight (8) of whom are appointed by the Governor of the State of New York and seven (7) of whom are appointed by the Erie County Executive with the advice and consent of the Erie County Legislature. There are four non-voting representatives, as well. The directors and non-voting members serve staggered terms and continue to hold office until their successors are appointed. Directors have experience in the fields of health care services, quality and patient safety, human resources, strategic growth, law, and financial management and reflect a broad representation of the community served by the Corporation. Regular meetings of the Board are scheduled eleven (11) times per year. Board leaders are appointed by the Board.

## **Note 1. Organization (Continued)**

**Great Lakes Health System:** The Corporation is a member of Great Lakes Health System of Western New York (Great Lakes). Great Lakes is a not-for-profit, community-based corporation comprised of unified partners whose objective is to provide the highest quality of healthcare to the residents of Western New York. Great Lakes is comprised of the Corporation, Kaleida Health (KH), The Center for Hospice and Palliative Care and the State University of New York at Buffalo (the University).

**Great Lakes Health Integrated Network:** The Corporation, together with KH has formed Great Lakes Health Integrated Network (GLIN) with each maintaining a 50% ownership interest. As of December 31, 2024 and 2023, capital contributions due to GLIN totaled \$393 and \$326, respectively. Contributions are used to pay for care coordination services, information systems infrastructure and routine operating expenses to support community population health management.

**Medical School Collaboration:** The Corporation serves as a primary teaching hospital for the Jacobs School of Medicine and Biomedical Sciences of the State University of New York at Buffalo (the Medical School). An agreement governs the relationship between the Corporation and the Medical School. The Corporation serves as an integral part of the education and research mission of the Medical School by providing the clinical settings for the Medical School's public mission to educate and train physicians, nurses and other healthcare professionals, conduct clinical research programs and deliver healthcare services to patients. There are currently 187 full-time equivalent medical residents assigned to the Corporation in various Academic College of Graduate Medical Education accredited residency programs.

**Component Units:** Accounting principles generally accepted in the United States of America (U.S. GAAP) require the inclusion within the Corporation's financial statements of certain organizations as component units. The component units discussed below are included because the nature and significance of their relationship to the Corporation are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete under criteria set forth by the GASB.

The component unit information in the accompanying basic financial statements includes the financial data of the Corporation's three discretely presented component units. The three discretely presented component units are discussed in more detail below:

**ECMC Foundation, Inc.:** The ECMC Foundation, Inc. (the Foundation) is a not-for-profit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). The Foundation was formed for the purpose of supporting Corporation programs. The financial statements of the Foundation have been prepared on an accrual basis. The annual financial report can be obtained by writing to: Executive Director, ECMC Foundation, Inc., 462 Grider Street, Buffalo, NY 14215.

**The Grider Initiative, Inc.:** The Grider Initiative, Inc. (the Physician Endowment) is a not-for-profit organization exempt from federal income taxes under Section 501(c)(3) of the IRC. The Physician Endowment was funded in 2010, for the purpose of recruiting physicians who shall practice on the Grider Street campus of the Corporation. The entity was funded with an initial transfer of \$10,000 from the Corporation. Earnings from the investment of the initial transfer may be used only for physician recruitment and retention and necessary expenses of the entity. The financial statements of The Grider Initiative, Inc. have been prepared on an accrual basis. The annual financial report can be obtained by writing to: Chair, The Grider Initiative, Inc. 462 Grider Street, Buffalo, NY 14215.

**Note 1. Organization (Continued)**

**Research for Health in Erie County, Inc.:** Research for Health in Erie County, Inc. (RHEC) was a not-for-profit organization dedicated to supporting research activities relating to the causes, nature, and treatment of diseases, disorders, and defects of particular importance to the public health in areas served by the Corporation. During 2023, RHEC was dissolved and the remaining net assets were contributed to the ECMC Foundation in order for ECMC Foundation to carry out the original RHEC mission.

In addition, the financial statements of the Corporation include the operations of the following component units, which are blended with the accounts of the Corporation:

**PPC Strategic Services LLC (PPC):** The Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships.

**Grider Support Services, LLC:** The Corporation is the sole owner of this enterprise, which was formed to act as an MSO for physician practice services, which includes providing employees, management and administrative services.

**Grider Community Gardens, LLC:** This entity is wholly owned and controlled by the Corporation and was formed for the purpose of purchasing and holding properties in proximity to the Corporation's Grider Street Campus.

**1827 Fillmore, LLC:** This entity is controlled by the Corporation and was formed for the purchase and development of property immediately adjacent to the Corporation's Grider Street campus.

**Note 2. Summary of Significant Accounting Policies**

**Basis of accounting:** The Corporation uses the accrual basis of accounting. Revenue is recognized in the period it is earned and expenses are recognized in the period incurred. Under this basis of accounting, all assets, deferred outflows of resources, liabilities and deferred inflows of resources associated with the operation of the Corporation are included in the statements of net position.

For financial accounting and reporting purposes, the Corporation follows all pronouncements of the GASB. All references to relevant authoritative literature issued by the GASB with which the Corporation must comply are hereinafter referred to generally as U.S. GAAP. The discretely presented component units, as previously described, report under Financial Accounting Standards Board (FASB) standards. As such, certain revenue recognition criteria and presentation features are different from GASB revenue recognition criteria and presentation features.

**Use of estimates:** The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. The reserve for uncollectible accounts, contractual allowances, estimated third-party payor settlements, workers compensation reserves, malpractice reserves, net pension obligations, other post-employment benefit obligations, self-insured obligations, depreciable life, as well as, Disproportionate Share (DSH) revenue and certain other accounts, require the use of estimates. Actual results could differ from those estimates.

## **Note 2. Summary of Significant Accounting Policies (Continued)**

Included in net patient service revenue are adjustments to prior year estimated third-party payor settlements, and their related estimated receivables and payables that were originally recorded in the period the related services were rendered, as well as adjustments to the net realization rate for collections on patient accounts receivable. These adjustments are made in the normal course of operations and amounts reported are consistent with the approach in prior years. The adjustments to prior year estimates and other third-party reimbursement or recoveries that relate to prior years also impact DSH revenues as discussed in Note 5. The combined effect of changes related to prior years' estimates resulted in an increase of \$3,508 and \$5,472 in total operating revenues for the years ended December 31, 2024 and 2023, respectively.

**Cash and cash equivalents:** The Corporation's cash and cash equivalents include cash on hand and cash in checking and money market accounts as well as investments with a maturity of three months or less when purchased. Cash and cash equivalents designated for long-term purposes or received with donor-imposed restrictions limiting their use to long-term purposes are not considered cash and cash equivalents for purposes of the statements of cash flows. Monies deposited in Federal Deposit Insurance Corporation (FDIC) insured commercial banks are collateralized with specifically designated securities held by a pledging financial institution, as required by State regulations.

**Patient accounts receivable:** Patient accounts receivable are reported net of both an estimated allowance for contractual adjustments and an estimated allowance for uncollectible accounts. The contractual adjustments represent the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payor programs. Current operations are charged with an estimated provision for bad debts estimated based on the age of the account, prior experience and any other circumstances which affect collectability. The Corporation's policy does not require collateral or other security for patient accounts receivable and the Corporation routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies. The allowance for estimated doubtful accounts at December 31, 2024 and 2023 was approximately \$72,469 and \$64,577, respectively.

**Investments and assets whose use is limited:** The Corporation generally records its investments at fair value. Such assets are comprised of cash and cash equivalents, including money market funds, fixed income securities, commercial paper and equity funds. Assets classified as investments are unrestricted. Assets classified as limited as to use are restricted under Board designation or terms of agreements with third parties and include debt service funds, funds for self-insured workers' compensation costs and medical malpractice costs, collateral for insured workers' compensation programs, patient and resident monies, funding for future retiree health costs, and funds limited as to use for the acquisition of property, plant, equipment and information technology.

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least possible that changes in risks in the near term could materially affect the net position of ECMCC.

**Note 2. Summary of Significant Accounting Policies (Continued)**

**Other receivables:** The composition of other receivables, as of December 31 is as follows:

	2024	2023
DSH and Upper Payment Limit (UPL) (Note 5)	\$ -	\$ 28,473
Due from affiliated organizations and joint ventures	867	1,233
Due from third-party payors	7,374	6,980
Other	4,652	3,922
	<u>\$ 12,893</u>	<u>\$ 40,608</u>

**Capital assets:** Capital assets are stated at cost. Depreciation is computed under the straight-line method over the estimated useful life of the asset. Estimated useful lives of assets have been established as follows:

	Years
Land and land improvements	5-25
Buildings and improvements	10-40
Fixed equipment	10-20
Major movable equipment	3-20

When assets are retired, or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected for the period. Maintenance and repairs are charged to expense as incurred with significant renewals and betterments being capitalized.

Capital assets that are donated (without restriction) are recorded at their fair value as a direct increase to the component of net investment in capital assets.

**Deferred outflows of resources:** Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and therefore will not be recognized as an outflow of resources (expense) until that time. Deferred outflows of resources consist primarily of unrecognized items not yet charged to pension expense and retiree health expense related to the net pension liability and post-employment benefit obligations, and items related to the 2017 financing transaction as described below, amongst other deferred resources.

The 2017 financing transaction included the payment of points, in the amount of \$17,040 to Erie County associated with the differential in interest rate on the 2017 financing using the credit rating of Erie County and the rate that the Corporation was projected to pay independent of a relationship with Erie County. The points are being amortized on the interest method over the term of the 2017 financing. The unamortized amount of points at December 31, 2024 and 2023, is \$7,650 and \$8,712, respectively. The 2017 financing transaction also included the advance refunding of the 2011 financing, the proceeds of which were used to finance the construction of the Terrace View Nursing Home on the Corporation's campus. The deposit required to the advance refunding escrow was greater than the balance outstanding on the 2011 financing in the amount of \$2,038 and is being amortized on the interest method over the life of the advance refunding component of the transaction. The unamortized portion of this advance refunding at December 31, 2024 and 2023 is \$485 and \$652, respectively.

## **Note 2. Summary of Significant Accounting Policies (Continued)**

**Other assets:** Ownership interests in various business enterprises amongst other assets are included in the other assets caption in the statements of net position.

Collaborative Care Ventures, LLC (Collaborative Care) was formed in 2014 by ECMCC and KH. Collaborative Care was created as a vehicle for ECMCC and KH to participate in various investments in the future consistent with their missions. At December 31, 2024 and 2023, the Corporation's share of the net assets of Collaborative Care amounted to \$1,351 and \$1,022, respectively.

Great Lakes Health Integrated Network (GLIN) was formed in 2018 by ECMCC and KH. GLIN was formed to support, manage and negotiate value-based contracts and/or risk-based contracts with third-party payors for the purpose of managing population health and anticipated payment reform. The Corporation's share of contributed capital supports organizational development and ongoing operations. The Corporation's share of GLIN's profit or loss is recognized as non-operating revenue. At December 31, 2024 and 2023, the Corporation's share of the net assets of GLIN amounted to \$6,283 and \$4,324, respectively.

**Leases:** The Corporation is a lessee for noncancellable leases of real estate and equipment. The Corporation recognizes a lease liability and an intangible right-to-use lease asset in the financial statements for leases. At the commencement of a lease, the Corporation measures the lease liability at the interest rate charged on the lease, if available, or otherwise discounted using the Corporation's incremental borrowing rate. The lease assets are amortized over the shorter of the lease term or the underlying asset useful life.

The Corporation is also a lessor for noncancellable leases of real estate. The Corporation recognizes a lease receivable and deferred inflow of resources in the financial statements for these leases. At the commencement of the lease, the Corporation measures the lease receivable at the interest rate charged on the lease, if available, or otherwise discounted using the Corporation's incremental borrowing rate.

**Subscription Based Information Technology Arrangements (SBITAs):** The Corporation recognizes an intangible subscription asset and corresponding subscription liability for its SBITAs. The subscription asset is measured as the subscription liability plus direct costs incurred in implementing the subscription asset. The subscription asset is amortized on a straight-line basis over the shorter of the subscription term or the useful life of the underlying subscription asset. At the subscription commencement, the subscription liability is measured at the present value of payments expected to be made during the subscription term and utilizes the interest rate charged in the SBITA, if available, or otherwise discounted using the Corporation's incremental borrowing rate to calculate the present value of the payments.

**Unearned revenue:** Unearned revenue represents funds received by the Corporation under certain grant programs that have not yet been earned.



## Note 2. Summary of Significant Accounting Policies (Continued)

**Compensated absences:** The Corporation has accrued liabilities for certain compensated absences earned by its employees, to include vacation, sick, and compensatory time. The Corporation's employees are permitted to accumulate unused vacation and sick leave time up to certain maximum limits. The Corporation accrues the estimated obligation related to vacation pay based on pay rates currently in effect. Sick leave credits, if accumulated above certain prescribed levels, may be the basis of a supplemental payment to employees upon retirement. The Corporation accrues an estimated liability for these estimated terminal payments. These amounts have been included in the statements of net position within the caption accrued salaries, wages and employee benefits. Compensated absences activity for the years ended December 31, is as follows:

	2024	2023
Accrued compensated absences, beginning of year	\$ 17,496	\$ 15,295
Compensated absences earned	24,733	24,771
Compensated absences paid out	(24,099)	(22,570)
Accrued compensated absences, end of year	<u>\$ 18,130</u>	<u>\$ 17,496</u>

**Deferred inflows of resources:** Deferred inflows of resources represent an acquisition of net position that applies to a future period(s) and therefore will not be recognized as an inflow of resources (revenue) until that time. Deferred inflows of resources consist primarily of the unamortized portion of certain items related to the Corporation's pension, other post-employment benefits and the value of leases receivable plus any payments received at or before the commencement of the lease term that relates to future periods.

**Net position:** Net position is classified into three categories according to external donor restrictions or availability of assets for satisfaction of the Corporation's obligations. The Corporation's net position is described as follows:

**Net investment in capital assets:** This represents the Corporation's total investment in capital assets, net of accumulated depreciation, and reduced by outstanding debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets. To the extent debt has been incurred but not yet expended for capital assets, such amounts are not included as a component of net investment in capital assets.

**Restricted:** The restricted expendable component of net position consists of constraints placed on net position through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. The restricted nonexpendable component of net position is permanently unavailable for use. The earnings on the nonexpendable net position are classified as restricted expendable.

**Unrestricted:** This component of net position consists of net position that does not meet the definition of other components of net position described above. These resources are used for transactions relating to the general health care operations of the Corporation and may be used at the discretion of the Board of Directors to meet current expenses for any purpose.

## **Note 2. Summary of Significant Accounting Policies (Continued)**

**Net patient service revenue:** Net patient service revenue is reported as services are rendered at estimated net realizable amounts, including estimated retroactive revenue adjustments under reimbursement agreements with third-party payors. Estimated settlements under third-party reimbursement agreements are accrued in the period the related services are rendered and adjusted in future periods as final settlements are determined. An estimated provision for bad debts is included in net patient service revenue.

**Charity care:** The Corporation provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than established rates. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position. The estimated costs of caring for charity care patients were \$3,944 and \$4,459 for the years ended December 31, 2024 and 2023, respectively. Additionally, the Corporation provided approximately \$4,245 and \$2,397 in discounts to self-pay patients for the years ended December 31, 2024 and 2023, respectively.

**Contributions:** ECMC Foundation reports gifts or promises to give as restricted contributions when they are received with donor stipulations that limit the use of the donated assets. When the intent of the donor is that the assets are to remain in perpetuity and the Foundation does not have the right to invade the original principal, the assets are reported as restricted net position. When a donor restriction expires, restricted-expendable net positions are released to unrestricted net position. The Foundation conducted a capital campaign to raise funds to support the construction of a new Level 1 Adult Trauma Center, Emergency Department and other capital needs in support of the mission of the Corporation. Pledges receivable associated with this campaign are recorded net of a reserve for uncollectible pledges and are discounted to present value using a 4.38% discount rate over the collection period of the pledges.

**Classification of revenues:** The Corporation has classified its revenues as either operating or non-operating revenues according to the following criteria:

**Operating revenues:** Operating revenues include activities that have the characteristics of exchange transactions, such as payments for providing services and payments for goods and services received, for health care services provided to patients, net of contractual adjustments and provisions for bad debts.

**Nonoperating revenues:** Nonoperating revenues include activities that have the characteristics of nonexchange transactions, such as gifts and contributions, NYSDOH Distressed Hospital grant funding, Federal Emergency Management Agency (FEMA) funding, income from investments and contributions.

**Income taxes:** The Corporation is a Public Benefit Corporation of the State of New York and is exempt from federal income taxes under Section 115 of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

**Contributed services:** Certain immaterial amounts related to contributed rents have been reflected in the Foundation's financial statements as contribution revenue. The Foundation generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Foundation in meeting its goals and objectives. Such services are not recognized in the Foundation financial statements.

## **Note 2. Summary of Significant Accounting Policies (Continued)**

No amounts have been reflected in the Physician Endowment financial statements for contributed services, as the value of contributed services meeting the requirements for recognition in the financial statements was not material.

**Recent and pending accounting pronouncements:** Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 99, *Omnibus 2022*. The objectives of this Statement are to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing: (1) practice issues that have been identified during implementation and application of certain GASB Statements, and (2) accounting and financial reporting for financial guarantees. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 100, *Accounting Changes and Error Corrections-An Amendment of GASB No. 62*. This Statement defines *accounting changes* as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes. As part of those descriptions, for: (1) certain changes in accounting principles, and (2) certain changes in accounting estimates that result from a change in measurement methodology, a new principle or methodology should be justified on the basis that it is preferable to the principle or methodology used before the change. That preferability should be based on the qualitative characteristics of financial reporting-understandability, reliability, relevance, timeliness, consistency, and comparability. This Statement also addresses corrections of errors in previously issued financial statements. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 101, *Compensated Absences*. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

In December 2023, GASB issued Statement No. 102, *Certain Risk Disclosures*. The objective of this Statement is to provide users of government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. This Statement defines a *concentration* as a lack of diversity related to an aspect of a significant inflow of resources or outflow of resources. A *constraint* is a limitation imposed on a government by an external party or by formal action of the government's highest level of decision-making authority. Concentrations and constraints may limit a government's ability to acquire resources or control spending. This Statement requires a government to assess whether a concentration or constraint makes the primary government reporting unit or other reporting units that report a liability for revenue debt vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact to have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued. The requirements of this Statement are effective for fiscal years beginning after June 15, 2024, and all reporting periods thereafter. Earlier application is encouraged. The Corporation has not yet determined the impact this statement will have on the financial statements.

## **Note 2. Summary of Significant Accounting Policies (Continued)**

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability. This Statement also addresses certain application issues. This Statement continues the requirement that the basic financial statements be preceded by management's discussion and analysis (MD&A), which is presented as required supplementary information (RSI). MD&A provides an objective and easily readable analysis of the government's financial activities based on currently known facts, decisions, or conditions and presents comparisons between the current year and the prior year. This Statement requires that the information presented in MD&A be limited to the related topics discussed in five sections: (1) Overview of the Financial Statements, (2) Financial Summary, (3) Detailed Analyses, (4) Significant Capital Asset and Long-Term Financing Activity, and (5) Currently Known Facts, Decisions, or Conditions. Furthermore, this Statement stresses that the detailed analyses should explain why balances and results of operations changed rather than simply presenting the amounts or percentages by which they changed. This Statement describes unusual or infrequent items as transactions and other events that are either unusual in nature or infrequent in occurrence. Furthermore, governments are required to display the inflows and outflows related to each unusual or infrequent item separately as the last presented flow(s) of resources prior to the net change in resource flows in the government-wide, governmental fund, and proprietary fund statements of resource flows. Finally, This Statement requires governments to present budgetary comparison information using a single method of communication—RSI. Governments also are required to present (1) variances between original and final budget amounts and (2) variances between final budget and actual amounts. An explanation of significant variances is required to be presented in notes to RSI. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement 34. Lease assets recognized in accordance with Statement No. 87, *Leases*, and intangible right-to-use assets recognized in accordance with Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, should be disclosed separately by major class of underlying asset in the capital as-sets note disclosures. Subscription assets recognized in accordance with Statement No. 96, *Subscription-Based Information Technology Arrangements*, also should be separately disclosed. In addition, this Statement requires intangible assets other than those three types to be disclosed separately by major class. This Statement also requires additional disclosures for capital assets held for sale. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

**Reclassifications:** Certain prior-year amounts have been reclassified to conform to the current-year presentation. Such reclassifications had no effect on previously reported operating loss or changes in net position.

**Subsequent events:** The Corporation has evaluated subsequent events for potential recognition and/or disclosure through March 25, 2025, the date the financial statements were available to be issued.

**Note 3. Federal Emergency Management Agency (FEMA)**

Under the CARES Act, financial relief was provided through FEMA's Disaster Relief Fund. During the years ended December 31, 2024 and 2023, the Corporation recognized grant revenue received from FEMA to cover eligible COVID-19 related expenses in the amount of \$17,333 and \$3,829, respectively. The Corporation is still awaiting additional funds from FEMA for pending reimbursement submissions related to remaining eligible expenses under this program.

**Note 4. Net Patient Service Revenue and Patient Accounts Receivable**

The Corporation has agreements with third-party payors that provide for payment to the Corporation at amounts different from its established rates. A summary of the payment arrangements for hospital services with major third-party payors is as follows:

**Medicare:** Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge and per patient day depending on the service. Acute care rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain inpatient and outpatient services, as well as defined organ acquisition, capital and medical education costs related to Medicare beneficiaries are paid based on regulatory proscribed formulae. The Corporation is reimbursed for such items at a tentative rate with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicare fiscal intermediary. The Corporation's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Corporation. Most outpatient reimbursements are based on an Ambulatory Payment Classification weighting by acuity system, although some outpatient cost reimbursement still exists.

**Medicaid:** Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates in accordance with Part 86 of the New York Codes, Rules and Regulations and New York State Law which are promulgated by the New York State Department of Health (DOH). Outpatient services are similarly paid at either prospective rates or fee schedule amounts.

Under the New York Health Care Reform Act, the Corporation also enters into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Corporation under these agreements includes prospectively determined rates, discounts from charges, and prospectively determined per diem rates. Medicaid, Workers' Compensation and No-fault continue to have reimbursement rates determined based on New York's Prospective Reimbursement Methodology.

Terrace View provides services to residents under agreements with third-party payors (Medicaid, Medicare and HMO's) under provisions of their respective cost reimbursement formulas or contractually negotiated rates. If amounts received are less than established billing rates, the difference is accounted for as a reduction of revenue. Final determination of the reimbursement rates are subject to review by appropriate third-party payors. Provisions are made in the financial statements for anticipated adjustments that may result from such reviews. The difference between the estimated amounts accrued and final settlements are reported in operations in the year of settlement.

**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

Net patient service revenue, as reported on the statements of revenues, expenses and changes in net position, is comprised of the following for the years ended December 31:

	2024	2023
Gross charges	\$ 1,852,746	\$ 1,673,523
Less:		
Discounts and allowances	1,183,855	1,065,207
Provision for bad debts	12,663	4,596
	<u>\$ 656,228</u>	<u>\$ 603,720</u>

Net patient service revenue by payor for the years ended December 31 is as follows:

	2024		2023	
	Amount	%	Amount	%
Medicare*	\$ 250,023	38.1%	\$ 247,282	41.0%
Medicaid*	208,681	31.8%	164,815	27.3%
Commercial and other third-party payors	166,026	25.3%	164,704	27.3%
No-fault	26,249	4.0%	20,452	3.4%
Self-pay	5,249	0.8%	6,467	1.0%
	<u>\$ 656,228</u>	<u>100.0%</u>	<u>\$ 603,720</u>	<u>100.0%</u>

\*Medicare and Medicaid include Managed Care plans.

Laws and regulations governing Medicare, Medicaid, and other third-party payor programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in future periods. The Corporation believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Patient accounts receivable consist of the following at December 31:

	2024	2023
Gross accounts receivable	\$ 307,107	\$ 295,805
Less:		
Discounts and allowances	140,930	128,839
Allowance for bad debts	72,469	64,577
	<u>\$ 93,708</u>	<u>\$ 102,389</u>

**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

In early 2024, Change Healthcare, a third-party billing company, fell victim to a cyber attack impacting their ability to access their billing software. The Corporation contracts with Change Healthcare for billing services related to certain professional billing services. As a result of the attack, billing through Change Healthcare was unable to proceed for an extended period of time. As such, the Corporation has considered the delay in the billing when establishing reserves on the related gross charges impacted by this attack.

The Corporation has received advances from third party payors including Change Healthcare for claims that have not been adjudicated due to the cyber attack. As of December 31, 2024, the Corporation has recorded a liability of \$13,604 related to those advances within the accrued other liabilities caption of the statements of net position.

**Concentration of credit risk:** The Corporation grants credit without collateral to its patients, most of whom are insured under third-party payor arrangements. The mix of net receivables from patients and third-party payors at December 31, is as follows:

	2024	2023
Medicare*	33.6%	33.2%
Commercial and other third-party payors	32.6%	32.7%
Medicaid*	26.0%	27.8%
No-fault	7.4%	5.5%
Self-pay	0.4%	0.8%
Total	100.0%	100.0%

\*Medicare and Medicaid include Managed Care plans.

**Note 5. Disproportionate Share (DSH) Revenue**

The Medicaid DSH program is designed to provide funds to certain hospitals to help offset the cost of uncompensated care provided to the uninsured. Each state has a specified Federal DSH allotment. In addition, New York State law authorizes the New York State Department of Health (DOH) to make supplemental DSH medical assistance payments to public hospitals located in Erie County, Nassau County, and Westchester County. For long term care facilities, DSH revenue is recognized in accordance with Upper Payment Limit (UPL) regulations promulgated by the Centers for Medicare and Medicaid Services (CMS).

In 2024 and 2023, DSH funding recorded by the Corporation totaled \$164,953 and \$107,105, respectively. The DSH funding process is complex and includes both tentative and final settlements for various state fiscal years which are subject to the availability of state and federal funding among other factors. As a result, DSH revenue is estimated and final settlements may vary significantly from the initial estimates.

For hospital services, DSH revenue of \$149,675 and \$91,220 was recognized in 2024 and 2023, respectively. In addition, during 2024 and 2023, the Corporation recognized \$15,278 and \$15,885, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2024-2025, as determined by the DOH, using cost report year 2022 data.

**Note 5. Disproportionate Share (DSH) Revenue (Continued)**

CMS has indicated that cost reports dating back to the 2022 reporting year and the methodology employed to calculate DSH revenue are subject to audit for those years. At this time, the impact of the CMS audit activity on the Corporation's DSH revenue is not certain. Management has taken what it believes to be reasonable and appropriate steps to assure compliance with the CMS methodology.

**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited**

**Cash and cash equivalents and investments:** The Corporation's investments are made in accordance with State regulations and its own investment policy. The investment policy is regularly reviewed by an investment committee of the Board which evaluates the performance of investment managers and monitors compliance with the investment policy.

The Corporation's investments are generally reported at fair value, as discussed in Note 2. The carrying amounts of cash and cash equivalents, investments and assets whose use is limited are included in the Corporation's statements of net position as follows:

	2024	2023
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited—current	84,714	113,986
Assets whose use is limited—noncurrent	106,887	56,635
	<u>\$ 269,012</u>	<u>\$ 202,040</u>
Designated:		
Self-insured obligations	\$ 53,666	\$ 57,904
Capital	59,930	36,265
Other	44,327	42,407
	<u>157,923</u>	<u>136,576</u>
Restricted:		
Debt service	24,560	23,872
Self-insured obligations	9,118	10,173
	<u>33,678</u>	<u>34,045</u>
Total assets whose use is limited	191,601	170,621
Less portion required for current liabilities	(84,714)	(113,986)
	<u>\$ 106,887</u>	<u>\$ 56,635</u>

The Corporation's cash and cash equivalents, as well as investments, are exposed to various risks, including credit, custodial credit, interest rate and market risks, as discussed in more detail below:

**Deposits**

All monies are deposited with banks or trust companies designated by the Corporation's investment committee of the Board of Directors. Funds not needed for immediate expenditure may be deposited in interest or non-interest-bearing accounts or invested in various marketable securities and bonds.



**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

**Custodial credit risk:** Custodial credit risk is the risk that, in the event of bank failure, the Corporation's deposits might not be recovered. FDIC insurance through December 31, 2023, for funds held in interest bearing accounts is \$250 per depositor per category of legal ownership. New York law requires that deposits in excess of FDIC insured amounts are collateralized. The Corporation's bank deposits at December 31, 2024 and 2023, totaled \$37,133 and \$27,068, of which \$1,030 in both years were insured. Amounts over FDIC insured limits were fully collateralized with securities held by the pledging financial institution.

**Investments**

The Corporation's investment policy authorizes the Corporation to invest in accordance with New York State Finance Law Section 8(14), Section 201 and Public Authorities Law Article 9 Section 2800 to 2985, as well as the relevant provisions of the ECMCC Act. Compliance with the policy is monitored by the Corporation's investment committee and reported on regularly throughout the year by the Corporation's investment advisor.

**Credit risk:** Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligation, causing the Corporation to experience a loss of principal. The Corporation's investment policy limits investments in equity and fixed income securities with ratings only in the highest category. ECMCC's investments in government bonds carry the explicit guarantee of the U.S. government. The corporate bonds, short-term fixed income and government bonds are all rated AA+ or better by the Standards & Poor's rating agency.

**Interest rate risk:** Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Corporation's cash equivalent securities are limited to maturities of no greater than 18 months; short-term fixed income securities are limited to maturities of no greater than five years; and long-term fixed income securities are limited to maturities to no more than 10 years. Substantially all of the Corporation's investments and assets whose use is limited have stated maturities of less than one year.

**Custodial credit risk:** For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Corporation will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Corporation's investment policy does not address custodial credit risk.

**Concentration of credit risk:** Concentration of credit risk is the risk of loss attributable to the magnitude of investments in any single issuer. The Corporation's investment policy indicates the combined holdings of securities from one issuer shall not constitute more than 5.0% of the fund except for issues guaranteed directly or indirectly by the U.S. Government. The Corporation had no holdings in Federal National Mortgage Association (Fannie Mae) or Federal Home Loan Mortgage Corporation (Freddie Mac) issues at December 31, 2024 and 2023.

**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

**Fair value of financial instruments:** Fair value is defined in the accounting standards as the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management utilizes valuation techniques that maximize the use of observable inputs (Levels 1 and 2) and minimize the use of unobservable inputs (Level 3) within the fair value hierarchy established by GASB. Assets carried at fair value are required to be classified and disclosed in one of the following three categories:

**Level 1:** Valuations based on quoted prices in active markets for identical assets that the Corporation has the ability to access.

**Level 2:** Valuations based on quoted prices in active markets for similar assets, quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly. The Corporation has no Level 2 assets.

**Level 3:** Valuations based on inputs that are unobservable and significant to the overall fair value measurement. These are generally company generated inputs and are not market-based inputs. The Corporation has no Level 3 assets.

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 34,586	\$ -	\$ -	\$ 34,586
Investments and assets whose use is limited:				
Cash and cash equivalents	163,669	-	-	163,669
Marketable equity securities:				
Small/Mid cap equities	3,941	-	-	3,941
Growth equities	1,596	-	-	1,596
Core equities	11,683	-	-	11,683
International equities	9,170	-	-	9,170
U.S. fixed income	44,367	-	-	44,367
Total investments and assets whose use is limited	234,426	-	-	234,426
Total	\$ 269,012	\$ -	\$ -	\$ 269,012

**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited (Continued)**

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 20,773	\$ -	\$ -	\$ 20,773
Investments and assets whose use is limited:				
Cash and cash equivalents	115,448	-	-	115,448
Marketable equity securities:				
Small/Mid cap equities	4,423	-	-	4,423
Growth equities	1,447	-	-	1,447
Core equities	9,921	-	-	9,921
International equities	10,190	-	-	10,190
U.S. fixed income	39,838	-	-	39,838
Total investments and assets whose use is limited	181,267	-	-	181,267
Total	\$ 202,040	\$ -	\$ -	\$ 202,040

**Note 7. Capital Assets, Net**

Capital asset activity for the years ended December 31, is as follows:

	2024			
	Beginning Balance	Additions	Disposals/Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,197	\$ 24	\$ -	\$ 41,221
Buildings and improvements	547,974	1,478	-	549,452
Fixed/major moveable equipment	156,454	8,775	(183)	165,046
Total capital assets—being depreciated	745,625	10,277	(183)	755,719
Less accumulated depreciation	(493,144)	(30,264)	183	(523,225)
Total capital assets—being depreciated, net	252,481	(19,987)	-	232,494
Capital assets—not being depreciated:				
Construction in progress	8,426	1,541	(4,948)	5,019
Capital assets, net, excluding lease and SBITA assets	\$ 260,907	\$ (18,446)	\$ (4,948)	\$ 237,513
Lease and SBITA assets, net (Note 8)				\$ 45,119
Total capital assets, net, as reported in statements of net position				\$ 282,632

**Note 7. Capital Assets, Net (Continued)**

	2023			
	Beginning Balance	Additions	Disposals/ Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,166	\$ 31	\$ -	\$ 41,197
Buildings and improvements	545,092	2,882	-	547,974
Fixed/major moveable equipment	151,523	5,096	(165)	156,454
Total capital assets—being depreciated	737,781	8,009	(165)	745,625
Less accumulated depreciation	(461,308)	(32,001)	165	(493,144)
Total capital assets—being depreciated, net	276,473	(23,992)	-	252,481
Capital assets—not being depreciated:				
Construction in progress	21,643	3,165	(16,382)	8,426
Capital assets, net, excluding lease and SBITA assets	<u>\$ 298,116</u>	<u>\$ (20,827)</u>	<u>\$ (16,382)</u>	<u>\$ 260,907</u>
Lease and SBITA assets, net (Note 8)				<u>\$ 52,132</u>
Total capital assets, net, as reported in statements of net position				<u>\$ 313,039</u>

Construction in progress at December 31, 2024 and 2023, includes costs associated with various mechanical, electrical and information-technology security projects. The costs associated with an abandoned ambulatory electronic medical records system project of \$11,239 were written off during the year ended December 31, 2023 and recorded within purchased services expenses within the statements of revenues, expenses and changes in net position.

Depreciation expense amounted to \$30,264 and \$32,001 for the years ended December 31, 2024 and 2023, respectively.

**Note 8. Leases and Subscription-Based Information Technology Arrangements**

The Corporation is a lessee for various noncancellable leases of real estate and equipment. The expected lease payments are discounted using the interest rate charged on the lease, if available, and are otherwise discounted using the Corporation's incremental borrowing rate. The right-to-use assets are amortized over the shorter of the lease term or the underlying asset useful life.

The Corporation recognizes an intangible subscription asset and corresponding subscription liability for its subscription-based information technology agreements with others. These arrangements have terms requiring monthly, quarterly or annual payments. The expected payments are discounted using the interest rate charged on the arrangement, if available, or are otherwise discounted using the Corporation's incremental borrowing rate.

**Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)**

Lease and SBITA assets are reported within capital assets and lease and SBITA liabilities are reported separately in the statements of net position.

Right-to-use assets by major class and the related accumulated amortization for the years ended December 31, is summarized as follows:

2024					
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 11,927	\$ 272	\$ -	\$ -	\$ 12,199
Equipment	40,059	1,948	667	134	42,540
Total lease assets being amortized	51,986	2,220	667	134	54,739
Less accumulated amortization:					
Real estate	2,690	1,063	-	-	3,753
Equipment	22,925	5,398	-	134	28,189
Total accumulated amortization	25,615	6,461	-	134	31,942
Lease assets, net	26,371	(4,241)	667	-	22,797
Subscription-based information technology assets	43,822	6,209	1,335	1,186	50,180
Less accumulated amortization	18,061	10,319	-	522	27,858
Subscription-based information technology assets, net	25,761	(4,110)	1,335	664	22,322
Lease and SBITA assets, net of accumulated amortization	\$ 52,132	\$ (8,351)	\$ 2,002	\$ 664	\$ 45,119
2023					
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 13,969	\$ 718	\$ -	\$ 2,760	\$ 11,927
Equipment	34,696	3,950	1,413	-	40,059
Total lease assets being amortized	48,665	4,668	1,413	2,760	51,986
Less accumulated amortization:					
Real estate	2,603	1,156	-	1,069	2,690
Equipment	16,008	6,917	-	-	22,925
Total accumulated amortization	18,611	8,073	-	1,069	25,615
Lease assets, net	30,054	(3,405)	1,413	1,691	26,371
Subscription-based information technology assets	39,473	4,349	-	-	43,822
Less accumulated amortization	8,257	9,804	-	-	18,061
Subscription-based information technology assets, net	31,216	(5,455)	-	-	25,761
Lease and SBITA assets, net of accumulated amortization	\$ 61,270	\$ (8,860)	\$ 1,413	\$ 1,691	\$ 52,132

**Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)**

As of December 31, 2024, the principal and interest requirements to maturity for the lease liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 7,029	\$ 801	\$ 7,830
2026	4,799	525	5,324
2027	2,951	336	3,287
2028	1,673	215	1,888
2029	876	161	1,037
2030-2034	3,411	428	3,839
2035-2039	884	23	907
	<u>\$ 21,623</u>	<u>\$ 2,489</u>	<u>\$ 24,112</u>

As of December 31, 2024, the principal and interest requirements to maturity for the SBITA liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 8,118	\$ 1,159	\$ 9,277
2026	7,245	615	7,860
2027	4,280	250	4,530
2028	1,422	76	1,498
2029	264	4	268
	<u>\$ 21,329</u>	<u>\$ 2,104</u>	<u>\$ 23,433</u>

**Lessor:** The Corporation leases real estate to external parties. In accordance with GASB Statement No. 87, *Leases*, the Corporation records lease receivables and deferred inflows of resources based on the present value of expected receipts over the term of the respective leases. The Corporation recognized lease receivables (reported within other assets in the statements of net position) of \$822 and \$753 at December 31, 2024 and 2023, respectively, deferred inflows of resources of \$1,563 and \$1,666 at December 31, 2024 and 2023, respectively, and lease revenue of \$833 and \$632 during the years ended December 31, 2024 and 2023, respectively.

**Note 9. Accrued Other Liabilities**

The composition of accrued other liabilities as of December 31 is as follows:

	2024	2023
Due to Erie County	\$ 4,006	\$ 12,767
DSH and Upper Payment Limit (UPL) (Note 5)	9,743	-
Payor advances	13,604	-
Medical malpractice claims	2,133	1,792
Estimated third-party payor settlements	5,643	4,486
Asset retirement obligations	2,356	2,167
Workers compensation claims	6,665	7,416
Other	13,409	13,393
Total	<u>\$ 57,559</u>	<u>\$ 42,021</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations*, establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with this Statement, the Corporation completes an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPAA laws, and certain types of laboratory equipment. In addition, the Corporation evaluates the requirements for disposal of underground fuel and lab acid tanks. The Corporation determined, based on industry standards for disposition of similar assets, the total asset retirement obligation totaled \$2,356 and \$2,167 at December 31, 2024 and 2023, respectively. The assets have a remaining useful life ranging from 0 to 30 years. This obligation is discounted using a rate of 4.0% and an inflation factor of 3.0% at December 31, 2024 and 2023.

**Note 10. Indebtedness**

Long-term debt consisted of the following at December 31:

	2024				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 56,970	\$ -	\$ (4,390)	\$ 52,580	\$ 4,635
Direct placement:					
Erie County—2017 loan payable	87,374	-	(2,849)	84,525	2,920
Erie County—2017 loan payable	49,076	-	(4,271)	44,805	4,386
Erie County—2017 capitalized interest assumption obligation	7,274	-	(238)	7,036	243
Finance obligations	1,949	1,739	(507)	3,181	571
Total debt	<u>\$ 202,643</u>	<u>\$ 1,739</u>	<u>\$ (12,255)</u>	<u>\$ 192,127</u>	<u>\$ 12,755</u>

**Note 10. Indebtedness (Continued)**

	2023				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 61,135	\$ -	\$ (4,165)	\$ 56,970	\$ 4,390
Direct placement:					
Erie County—2017 loan payable	90,154	-	(2,780)	87,374	2,849
Erie County—2017 loan payable	53,235	-	(4,159)	49,076	4,271
Erie County—2017 capitalized interest assumption obligation	7,505	-	(231)	7,274	237
Finance obligations	2,328	-	(379)	1,949	381
Total debt	<u>\$ 214,357</u>	<u>\$ -</u>	<u>\$ (11,714)</u>	<u>\$ 202,643</u>	<u>\$ 12,128</u>

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2024 are as follows:

Years ending December 31:

2025	\$ 12,755
2026	13,215
2027	13,697
2028	14,198
2029	14,395
2030-2034	73,331
2035-2039	50,536
Total	<u>\$ 192,127</u>

The Series 2004 Bonds are secured by a pledge of the gross receipts of the Corporation and amounts on deposit in certain debt service reserve funds. Interest rates on the bonds range from 5.5% to 5.7%, with principal payments ranging from \$4,165 to \$7,220 due annually on November 1 with interest payments due semi-annually on May 1 and November 1.

Pursuant to a Guaranty Agreement, the County has unconditionally guaranteed to the Corporation, the punctual payment of the principal, interest, and redemption premium, if any, on the Series 2004 Bonds, as the same shall become due and payable, and has pledged the faith and credit of the County for the performance of such guaranty. A municipal bond insurance policy has been purchased by the Corporation to guarantee all debt service payments in case of default by the Corporation and the County.



**Note 10. Indebtedness (Continued)**

In 2017, the Corporation entered into a loan agreement and a capitalized interest liability assumption agreement with the County of Erie, with the assistance of the Erie County Fiscal Stability Authority. The proceeds of the loan were used to finance the construction of a new Level 1 Adult Trauma Center and Emergency Department, fund various other capital projects on the Corporation's campus as well as refinance a 2011 loan. The loan has an interest rate of 3.377% with monthly principal and interest payments ranging from \$474 to \$930 during the term of the loan. In addition to the loan, the Corporation assumed the liability related to funds borrowed to pay capitalized interest during construction on the various projects noted above. The capitalized interest liability assumption has an interest rate of 3.377% with monthly principal and interest payments ranging from \$40 to \$77 during the term of the loan. The new money portion of the loan and the capitalized interest assumption agreement is fully amortized and matures in 2039. The refinancing component of the loan has an interest rate of 2.649% with monthly principal and interest payments ranging from \$300 to \$460 during the term of the loan and is fully amortized and maturing in 2034.

During 2018, the Corporation entered into a finance obligation agreement in the amount of \$2,044, the proceeds of which were used to purchase various equipment. The agreement requires principal and interest payments (cost of capital is estimated at 5.5%) of \$29 and matures September 2025.

During 2018, the Corporation entered into a second finance obligation agreement in the amount of \$409, the proceeds of which were used to purchase various suite improvements. The agreement required principal and interest payments (cost of capital is estimated at 3.8%) of \$4 and was paid in full during 2023.

During 2019, the Corporation entered into a finance obligation agreement in the amount of \$1,805, the proceeds of which were used to finance various cafeteria improvements. The agreement requires principal and interest payments (cost of capital ranges from 0% to 9.0%) of \$17 and matures March 2029.

During 2020, the Corporation entered into a finance obligation agreement in the amount of \$2,555, the proceeds of which were used to purchase various equipment. The agreement requires principal and interest payments (cost of capital is estimated at 5.5%) of \$39 and matures July 2026.

During 2021, the Corporation entered into a finance obligation agreement in the amount of \$1,552, the proceeds of which were used to finance a new food service line. The agreement requires principal and interest payments (cost of capital is 4.0%) of \$19 and matures in December 2028.

During 2024, the Corporation entered into a finance obligation agreement in the amount of \$1,739, the proceeds of which were used to finance a new food service equipment. The agreement requires principal payments of \$16 and matures in June 2033.

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2025. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. There was \$10,000 of outstanding borrowings against the line at both December 31, 2024 and 2023. Management is currently negotiating an extension for the maturity date of this agreement.

## **Note 11. Pension Plan**

**Retirement plan:** The Corporation participates in the New York State and Local Retirement System (NYSLRS or the System), which is a cost-sharing, multiple-employer public employees' retirement system. There are more than 520,000 pensioners and beneficiaries in the System with over 1.2 million participants.

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense/benefit, information about the fiduciary net position of the NYSLRS and additions to/deductions from NYSLRS' fiduciary net position have been determined on the same basis as they are reported by NYSLRS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. The net pension liability is measured as the portion of the present value of projected benefit payments to be provided through the pension plan to current active and inactive employees that is attributed to those employees' past periods of service (total pension liability), less the amount of the pension plan's fiduciary net position. The net pension liability should be measured as of a date (measurement date) no earlier than the end of the employer's prior fiscal year, consistently applied from period to period.

Obligations of employers and employees to contribute and benefits to employees are governed by the New York State Retirement and Social Security Law (RSSL). As set forth in the RSSL, the Comptroller of the State of New York (the Comptroller) serves as sole trustee and administrative head of the System. The Comptroller shall adopt and may amend rules and regulations for the administration and transaction of the business of the System and for custody and control of its funds. The System issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to the New York State and Local Retirement System, 110 State Street, Albany, NY 12244.

NYSLRS provides three main types of retirement benefits: service retirements, ordinary disability retirements (non-job-related disabilities), and accident disability retirements (job-related disabilities) to members who are in different Tiers. The members' Tier is determined by the date of membership. Subject to certain conditions, members generally become fully vested as to benefits upon the completion of five years of service depending on their Tier. Employees may be required to contribute a percentage of their salary to the pension plan based on their Tier, determined by their date of membership in the plan. Annual pension benefits can be calculated as a percentage of final average salary times number of years of service and changes with the number of years of membership within the plan.

At December 31, 2024 and 2023, the Corporation reported a liability of \$155,324 and \$198,936, respectively, for its proportionate share of the NYSLRS net pension liability. The total pension liability used to calculate the net pension liability is determined by an actuarial valuation as of April 1<sup>st</sup> each year and rolled forward to March 31<sup>st</sup>. The Corporation's proportion for the net pension liability for each fiscal year was based on the Corporation's indexed present value of future compensation to NYSLRS of all participating employers for 2024 and 2023, which was 1.0549% and 0.9277%, respectively.

**Note 11. Pension Plan (Continued)****(a) Actuarial Assumptions**

The total pension liability for the March 31, 2024 measurement date was determined using an actuarial valuation as of April 1, 2023, with update procedures used to roll-forward the total pension liability to March 31, 2024. The actuarial valuations used the following actuarial assumptions:

Inflation	2.9%
Salary increases	4.4%, including inflation
Investment rate of return	5.9%, net of pension plan investment expense
Cost of living adjustments	1.5%
Mortality improvement	Society of Actuaries Scale MP-2021

The total pension asset for the March 31, 2023, measurement date was determined using an actuarial valuation as of April 1, 2022, with update procedures used to roll-forward the total pension liability to March 31, 2023. The actuarial valuations used the following actuarial assumptions:

Inflation	2.9%
Salary increases	4.4%, including inflation
Investment rate of return	5.9%, net of pension plan investment expense
Cost of living adjustments	1.5%
Mortality improvement	Society of Actuaries Scale MP-2021

**Note 11. Pension Plan (Continued)****(b) Expected Rate of Return on Investments**

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected return, net of investment expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following tables at December 31:

Asset class	2024	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	4.0%
International equity	15.0%	6.7%
Private equity	10.0%	7.3%
Real estate	9.0%	4.6%
Fixed income	23.0%	1.5%
Credit	4.0%	5.4%
Real assets	3.0%	5.8%
Opportunistic/absolute return strategy	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

Asset class	2023	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	4.3%
International equity	15.0%	6.9%
Private equity	10.0%	7.5%
Real estate	9.0%	4.6%
Fixed income	23.0%	1.5%
Credit	4.0%	5.4%
Real assets	3.0%	5.8%
Opportunistic/absolute return strategy	3.0%	5.4%
Cash	1.0%	0.0%
	<u>100.0%</u>	

**Note 11. Pension Plan (Continued)****(c) Discount Rate**

The discount rate used to measure the total pension liability as of December 31, 2024 and 2023 was 5.9%. The projection of cash flows used to determine the discount rate assumes that contributions from plan members will be made at the current contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based on those assumptions, the NYSLRS fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on NYSLRS investments was applied to all periods of projected benefit payments to determine the total pension liability.

**Sensitivity of the Net Pension Liability (Asset) to the Discount Rate**

The following presents the Corporation's proportionate share of the net pension liability calculated using the discount rate of 5.9% at December 31, 2024 and 2023, as well as what the Corporation's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

	2024		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 488,356	\$ 155,324	\$ (122,826)
	2023		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 480,743	\$ 198,936	\$ (36,546)

**Note 11. Pension Plan (Continued)****(d) Deferred Outflows and Inflows of Resources**

At December 31, 2024 and 2023, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2024	2023
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 50,030	\$ 21,188
Changes in assumptions	58,725	96,616
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	12,433	5,311
Total	<u>\$ 121,188</u>	<u>\$ 123,115</u>
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 4,235	\$ 5,587
Change in assumptions	-	1,068
Net difference between projected and actual investment earnings on pension plan investments	75,875	1,168
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	15,527	15,914
Total	<u>\$ 95,637</u>	<u>\$ 23,737</u>

The change in employer proportionate share is the difference between the employer proportionate share of net pension liability in the prior year compared to the current year. Changes in these amounts are amortized over a five-year closed period, reflecting the average remaining service life of plan members.

The net deferred outflows and inflows of resources of resources related to pensions will be recognized in pension expense as follows:

Years ending December 31:	
2025	\$ (30,652)
2026	27,472
2027	44,470
2028	(15,739)
	<u>\$ 25,551</u>

**Annual Pension Expense**

The Corporation's annual pension expense for calendar years ended 2024 and 2023, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$64,435 and \$65,509, respectively.

## Note 12. Other Post-Employment Benefits (OPEB)

Plan description: The Corporation provides OPEB that include basic medical and hospitalization plan coverage to eligible retirees. Eligible retirees may only be covered under the indemnified plan of the Corporation. To qualify, a retiree must meet various eligibility requirements as agreed to in collective bargaining agreements. The Corporation pays varying amounts based on specific union agreements.

**Funding the plan:** Currently, there is no New York State statute that expressly authorizes local governments to create a trust for OPEB purposes. Additionally, New York State's General Municipal Law does not allow for a reserve fund to accumulate funds for OPEB obligations. The Corporation's Board of Directors and management believe it is prudent to reserve funds for the Plan and have therefore internally designated \$24,831 in 2024 and 2023, for purposes of funding future post-employment benefits. These internally designated funds are included within assets whose use is limited in the statements of net position. In addition to the funding for future post-employment benefits, the Corporation continues to finance current benefits on a pay-as-you-go basis.

**Annual OPEB cost and net OPEB obligation:** The Corporation's total OPEB liability measured at December 31, 2024 and 2023, of \$278,596 and \$293,911, respectively, was determined by an actuarial valuation as of January 1, 2024 and 2023, respectively. The measurement date of the obligation is December 31, 2024 and 2023.

### (a) Actuarial Assumptions

The total OPEB liability in the December 31, 2024, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.3% per annum
Pre-Medicare Plans	7.8% for 2024, 4.0% ultimate trend rate in 2075
Medicare Plans	5.0% for 2024, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	8.5% for 2024, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	4.0% for 2024, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

The total OPEB liability in the December 31, 2023 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.3% per annum
Pre-Medicare Plans	7.8% for 2023, 4.0% ultimate trend rate in 2075
Medicare Plans	4.6% for 2023, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	7.8% for 2023, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	7.0% for 2023, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

**Note 12. Other Post-Employment Benefits (OPEB) (Continued)****(b) Changes in the OPEB Liability**

	2024	2023
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 293,911	\$ 271,395
Service cost	3,153	2,620
Interest cost	9,983	9,722
Change of benefit terms	6,176	-
Difference between expected and actual experience	14,200	232
Change in assumptions	(36,699)	26,546
Actual benefit payments	(12,128)	(16,604)
Projected OPEB obligation at the end of year	<u>\$ 278,596</u>	<u>\$ 293,911</u>

**(c) Discount Rate**

The discount rate used to measure the total OPEB liability was 4.1% and 3.3%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2024 and 2023, respectively.

**Sensitivity of the OPEB Liability to the Discount Rate**

The following presents the Corporation's total OPEB liability calculated using the discount rate of 4.1%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (3.1%) or one percentage point higher (5.1%) than the current rate.

	2024		
	1% Decrease (3.1%)	Discount Rate (4.1%)	1% Increase (5.1%)
The Corporation's total OPEB liability	\$ 316,533	\$ 278,596	\$ 247,364

The discount rate used to measure the total OPEB liability as of December 31, 2023, was 3.3%, based on the Bond Buyer 20-year Bond GO index rate.

The following presents the Corporation's total OPEB liability calculated using the discount rate of 3.3%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (2.3%) or one percentage point higher (4.3%) than the current rate.

	2023		
	1% Decrease (2.3%)	Discount Rate (3.3%)	1% Increase (4.3%)
The Corporation's total OPEB liability	\$ 337,382	\$ 293,911	\$ 258,462



**Note 12. Other Post-Employment Benefits (OPEB) (Continued)**Sensitivity of the OPEB Liability to the Healthcare Cost Trend Rates

The following presents the Corporation's total OPEB liability calculated using healthcare cost trend rates that are one percentage point lower or one percentage point higher than the current healthcare cost trend rates.

	2024		
	Healthcare		
	1% Decrease	Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 244,305	\$ 278,596	\$ 320,448
	2023		
	Healthcare		
	1% Decrease	Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 255,222	\$ 293,911	\$ 341,658

**(d) Deferred Outflows and Inflows of Resources**

The following are components of deferred outflows and inflows at December 31, 2024 and 2023:

	2024	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 9,881	\$ (7,662)
Changes in assumptions	11,270	(38,116)
Total	<u>\$ 21,151</u>	<u>\$ (45,778)</u>
	2023	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 544	\$ (27,754)
Changes in assumptions	25,126	(31,583)
Total	<u>\$ 25,670</u>	<u>\$ (59,337)</u>

**Note 12. Other Post-Employment Benefits (OPEB) (Continued)**

The net deferred outflows and inflows of resources at December 31, 2024, will be recognized as follows:

Years ending December 31:

2025	\$ (20,051)
2026	(2,845)
2027	(1,731)
	<u>\$ (24,627)</u>

**(e) Annual OPEB Benefit**

The Corporation's annual OPEB benefit for the years ended December 31, 2024 and 2023, was \$12,226 and \$19,343, respectively.

**Note 13. New York State Department of Health (NYSDOH) Grant Programs**

The NYSDOH offers the Vital Access Provider Assurance Program (VAPAP) program. Funding under this program is made to public or safety net hospitals and health systems that meet certain criteria or that have been designated as critical access or sole community hospitals and is awarded to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery.

During the year ended December 31, 2023, the Corporation received grant payments under this program in the amount of \$76,838 and recognized \$103,838 as grant revenue in the statement of revenues, expenses and changes in net position as non-operating revenue. During the year ended December 31, 2024, as a result of improved financial performance, the Corporation did not receive any additional funding under this program.

**Note 14. Transactions With the County of Erie**

On December 30, 2009, the Corporation and the County entered into a Settlement Agreement. The Settlement Agreement resulted in the Corporation and the County entering into a number of transactions to resolve litigation and prepare for implementing the Corporation's master facility plan.

In October 2012, the Corporation and the County signed an amendment to the 2009 Settlement Agreement (the Amendment). The terms of the Amendment provide for the County to be reimbursed from the Corporation for certain workers' compensation claims incurred by Corporation employees that were paid by the County. The Amendment also provides for the County to reimburse the Corporation, over time, for post-retirement health expenses that the Corporation incurred for Corporation employees with service time at the County.

In 2017, the Corporation entered into a loan agreement and a capitalized interest liability assumption agreement with the County of Erie. A component of the loan agreement included the payment of points by the Corporation to the County of Erie in the amount of \$17,040 as further described in Note 2 and 10.

**Note 14. Transactions With the County of Erie (Continued)**

**Other transactions:** Amounts that are included in operating revenues and expenses in the statements of revenues, expenses and changes in net position, which represent related-party transactions that occurred between the Corporation and the County during the years ended December 31, 2024 and 2023, are as follows:

The Corporation earned revenue totaling \$3,969 and \$3,902 for the years ended December 31, 2024 and 2023, respectively, from the County. Revenue earned relates to services provided to School 84, mental health services and various other charges related to County departments located within the Corporation's physical plant.

The net amount due to the County of approximately \$3,737 and \$12,661 at December 31, 2024 and 2023, respectively, is non-interest bearing and reflect the Corporation's net amount owed to the County as a result of various transactions and services between parties.

**Note 15. Self-Insured Obligations**

The Corporation is self-insured for all medical malpractice claims for occurrences on or after January 1, 2004. Additionally, the Corporation began purchasing excess stop-loss insurance on a claims made basis for medical malpractice effective November 2008. The current policy provides \$35,000 of coverage in excess of a self-insured retention (SIR) of \$4,000 of individual claims or \$12,000 in aggregate claims effective November 19, 2018. Effective November 19, 2022, there is an additional \$1,000 buffer of individual claims or aggregate claims. Immediately prior to November 19, 2018, the policy provided \$35,000 of coverage in excess of a SIR \$3,000 of individual claims or \$10,000 in aggregate claims.

Effective April 1, 2016, the Corporation became self-insured for workers' compensation claims through a combination of self-insurance and a high-deductible plan for certain periods as follows: The Corporation maintains a stop-loss insurance policy for the claims in excess of \$750. As required by the NYS Workers' Compensation Board, ECMCC maintains a security deposit on its self-insured workers' compensation obligations. The value of the security deposit was \$30,689 as of December 31, 2024 and 2023. The deposit is maintained through a surety bond. The surety requires a collateral deposit to maintain the bond. The value of the collateral held by the surety was \$5,806 and \$5,512 as of December 31, 2024 and 2023, respectively. Effective January 1, 2012, the Corporation insured a portion of its workers' compensation exposure through an occurrence basis high-deductible plan. The Corporation remains responsible for the first \$750 of an individual claim payment after December 31, 2011. The Corporation is required to pledge certain assets under this arrangement. As of December 31, 2024 and 2023, \$3,312 and \$4,662, respectively, has been escrowed to service workers' compensation claims and included as part of assets whose use is limited. The Corporation remains self-insured for workers' compensation claims prior to January 1, 2012. The County has assumed a portion of liabilities for all occurrences originating prior to 2004.

Losses from asserted and unasserted medical malpractice and workers' compensation claims are accrued based on actuarial estimates that incorporate the Corporation's past experience, the nature of each claim or incident, relevant trend factors, and estimated recoveries, if any, on unsettled claims.

**Note 15. Self-Insured Obligations (Continued)**

The Corporation has accrued \$30,978 and \$33,407 at December 31, 2024 and 2023, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.0% for 2024 and 2023 and the accrued liabilities are included within the accrued other liabilities and self-insured obligations caption of the accompanying statements of net position. Charges to expense for medical malpractice costs are included within the other operating expenses caption of the accompanying statements of revenues, expenses and changes in net position.

The Corporation has accrued \$22,660 and \$27,922 at December 31, 2024 and 2023, respectively, for workers' compensation related exposures. Such amounts have been discounted at 1.75% for 2024 and 2023, and the liabilities are included within the accrued other liabilities and self-insured obligations captions of the accompanying statements of net position. Charges to expense for workers' compensation costs approximated \$1,167 and \$7,376 in 2024 and 2023, respectively, and are included within the payroll, employee benefits and contract labor caption of the accompanying statements of revenues, expenses and changes in net position.

Eligible retirees are provided basic medical and hospitalization coverage by the Corporation as more fully described in Note 12.

The composition of self-insured obligations as of December 31, is as follows:

2024					
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 33,407	\$ 2,675	\$ (5,104)	\$ 30,978	\$ 2,133
Workers' compensation	27,922	382	(5,644)	22,660	6,665
	<u>\$ 61,329</u>	<u>\$ 3,057</u>	<u>\$ (10,748)</u>	<u>\$ 53,638</u>	<u>\$ 8,798</u>
2023					
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,975	\$ 4,750	\$ (2,318)	\$ 33,407	\$ 1,792
Workers' compensation	27,264	6,145	(5,487)	27,922	7,416
	<u>\$ 58,239</u>	<u>\$ 10,895</u>	<u>\$ (7,805)</u>	<u>\$ 61,329</u>	<u>\$ 9,208</u>

Medical malpractice and workers' compensation amounts due within one year are management's estimates based on historical claims.

## **Note 16. Commitments and Contingencies**

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at the time. Government activity, in recent years, has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. While no regulatory allegations have been made against the Corporation, compliance with such laws and regulations can be subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. Management and its counsel are not aware of any such actions that will have a material adverse effect on the Corporation's financial statements.

In October 2024, the Corporation committed to begin implementing a new electronic health record system along with a new enterprise resource planning software system in the first quarter of 2025. Both projects are expected to be completed by the end of 2026.

The healthcare industry is subject to changing political, regulatory, economic and other influences that may affect our business. Regulatory uncertainty has increased as a result of recent decisions issued by the U.S. Supreme Court that affect review of federal agency actions, and the outcome of the 2024 federal elections. Federal agencies oversee, regulate and otherwise affect many aspects of our business, including through Medicare and Medicaid payment and coverage policies, policies affecting the size of the uninsured population, administration of state Medicaid programs and enforcement and interpretation of fraud and abuse laws. The recent Supreme Court decisions may also result in inconsistent judicial interpretations and delays in and other impacts to agency rulemaking and legislative processes. The changes in executive and legislative leadership at the federal level increases regulatory uncertainty and the potential for significant policy changes. Management is actively monitoring the evolving potential changes, and at this time, the impact to the Corporation is unknown.

Loss contingency liabilities are recorded in accordance with U.S. GAAP, which requires recognition of a loss when it is deemed probable that an asset has been impaired or a liability has been incurred, and the amount of the loss can be reasonably estimated. As of December 31, 2024 and 2023, the Corporation has recorded no loss contingencies except as disclosed in Note 15.

The Corporation formed 1827 Fillmore, LLC (1827) for the purpose of acquiring and developing land immediately adjacent to its Grider Street campus. A condition of the acquisition was that 1827 demolish a building on the site with known asbestos abatement requirements. This condition was met in 2018. The Corporation has undertaken a community planning process to determine the future use(s) of the site. The site requires the environmental remediation expenditures; however, the amount of such expenditures is dependent on the ultimate use of the site and requirements from regulators. Through December 31, 2024, approximately \$4,600 has been spent on remediating and improving the land.

## **Required Supplementary Information**

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Required Supplementary Information**  
**Schedule of Corporation's Contributions**  
**NYSLRS Pension Plan**  
**December 31, 2024**  
**(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 34,131	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722	\$ 29,771
Contributions in relation to the contractually required contribution	34,131	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722	29,771
<b>Contribution deficiency</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
ECMCC covered-employee payroll	\$ 295,295	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691	\$ 175,409
Contributions as a percentage of covered-employee payroll	11.6%	10.2%	13.1%	12.8%	12.6%	13.0%	13.3%	13.7%	16.0%	17.0%

**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Required Supplementary Information**  
**Schedule of Corporation's Proportionate Share of Net Pension Liability (Asset)**  
**NYSLRS Pension Plan**  
**December 31, 2024**  
**(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016
ECMCC proportion of the net pension (asset) liability	1.0549%	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%	0.7228%
ECMCC proportionate share of the net pension (asset) liability	\$ 155,324	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544	\$ 116,006
ECMCC covered-employee payroll	295,295	245,606	273,555	249,490	246,772	235,284	216,044	183,540	166,691
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	52.6%	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%	69.6%
Plan fiduciary net position as a percentage of the total pension liability	93.9%	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%	90.7%

Note: GASB requires 10 years of information to be presented in this table. However, until a full 10-year trend is compiled, the Corporation will present information for those year for which information is available.

Change in Benefit Terms

The New York State Legislature lowered the vesting requirement for Tier 5 and Tier 6 from 10 years to five years (Chapter 56 Of the Laws of 2022), prior to the April 1, 2022 actuarial valuation.

Changes of Assumptions

2024: There were no significant changes in assumptions

2023: The mortality improvement assumption was updated to the Society of Actuaries' Scale MP-2021, inflation was updated to 2.9%, cost-of-living updated to 1.5%, for the April 1, 2022 actuarial valuation.



**Erie County Medical Center Corporation**  
**(A Component Unit of the County of Erie)**

**Required Supplementary Information**

**Schedule of Corporation's Changes in Total OPEB Liability and Related Ratios**

**December 31, 2024 and 2023**

**(Dollars in Thousands)**

	2024	2023
Total OPEB liability:		
Service cost	\$ 3,153	\$ 2,620
Interest cost	9,983	9,722
Change of Benefit Terms	6,176	-
Differences between expected and actual experience	14,200	232
Changes of assumptions	(36,699)	26,546
Benefit payments	(12,128)	(16,604)
<b>Net change in total OPEB liability</b>	<b>(15,315)</b>	<b>22,516</b>
Total OPEB liability—beginning	293,911	271,395
Total OPEB liability—ending	<u>\$ 278,596</u>	<u>\$ 293,911</u>
Covered employee payroll	\$ 85,437	\$ 87,249
Total OPEB liability as a percentage of covered employee payroll	326.08%	336.86%
Discount rate	4.1%	3.3%

Change in Benefit Terms

There were no significant changes in benefits during 2024 and 2023.

Changes of Assumptions

2024: The discount rate was increased from 3.3% to 4.1% as well as an update to the medical and prescription trend rates.

2023: The discount rate was decreased from 3.7% to 3.3%, while salary increases were adjusted from 3.7% to 3.3% as well as an update to the medical and prescription trend rates.

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## Erie County Medical Center Corporation



## Operating and Capital Budgets For the year ending 2025

# Table of Contents

	<u>Page</u>
Management Discussion and Analysis	3-8
Regulatory Reporting Requirements	9
Budget Process	10
Performance Comparison	11
Key Financial Ratios	12
Financial Statements	13-15
Operating Performance Reconciliation	16
Principal Budget Assumptions	17-24
Performance Improvement Initiatives	25
Emerging Issues and Risk Areas	26
Capital Budget Summary	27
2026 - 2028 Financial Projections	28-31

# Management Discussion and Analysis

September 30, 2024

The year ending December 2024 has been a year of positive movement along our stepped recovery path. The 2025 Budget maintains that path while also continuing to further the ECMCC Strategic Plan which focuses on both short and long-term growth, expanding access to care in our surrounding community and investing in the workforce to meet certain staffing requirements resulting in continuous financial and operational improvement despite the ongoing industry and market challenges. ECMCC's long-term goals will continue to be measured through the achievement of the ECMCC mission: improving clinical quality, service excellence, and the continued provision of health services to the communities ECMCC serves with compassion. In the short-term a renewed focus has been placed on retention of staff through investments in our people and steady growth through improved patient access.

# Management Discussion and Analysis

The industry generally is also seeing financial and operational recovery, while also experiencing many of the similar financial and operational challenges both locally and nationally. ECMCC has recognized that growth, improved efficiency, and reimbursement enhancements along with future external support are needed to properly provide for a pathway to sustainability. Despite the significant operating and admission challenges seen in the local community care settings ECMCC's 2025 goal is to improve operating results before accounting for actuarial expense increases through efficiency and revenue improvements, as well as programmatic growth without impacting the critical services we provide while simultaneously maintaining our exceptional quality outcomes. The proposed 2025 operating budget reflects an operating loss of \$35 million before grant support. The proposed budget has been developed with the following goals in mind:

## *Budget Goals*

- ✓ Maintain the highest quality of care provided
- ✓ Maintain critical services provided to the community
- ✓ Continue a stepped approach to recovery while managing community admission challenges
- ✓ Maintain routine capital and equipment upgrades
- ✓ Maximize retention of staff, improve staffing efficiency and meet NYS minimum standards
- ✓ Prepare the budget to accomplish the goals without significant job actions



# Management Discussion and Analysis

Budgetary assumptions are a key component of the process that was followed in developing the Budget. The following summarizes Management's perspective in the development of these assumptions

## *Activity Levels*

The Budget has been prepared using the actual volume seen during 2024 as a baseline. Further consideration was given to the changes internally related to recent trends in volume and activity, an improvement in the ability to discharge patients and ultimately reduced length of stay, the shift of inpatient cases into the outpatient setting as a result of changing regulations and payer payment policies, growth of various service lines, new physician recruitment, as well as other factors. Management believes that the levels of activity contained within the Budget are achievable.

# Management Discussion and Analysis

## *Revenue and Reimbursement*

Projected reimbursement from government payers is based on current and proposed regulations where Management has evaluated as probable. Reimbursement from commercial payers is based on current contracts or at rates that Management has evaluated as probable for contracts currently being negotiated. Increases in net revenue associated with revenue cycle improvement initiatives related to contract underpayments and payer denial management have also been incorporated at levels that Management believes are attainable.

Other operating revenue has been budgeted based on historical experience while taking into account the impact of anticipated growth and improved efficiency in the operation of ECMCC's Specialty Pharmacy services provided to our patients.

Disproportionate share and upper payment limit payments have been budgeted based on the most current information available to Management.

# Management Discussion and Analysis

## *Operating Expenses*

Projected operating expenses are budgeted based on the volume of anticipated activity, along with adjustments for salary rate increases consistent with current collective bargaining agreements, estimated benefit costs as adjusted for actuarially projected gains or losses, supply and other expense inflation rates as well as impacts of performance improvement initiatives. Management believes that the overall growth in expenses of approximately 8.3% contained in the budget are reasonable given the significant increases in actuarially driven benefit costs, volume related supply costs and specialty pharmacy drug costs.

## *Non-Operating Revenue*

Non-Operating Revenues have been budgeted consistent with the recent historical trends related to investment income. The reduction is the result of an anticipated decrease in available investments in 2025 and an assumption that interest rates will decline from 2024 levels. Although ECMCC expects to continue to work closely with NYS on future funding needs for 2025 as a participant in the Vital Access Provider Assurance grant program, Management has elected not to include any additional Federal or New York State operational support for planning purposes in the 2025 operating budget.



# Management Discussion and Analysis

## *Cash Flows*

2025 cash flow will remain a key focus of Management given the challenges. Cash flows have been budgeted based on the results of operations, investments in routine and non-routine capital assets, principal payments on long-term debt, continued investments in our clinically integrated network and the funding of employee benefit plans. In an effort to avoid reducing critical services through significant program and personnel cuts the budget reflects losses which may result in a need for future operational and capital cash flow support from governmental agency partners including New York State.

## *Range of Outcomes and Contingency Plans*

Management has considered the sensitivity of each material assumption within the Budget. Management believes that the Budget is reasonably positioned within the range of potential outcomes and recognizes its responsibility for achieving these results. Given the uncertainty of certain material assumptions related to uncertain inflationary pressures, community post-acute capacity, staffing and retention challenges, emergent capital or technology needs, future governmental reimbursement and benefit cost fluctuations, Management acknowledges that it may have to adjust operationally during 2025.

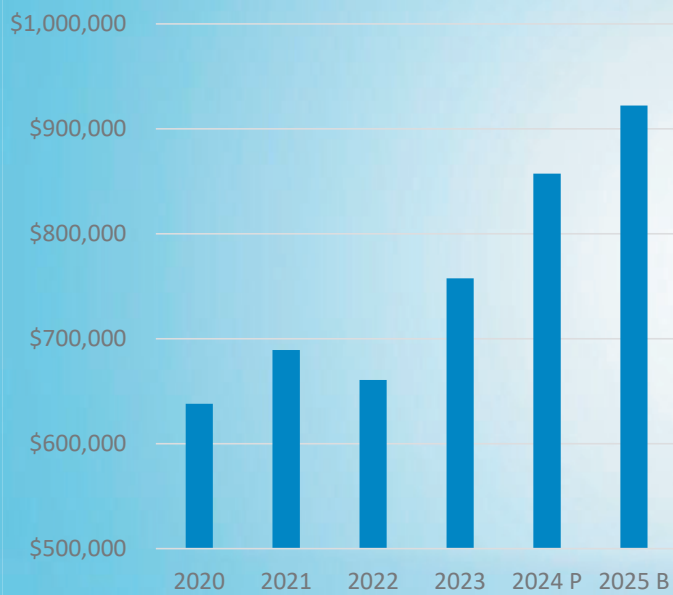
# Regulatory Budget Reporting Requirements

- All requirements have been met
  - NYCRR, Part 203, Chapter V, Title 2
  - This package communicates each of the 18 requirements
- New York State Office Of The State Comptroller
- Authority Budget Office
- PARIS submission and certification

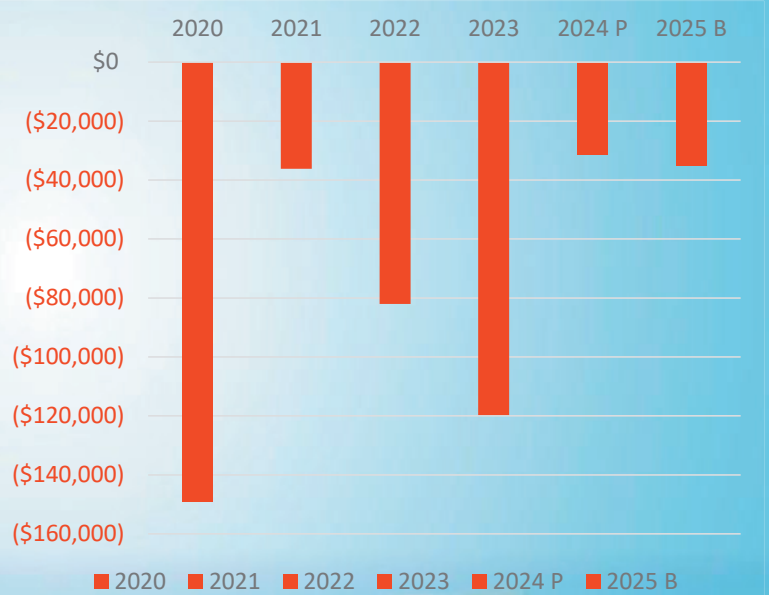
## Budget Process

- Executive Leadership Team (ELT) adopt budget schedule and goals
- Using 2024 year-to-date performance and known or anticipated budget variances, a baseline budget and financial projections were prepared
- Department managers worked with ELT to develop departmental targets and performance improvement initiatives
- ELT budget recommendation reviewed and approved by Finance Committee of ECMCC Board
- Budget recommendation reviewed and approved by ECMCC Board

## Revenue



## Operating Margin



### Footnotes:

- 2025 Budgeted margin includes an \$11M increase in actuarial benefit expenses
- For comparability purposes in this chart, operating margins exclude all investment gains, CARES/ARP/PPP/FEMA and NYS VAPAP grants

# Key Financial Ratios

	<u>2022</u>	<u>2023</u>	<u>Projected 2024</u>	<u>Budget 2025</u>
Operating Margin %	-10.8%	-14.2%	-3.7%	-3.8%
NYS PBC Average %	-16.1%	-14.3%		
Operating EBITDA %	4.6%	-6.0%	3.3%	2.4%
NYS PBC Average %	-10.0%	-8.2%		
FTE's	3,473	3,684	3,738	3,802
Days Operating Cash On Hand	29	14	32	15
NYS PBC Average	49	26		
Debt Service Coverage	1.5	2.2	1.8	0.2
NYS PBC Average	(0.5)	(0.5)		
Salaries, Wages & Benefits % of Revenue	61.5%	76.2%	68.5%	69.9%
Supply Expense % of Revenue	20.8%	21.9%	22.0%	22.7%
Benefit % of Salaries and Wages	12.9%	35.7%	29.3%	34.7%
Days In Accounts Receivable, net	53.9	66.0	59.0	55.0



## Statements of Revenues and Expenses

(Thousands)

	<u>2023 Audited</u>	<u>2024 Projection</u>	<u>2025 Budget</u>	<u>Increase (Decrease)</u>	
Net Patient Revenue	603,720	670,943	719,848	48,905	7.3%
Disproportionate Share / IGT and UPL Payments	107,105	123,299	130,932	7,633	6.2%
Other Operating Revenues	<u>46,639</u>	<u>60,968</u>	<u>74,547</u>	<u>13,579</u>	<u>22.3%</u>
Total Operating Revenues	<u>757,464</u>	<u>855,210</u>	<u>925,327</u>	<u>70,117</u>	<u>8.2%</u>
Operating Expenses					
Salaries and Wages	339,019	355,319	373,418	18,099	5.1%
Employee Benefits	121,079	104,182	129,688	25,506	24.5%
Physician & Resident Fees	110,577	115,517	123,394	7,877	6.8%
Purchased Services	81,712	74,209	81,281	7,072	9.5%
Supplies	132,197	147,840	163,047	15,207	10.3%
Other Expenses	30,529	29,913	32,381	2,468	8.3%
Depreciation	49,812	48,209	45,603	(2,606)	-5.4%
Interest	<u>12,264</u>	<u>11,438</u>	<u>11,513</u>	<u>75</u>	<u>0.7%</u>
Total Operating Expenses	<u>877,189</u>	<u>886,627</u>	<u>960,325</u>	<u>73,698</u>	<u>8.3%</u>
Operating Income	(119,725)	(31,417)	(34,998)	(3,581)	-11.4%
Grant revenue	<u>107,230</u>	<u>25,480</u>	<u>-</u>	<u>(25,480)</u>	<u>-100.0%</u>
Income/(Loss) from Operations with grants	(12,495)	(5,937)	(34,998)	(29,061)	-489.5%
Non Operating Revenues	<u>6,283</u>	<u>5,836</u>	<u>3,734</u>	<u>(2,102)</u>	<u>-36.0%</u>
Excess of Revenues Over Expenses	<u>(6,212)</u>	<u>(101)</u>	<u>(31,264)</u>	<u>(31,163)</u>	<u>-30956.6%</u>



## Statements of Net Position

(Thousands)

	<u>2023 Audited</u>	<u>2024 Projection</u>	<u>2025 Budget</u>	<u>Increase (Decrease)</u>	
<b>Assets</b>					
Current Assets					
Cash	\$ 20,773	\$ 33,170	\$ 28,998	\$ (4,172)	-12.6%
Patient Accounts Receivable, Net	102,389	108,086	108,460	374	0.3%
Other Current Assets	<u>66,654</u>	<u>82,458</u>	<u>83,952</u>	<u>1,494</u>	<u>1.8%</u>
Total Current Assets	<u>189,816</u>	<u>223,714</u>	<u>221,410</u>	<u>(2,304)</u>	<u>-1.0%</u>
Assets Whose Use Is Limited	170,619	164,108	166,180	2,072	1.3%
Property and Equipment, Net	313,038	272,828	235,226	(37,602)	-13.8%
Other Assets	<u>168,370</u>	<u>168,189</u>	<u>160,550</u>	<u>(7,639)</u>	<u>-4.5%</u>
<b>Total Assets</b>	<u><u>841,843</u></u>	<u><u>828,839</u></u>	<u><u>783,366</u></u>	<u><u>(45,473)</u></u>	<u><u>-5.5%</u></u>
<b>Liabilities and Net Assets</b>					
Current Liabilities					
Current Portion of Long Term Debt	38,537	37,465	25,488	(11,977)	-32.0%
Accounts Payable, Third-Party & Accrued	271,026	269,680	284,656	14,976	5.6%
Total Current Liabilities	<u>309,563</u>	<u>307,145</u>	<u>310,144</u>	<u>2,999</u>	<u>1.0%</u>
Long Term Debt	225,197	217,508	206,020	(11,488)	-5.3%
Deferred Inflows	84,739	84,976	85,976	1,000	1.2%
Other Post Employment Benefits	281,585	262,097	269,960	7,863	3.0%
Self Insurance Liabilities	<u>216,926</u>	<u>233,381</u>	<u>218,798</u>	<u>(14,583)</u>	<u>-6.2%</u>
Total Liabilities	<u>1,118,010</u>	<u>1,105,107</u>	<u>1,090,898</u>	<u>(14,209)</u>	<u>-1.3%</u>
<b>Net Position</b>	<u>(276,167)</u>	<u>(276,268)</u>	<u>(307,532)</u>	<u>(31,264)</u>	<u>-11.3%</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 841,843</u></u>	<u><u>\$ 828,839</u></u>	<u><u>\$ 783,366</u></u>	<u><u>\$ (45,473)</u></u>	<u><u>-5.5%</u></u>

## Statements of Cash Flow

(Thousands)

	<b>Audited 2023</b>	<b>Projected 2024</b>	<b>Budget 2025</b>
<b>Cash Flows From Operating Activities</b>			
Excess of Revenues Over Expenses	\$ (6,212)	\$ (101)	\$ (31,264)
Depreciation & Amortization	49,812	48,209	45,603
Provision for Bad Debt	4,596	15,014	15,427
(Increase) Decrease in Non-operating revenues	(101,248)	(19,879)	7,779
(Increase) Decrease in Patient Accounts Receivable, Net	(23,416)	(20,711)	(15,801)
(Increase) Decrease in Current and Other Assets	37,223	(15,622)	6,144
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	268,289	(1,345)	14,976
Increase (Decrease) in Deferred In-Flows	(289,185)	236	1,000
Increase (Decrease) in Self Insurance Liabilities	3,238	(3,032)	(6,720)
Net Cash Provided By (Used In) Operating Activities	<u>(56,903)</u>	<u>2,769</u>	<u>37,144</u>
<b>Cash Flows From Investing Activities</b>			
Other Investing Activities, Net	<u>(10,215)</u>	<u>12,347</u>	<u>1,662</u>
Net Cash Provided By (Used In) Investing Activities	<u>(10,215)</u>	<u>12,347</u>	<u>1,662</u>
<b>Cash Flows From Financing Activities</b>			
Additions to Property and Equipment	(12,554)	(8,000)	(8,000)
Non-operating grants	80,229	25,480	-
Changes in Long-Term Debt	<u>(23,979)</u>	<u>(20,199)</u>	<u>(34,978)</u>
Net Cash Provided By (Used In) Financing Activities	<u>43,696</u>	<u>(2,719)</u>	<u>(42,978)</u>
<b>Net Increase (Decrease) in Cash and Investments</b>	<b>(23,422)</b>	<b>12,397</b>	<b>(4,172)</b>
<b>Cash, Beginning</b>	<u>44,195</u>	<u>20,773</u>	<u>33,170</u>
<b>Cash, Ending</b>	<u>\$ 20,773</u>	<u>\$ 33,170</u>	<u>\$ 28,998</u>



# Operating Performance Reconciliation

(Thousands)

	<u>2024 Budget</u>	<u>2025 Budget</u>	<u>Increase / (Decrease)</u>
<b>2024 Budgeted Loss from Operations</b>			\$ (35,005)
Operating Revenues			
Net Patient Service Revenue	\$ 645,857	\$ 719,848	73,991
Disproportionate Share, IGT and UPL Revenue	123,280	130,932	7,652
Other Operating Revenue	49,890	74,547	24,657
Total Operating Revenues	<u>819,027</u>	<u>925,327</u>	<u>106,300</u>
Operating Expenses			
Salaries and Benefits	446,981	503,106	56,125
Physician Fees and Professional Services	199,443	204,675	5,232
Supplies	130,625	163,047	32,422
Other Expenses	30,136	32,381	2,245
Depreciation and Amortization	37,100	45,603	8,503
Interest	9,747	11,513	1,766
Total Operating Expenses	<u>854,032</u>	<u>960,325</u>	<u>106,293</u>
<b>2025 Budgeted Loss from Operations</b>	<u>\$ (35,005)</u>	<u>\$ (34,998)</u>	<u>\$ (34,998)</u>

# Principal Budget Assumptions

- Volume
- Patient Revenue and Reimbursement
- IGT / UPL Payments
- Other Revenues
- Staffing Costs / Non-Clinical Vacancy Management
- Other Expenses
- Cash Flows

# Volume Summary

	<b>2023 Actual</b>	<b>2024 Projection</b>	<b>2025 Budget</b>	<b>Increase (Decrease)</b>	
				<b>24 - 25</b>	<b>%</b>
Discharges					
Acute	12,579	13,174	13,456	282	2.1%
Other	5,066	5,234	5,250	16	0.3%
Total	<u>17,645</u>	<u>18,408</u>	<u>18,706</u>	<u>298</u>	<u>1.6%</u>
Average Length of Stay					
Acute	8.1	7.8	7.5	(0.3)	-3.6%
Other	11.9	11.0	11.2	0.2	2.0%
Total	<u>9.5</u>	<u>8.7</u>	<u>8.5</u>	<u>(0.2)</u>	<u>-2.4%</u>
Observation Cases	2,884	3,303	3,303	(0)	0.0%
Outpatient Visits	297,224	300,768	307,976	7,208	2.4%
Clinics	154,566	158,929	163,814	4,885	3.1%
Behavioral Health	36,547	35,564	37,868	2,304	6.5%
Chemical Dependency	20,592	18,709	19,398	689	3.7%
Dialysis	25,109	25,368	25,621	253	1.0%
Other	60,410	62,197	61,275	(922)	-1.5%
Surgical Cases					
Inpatient	5,407	5,523	6,189	666	12.1%
Outpatient	7,914	8,062	8,511	449	5.6%
Total	<u>13,321</u>	<u>13,585</u>	<u>14,700</u>	<u>1,115</u>	<u>8.2%</u>
Case Mix Index - Acute	<u>1.81</u>	<u>1.91</u>	<u>1.88</u>	<u>(0.03)</u>	<u>-1.7%</u>
Emergency Visits	54,435	55,013	56,444	1,431	2.6%
CPEP Visits	9,508	9,810	10,157	347	3.5%
Terrace View ADC	364.8	369.0	380.0	11.0	3.0%

# Revenue

- Net average revenue rate increase of 7% (includes all payers)
  - Larger increase is driven by add-ons for Medicare Wage Index
- Acute – IP Discharges of 2.1% increase from 2024 levels
  - Growth in inpatient cases related to improved community skilled nursing facility access, average length of stay reductions, and growth from increased admissions from an increase in emergency department visits and expanded operating room hours increasing surgical procedures
- Outpatient visits increase of 2.4% increase from 2024 levels
  - Increases in specialty clinic visits
- Terrace View average daily census increase of 3% to 380 residents
  - Staffing levels have increased and units reopened to allow for increased census
- IGT – Year over year growth based upon estimated net changes in allowable costs net of increases in associated Medicaid revenue
- Revenue cycle process improvements of \$5M included within contract underpayments, denials, bad debt expense reductions and improved coding and documentation

## DSH/IGT and UPL Revenue (Accrual Basis Revenue)

	<b>Budget <u>2024</u></b>	<b>Projected <u>2024</u></b>	<b>Budget <u>2025</u></b>
DSH	\$ 100,351	\$ 109,804	\$ 117,437
UPL	<u>16,000</u>	<u>13,495</u>	<u>13,495</u>
Total	<u><u>\$ 116,351</u></u>	<u><u>\$ 123,299</u></u>	<u><u>\$ 130,932</u></u>

# Expenses

- Salaries
  - Increase in overall FTE's to 3,802 (3,760 - @ 8/31/24)
    - NYS minimum staffing reg's, expanded and/or new services (OR hours, mammography), NYS VAP grant funded infrastructure
  - Reduced premium costs (OT and shift bonuses)
  - Contracted salary increases total an average of 3.5%
  - Non-Union wage increases total 3%
  - Implementation of other contracted enhancements (step changes, other shift pay changes)
- Benefits
  - Increased health insurance costs, workers compensation, unemployment related costs
  - \$7M increase in pension expense due to higher FTEs, salaries, actuarial assumptions and ECMCC's increased share of the cost
  - \$11M increase in post-retiree health benefit cost as a result of actuarial assumption impact estimates



## Expenses (cont'd)

- **Physician & Residents**
  - Significant physician service contracted fee increases for various service lines
  - University faculty (GME) and resident salary inflation
- **Contractual Fees/Purchased Services**
  - Continued use of temporary agency nursing personnel with an anticipated reduction from current levels, while maintaining desired staffing
  - Increase in software expense due to inflation along with new tools for improving clinical efficiencies along with related maintenance and support costs
  - Increased costs for specialty pharmacy program operations due to increased volume

## Expenses (cont'd)

- Supplies
  - Increase in volume from projected 2024 volume levels including an 8.2% increase in total surgeries
  - Inflationary increases in all supply categories, most significant in pharmacy costs partially offset by savings initiatives (physician preference, pricing, joint contracting)
  - Increase in specialty pharmacy drug costs due to program expansion
  - Supply chain direct cost savings initiatives of \$2.25 million
- Depreciation and Interest
  - Decreased overall depreciation and interest costs
    - Expense based upon remaining depreciation on existing assets plus new capital anticipated.
    - Reduced non-project capital expenditures during 2020 - 2024.



## Cash Flow Assumptions

- Net change in cash of (\$4.2) million without any 2025 NYS operating grants
  - Days operating cash on hand decreased to 15 days from projected 2024 (excludes designated funds)
- Days in accounts receivable improving to 55 days
- Days in accounts payable holding at 60 days
- Routine capital budget spend consistent with 2023 and 2024 at \$8.0 million
- Line of credit balance paid when expires
- Pension payment increase of \$7 million

# Performance Improvement Initiatives

- Length of stay improvements
- Revenue cycle improvement initiatives
- Non-clinical vacancy management / premium time reduction
- Value analysis program reducing supply costs
- Reduction in certain purchased services
- Inpatient and outpatient growth strategies
- Continued infrastructure investment in population health strategies
- Insurance plan relationships, increased rates through contracting, MCR wage index, improved governance

# Emerging Issues and Risk Areas

- Timing of future DSH/IGT payments
- Operating performance improvements
  - Market driven length of stay challenges (Post-acute staffing)
  - Recruitment and retention risks
  - FTE vacancy management risks
- Continued inflationary pressures on non-salary operating costs and pharmaceutical shortages
- Federal and NYS operational support uncertainty
- Federal and NYS reimbursement uncertainty
- Inpatient and outpatient volume sensitivity
  - Ambulatory surgery market
- Benefit expense and contribution changes
  - Pension and OPEB
- Technology limitations - EHR

## 2025 Capital Budget Summary

Given stepped recovery, ECMCC must limit routine capital spending funding from internal operations and remain consistent with 2024

- \$8 Million routine capital spend (*\$8M in 2024*)
  - \$8M from internal operating funds

## 3 Year Financial Projections

- Reimbursement rate increases adjusted to historical net rate increases, excluding one-time increases
- IGT/UPL at current projections
- Salary expense consistent with current collective bargaining agreements
- Benefits % of salary expense steady throughout projection period
- Supply and other expense inflation consistent with 2024 and 2025
- Reflects potential cash flow need for additional operational Federal and/or New York State support in addition to management potential future operational improvements



## Statements of Revenues and Expenses – Projected (Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>Operating Revenues</b>						
Net Patient Service Revenue	\$ 603,720	\$ 670,943	\$ 719,848	\$ 755,354	\$ 791,457	\$ 827,978
Disproportionate Share, IGT and UPL Revenue	107,105	123,299	130,932	130,932	130,932	130,932
Other Operating Revenue	46,639	60,968	74,547	75,293	76,046	76,806
Total Operating Revenues	757,464	855,210	925,327	961,579	998,435	1,035,716
<b>Operating Expenses</b>						
Salaries and Benefits	460,098	459,501	503,106	548,198	574,327	601,668
Physician Fees and Professional Services	192,289	189,726	204,675	208,768	212,944	217,202
Supplies	132,197	147,840	163,047	171,376	177,799	184,332
Other Expenses	30,529	29,913	32,381	34,020	35,742	37,552
Depreciation and Amortization	49,812	48,209	45,603	43,140	40,808	38,602
Interest	12,264	11,438	11,513	11,589	11,665	11,741
Total Operating Expenses	877,189	886,627	960,325	1,017,091	1,053,285	1,091,097
	(119,725)	(31,417)	(34,998)	(55,512)	(54,850)	(55,381)
Operational Support & Improvements	-	-	-	38,012	44,850	50,381
<b>Income/(Loss) from Operations</b>	(119,725)	(31,417)	(34,998)	(17,500)	(10,000)	(5,000)
Grant revenue	107,230	25,480	-	-	-	-
<b>Income/(Loss) from Operations with Grants</b>	(12,495)	(5,937)	(34,998)	(17,500)	(10,000)	(5,000)
Non Operating Revenues & Capital Contributions	6,283	5,836	3,734	3,734	3,734	3,734
<b>Excess of Revenues Over Expenses</b>	\$ (6,212)	\$ (101)	\$ (31,264)	\$ (13,766)	\$ (6,266)	\$ (1,266)

## Statements of Financial Position – Projected (Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>ASSETS</b>						
Current Assets						
Cash	\$ 20,773	\$ 33,170	\$ 28,998	\$ 33,237	\$ 33,050	\$ 39,394
Patient Accounts Receivable	102,389	108,086	108,460	113,795	119,240	124,741
Other Current Assets	66,654	82,458	83,952	85,021	86,602	87,578
Total Current Assets	189,816	223,714	221,410	232,053	238,892	251,713
Assets Whose Use Is Limited	170,619	164,108	166,180	167,317	168,486	170,691
Property and Equipment	313,038	272,828	235,226	202,086	186,277	172,675
Other Assets	168,370	168,189	160,550	159,261	158,053	156,925
<b>Total Assets</b>	<b>\$ 841,843</b>	<b>\$ 828,839</b>	<b>\$ 783,366</b>	<b>\$ 760,717</b>	<b>\$ 751,708</b>	<b>\$ 752,004</b>
<b>LIABILITIES AND NET ASSETS</b>						
Current Liabilities						
Current Portion of Long Term Debt	\$ 38,537	\$ 37,465	\$ 25,488	\$ 22,509	\$ 18,902	\$ 15,686
Accounts Payable, Third-Party & Accrued	271,026	269,680	284,656	287,101	286,258	285,818
Total Current Liabilities	309,563	307,145	310,144	309,610	305,160	301,504
Long Term Debt	225,197	217,508	206,020	193,511	184,609	178,923
Deferred Inflows	84,739	84,976	85,976	86,976	87,976	88,976
Other Post Employment Benefits	281,585	262,097	269,960	278,059	286,401	294,993
Self Insurance Reserves	216,926	233,381	218,798	213,859	215,126	216,438
<b>Total Liabilities</b>	<b>1,118,010</b>	<b>1,105,107</b>	<b>1,090,898</b>	<b>1,082,015</b>	<b>1,079,272</b>	<b>1,080,834</b>
<b>Net Position</b>	<b>(276,167)</b>	<b>(276,268)</b>	<b>(307,532)</b>	<b>(321,298)</b>	<b>(327,564)</b>	<b>(328,830)</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 841,843</b>	<b>\$ 828,839</b>	<b>\$ 783,366</b>	<b>\$ 760,717</b>	<b>\$ 751,708</b>	<b>\$ 752,004</b>

## Statements of Cash Flow - Projected

(Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>Cash Flows From Operating Activities</b>						
Excess of Revenues Over Expenses	\$ (6,212)	\$ (101)	\$ (31,264)	\$ (13,766)	\$ (6,266)	\$ (1,266)
Depreciation & Amortization	49,812	48,209	45,603	43,140	40,808	38,602
Provision for bad debt	4,596	15,014	15,427	15,747	15,784	15,821
(Increase) Decrease in Non-operating revenues	(101,248)	(19,879)	7,779	7,855	7,931	8,008
(Increase) Decrease in Patient Accounts Receivable, Net	(23,416)	(20,711)	(15,801)	(21,082)	(21,229)	(21,322)
(Increase) Decrease in Current and Other Assets	37,223	(15,622)	6,144	221	(373)	151
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	268,289	(1,345)	14,976	2,444	(842)	(440)
Increase (Decrease) in Deferred In Flows	(289,185)	236	1,000	1,000	1,000	1,000
Increase (Decrease) in Self Insurance Liabilities	3,238	(3,032)	(6,720)	3,160	9,609	9,904
Net Cash Provided By (Used In) Operating Activities	(56,903)	2,769	37,144	38,719	46,422	50,458
<b>Cash Flows From Investing Activities</b>						
Other Investing Activities, Net	(10,215)	12,347	1,662	2,597	2,565	1,529
Net Cash Provided By (Used In) Investing Activities	(10,215)	12,347	1,662	2,597	2,565	1,529
<b>Cash Flows From Financing Activities</b>						
Additions to Property and Equipment	(12,554)	(8,000)	(8,000)	(10,000)	(25,000)	(25,000)
Non-operating grants	80,229	25,480	-	-	-	-
Changes in Long Term Debt	(23,979)	(20,199)	(34,978)	(27,077)	(24,174)	(20,643)
Net Cash Provided By (Used In) Financing Activities	43,696	(2,719)	(42,978)	(37,077)	(49,174)	(45,643)
<b>Net Increase (Decrease) in Cash and Investments</b>	(23,422)	12,397	(4,172)	4,239	(187)	6,344
Cash, Beginning	44,195	20,773	33,170	28,998	33,237	33,050
<b>Cash, Ending</b>	<u>\$ 20,773</u>	<u>\$ 33,170</u>	<u>\$ 28,998</u>	<u>\$ 33,237</u>	<u>\$ 33,050</u>	<u>\$ 39,394</u>



## Appendix A

### Outstanding Bonds and Notes

#### **Erie County Guaranteed Senior Revenue Bonds, Series 2004**

No bonds were issued, called, or re-financed during 2024.

\$4,390,000 of bonds matured or were redeemed in 2024.

\$52,580,000 of 2004 bonds remain outstanding on December 31, 2024.

#### **Erie County Loan Payable-2017 (Refinance)**

During 2017, the Corporation refinanced its 2011 Loan with a \$74,366,859 loan from the County of Erie.

\$4,271,358 in principal payments were made in 2024.

\$44,805,489 of debt is outstanding on December 31, 2024.

#### **Erie County Loan Payable-2017 (New Money)**

During 2017, the Corporation entered into a \$99,492,034 loan with the County of Erie.

\$2,848,667 in principal payments were made in 2024.

\$84,525,603 of debt is outstanding on December 31, 2024.

#### **Erie County Capitalized Interest Assumption Obligation-2017**

During 2017, the Corporation entered into an \$8,281,141 capitalized interest assumption obligation with the County of Erie.

\$237,106 in principal payments were made in 2024.

\$7,035,423 of debt is outstanding on December 31, 2024.

#### **Line of Credit**

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit.

\$0 in principal payments were made in 2024.

\$10,000,000 of outstanding borrowings against the line of credit on December 31, 2024.

#### **Metz Culinary Management Food Service Improvements Loan**

During 2019, the Corporation entered into a \$1,805,430 loan with Metz Culinary Management.

\$180,543 in principal payments were made in 2024.

\$767,307 of debt is outstanding on December 31, 2024.

During 2021, the Corporation entered into a \$1,552,000 loan with Metz Culinary Management.

\$200,258 in principal payments were made in 2024.

\$801,032 of debt is outstanding on December 31, 2024.

During 2024, the Corporation entered into a \$1,738,997 loan with Metz Culinary Management.

\$126,472 in principal payments were made in 2024.

\$1,612,524 of debt is outstanding on December 31, 2024.

Name	Job Title	2024 Gross Earnings	Annual Salary
Abafita, Aziza	General Duty Nurse	122,773	109,725
Addison, Jessica M O	Charge Nurse	195,298	118,866
Adgate, Jamie	Nursing Team Leader LTC	115,258	101,795
Aiad, Jean V	Dentist ECMC	120,894	120,894
Albanese, Pamela J	Identity & Access Accounts Control Coordinator	104,182	104,036
Albert, Alison M. S.	Director of Admissions Medical Rehabilit	137,261	128,835
Aldrich, Alana	Pharmacist	149,464	149,464
Almadrahi, Abdelkadr Q	General Duty Nurse	110,724	103,424
Almeter, Katherine A	Charge Nurse	131,371	112,025
Alwan, Nadare	Nurse Practitioner Rehabilitation Services	94,003	135,434
Alyasiri, Sarah	General Duty Nurse	116,172	116,172
Ambrose, Keith	Director of Capital Projects	117,098	117,229
Amendola, Amy M	General Duty Nurse	117,383	109,725
Anders, Mark J	Medical Specialist	182,331	264,000
Anderson, Jennifer A	Charge Nurse	145,664	118,866
Andrews, Kristin M	Assistant Head Nurse	130,990	118,867
Aquilina, Marina G	General Duty Nurse	123,264	100,418
Armstrong, Dawn G	RN Med Surg Data Review	100,773	102,526
Artieri, Diane	Vice President of Materials Management	190,449	185,658
Atkinson, Maria	Senior Financial Analyst	100,674	100,786
Augustini, Anna M	Pharmacist	153,903	143,437
Austin, Cheryl A	Director of Imaging Services	144,269	145,396
Aziz, George Mina	Pharmacist	5,395	140,270
Baetzhold-Fabiniak, Karen	Physician Assistant	117,246	150,012
Bagley, Emily C	Nursing Team Leader	179,902	107,253
Bailen, Matthew W	Assistant Vice President of Nursing Education	147,378	148,000
Bailey, Steven E	Nursing Supervisor LTC	117,974	117,974
Baker, Aimee L	General Duty Nurse	107,972	109,725
Baker, Shawn D	General Duty Nurse	160,330	109,724
Balk, Andrew K	Healthcare Information Security Analyst II	114,668	106,340
Ballard, Katrina L	Nurse Case Manager - Behavioral Health	142,247	132,707
Bandoh, Anthony K	HCInfoSecurityMgr	133,286	125,804
Barnett, Lee R	General Duty Nurse	164,352	103,423
Barr-Buday, Tamara L	Clinical Documentation Specialist	134,674	108,771
Barry, Jennifer L	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	111,629	108,150
Basher, William R	Nursing Team Leader Dialysis Services	125,110	124,344
Bass, Cynthia R	Director of Diversity and Inclusion	142,689	137,917
Bass, Edmond G	Nursing Informatics Manager	143,092	143,411
Bastian, Michele L	General Duty Nurse	120,687	109,724
Batson, John B	General Duty Nurse	105,081	103,424
Bauer, Christine H	Charge Nurse	25,191	101,290
Beauchamp, Emily	Assistant Director of Population Health	91,599	114,572
Beaver, Michael J	Pharmacist	141,631	140,270
Becker, Cynthia A	General Duty Nurse	108,544	106,530
Becker, Melissa A	Unit Manager Operating Room	161,204	138,058
Becker, Paula K	Pharmacist	152,729	152,893
Beiter, Sean P	Director of Labor & Employee Relations	153,659	153,832
Bell, Shentelle D	Director of Nursing Services Ambulatory	137,565	132,613
Bellagamba, Sharon A	General Duty Nurse	105,096	100,417
Bellido-Clark, Dana C	Unit Manager MedicalSurgical	96,653	136,386
Bennett, Murnita A	General Duty Nurse	109,110	109,725

Benning, Natasha E	Clinical Documentation Specialist	138,027	108,771
Benson, Amanda R	General Duty Nurse	131,987	103,424
Bentley, Katherine L	General Duty Nurse	120,899	100,417
Bermingham, Morgan	Pharmacist	143,345	140,270
Bernier, Deborah A	Operations Manager LTC	126,559	122,002
Beshures, Shreen M	Clinical Pharmacy Specialist	112,012	112,012
Bethea, Marquita E	Director of Admissions LTC	143,709	137,267
Bianco, Carolyn A	General Duty Nurse	103,227	103,424
Bieber, Jolene	General Duty Nurse	114,555	100,418
Bieber, Stephanie E	Supervisor of Rehabilitation Medicine	107,275	108,563
Bielicki, Kim M	General Duty Nurse	122,975	109,725
Bielmann, Beth A	Nursing Team Leader Ambulatory Services	117,134	128,076
Biersbach, Bret	Anesthesiologist	547,846	484,500
Birmingham, Marissa A	General Duty Nurse	77,967	100,417
Bittner, Michelle C	Charge Nurse	123,157	118,866
Blackchief, Tawny L	General Duty Nurse	113,263	100,418
Blair, Lawrence V	Behavioral Health Clinical Manager	145,647	130,543
Blair, Lindsey N	General Duty Nurse	121,710	109,725
Blair, Sean M	Nurse Case Manager	148,828	136,675
Blaszak, Linette R	Clinical Resource Nurse Emerg Services	152,434	118,866
Blecha, Kortney L	Charge Nurse	235,142	118,866
Boback, Mabel C V	Charge Nurse	111,473	105,595
Bogardus, Elizabeth P	Nursing Supervisor LTC	128,977	117,889
Boice, Allison R	Nurse Case Manager	134,398	136,674
Bolden, Taywanda T	Behavioral Health Clinical Manager	144,757	130,543
Bonito, Nicole K	Anesthetist	186,658	244,283
Borton, Angela R	Pharmacist	144,257	143,437
Boyer, Maria A	General Duty Nurse	164,331	103,423
Boyer, Nikita A	General Duty Nurse LTC	136,357	100,417
Brady, Holly D	Manager of Revenue Capture and Integrity	83,922	104,036
Brennan, Melinda M	Unit Manager MedicalSurgical	137,437	134,031
Brennan, Stephanie	Pharmacist	150,768	146,583
Brian, Stephanie R	Pharmacist	142,409	140,270
Brindisi, Joseph V	Nurse Practitioner ECMC	146,338	148,000
Brinker, Debra L	Charge Nurse	143,146	118,865
Brinkworth, Jennifer L	Charge Nurse	171,270	118,866
Brittain, Leah	Nursing Team Leader	108,834	110,498
Broeneman, Kourtney A	Nurse Case Manager	141,705	140,774
Brooks, Latoya A	Unit Manager MedicalSurgical	146,758	146,447
Brown, Alesha J	Charge Nurse	152,802	105,595
Brown, Dana A	Anesthetist	310,597	244,284
Brown, Donna M	Associate Hospital Administrator	144,473	141,903
Brown, Huba	General Duty Nurse	123,515	123,515
Brown, Jillian S W	Vice President of Behavioral Health Services	179,714	168,810
Brown, Lisa K	Admissions Coordinator LTC	111,000	102,526
Brundin, Douglas A	Anesthetist	258,158	244,283
Brunner, Stephanie A	Transplant Coordinator	168,294	125,073
Bryant, Monica M	Nursing Team Leader	47,865	109,174
Buckley, Peter P	Nursing Team Leader LTC	120,981	113,813
Bufalino, Rosalia	General Duty Nurse	127,016	109,725
Bulger, Bethany J	General Duty Nurse	87,337	103,423
Bulinski, Alexis M	Charge Nurse	143,945	104,338
Burgio, Susan M	Clinical Lab Quality Coord	145,507	120,598
Burke, Brandy R	Charge Nurse	117,388	112,024

Burke, Caitlyn E	Nursing Inservice Instructor ECMC	105,201	107,253
Burke, Mark S	Attending Physician	784,785	759,143
Burnett, Wayne T	Senior Physical Therapist	109,060	106,184
Burridge, Suzanne L	Pharmacist	128,089	128,089
Burt, Mary M	Nursing Team Leader	189,391	128,076
Calicutt, Steven	Chief Healthcare Information Security Of	219,145	219,391
Calire, Gina F	Clinical Documentation Specialist	139,079	112,024
Canallatos, Paul	Dentist ECMC	266,198	315,000
Cantie, Shawn M	Anesthesiologist	553,201	514,080
Capaccio, Rose M	Chief Histotechnologist	114,069	100,441
Capozzi, Nicole K	General Duty Nurse	131,203	109,725
Carl, Karen A	Nursing Team Leader	132,071	128,076
Carnevale, Marinela	Emergency Department Patient Flow Team Lead	148,041	124,344
Carpenter, Cheryl A	Director of Medical Dental Staff Svcs	126,128	126,269
Carroll, Jennifer L	Behavioral Health Clinical Manager	140,853	136,219
Casali, Colleen M	General Duty Nurse	130,589	109,724
Castonguay, Andrea	Physician Assistant	124,616	125,000
Cavo, Paul G	Clinical Systems Analyst	128,252	108,662
Cecula, Jessica A	Emergency Department Patient Flow Team Lead	118,578	113,813
Celej, Daniel E	General Duty Nurse	110,312	100,417
Chaudhuri, Biswendu	Senior Clinical Laboratory Technologist	103,262	101,260
Cheng, Yi Shun Felix	Attending Physician	319,933	357,999
Chestnut, Essence N	General Duty Nurse	104,825	104,825
Chikaraishi, Juli	Director of Outpatient Opers & Oncolog	128,209	123,594
Chilbert, Kevin	Clinical Pharmacy Specialist	157,683	155,736
Chiro, Zachary	Charge Nurse	117,914	105,595
Chrzanowski, Kristy L	General Duty Nurse	94,727	103,423
Ciancone, Gabriella	Infection Prevention Practioner	129,051	128,075
Cicchinelli, Salvatore	Project Manager HIT	109,550	105,607
Cieri, Margaret M	Nursing Care Coordinator	226,786	152,121
Cirillo, Joseph B	Director of Public Relations Communic.	151,110	143,068
Ciurczak, Tiffany A	Emergency Department Patient Flow Team Lead	149,109	128,076
Clark, Cynthia L	Nurse Case Manager	148,488	140,774
Cleckley, Shonda S	General Duty Nurse	219,610	109,724
Cloud, Samuel	Medical Director ECMC	565,866	566,501
Codd, Margaret A	Charge Nurse	139,877	115,405
Colebeck, Amanda C	Dentist ECMC	318,648	322,514
Colling, Laurali E	General Duty Nurse	118,187	100,418
Comstock, Scott	Charge Nurse	162,024	118,866
Coniglio, Julia G	Anesthetist	261,666	244,284
Conley, Meghan E	Charge Nurse	122,726	112,024
Connors, Marchelle P	Charge Nurse Ambulatory Care	117,517	118,866
Contino, Alyse M	Charge Nurse	83,305	108,771
Costanzo, Debra L	Nursing Staffing Office Specialist	128,973	128,973
Cox-Wu, Chaundra Mie	Pharmacist	82,763	140,270
Cozzemera, John D	Nursing Team Leader Ambulatory Services	114,757	124,345
Cretacci, Nicole A	Unit Manager MedicalSurgical	148,856	146,446
Cross, Kelly C	General Duty Nurse	124,646	100,418
Culligan, Tanya L	Clinical Documentation Specialist	156,881	118,867
Cumbo, John Nicholas	Vice President of Information Technology	253,119	244,007
Cureton, Keari M	General Duty Nurse	133,164	133,164
Currin, Shawntres M	Unit Manager MedicalSurgical	143,618	138,058
Curtin, Daniel P	Manager of Financial Reporting	104,550	100,786
Cutler, Peter K	Vice President of Communications & External Affairs	289,734	275,834

Cutting, Karen E	Healthcare Business Sys Analyst	110,016	106,340
Czerwinski-Brown, Lynn M	General Duty Nurse	107,036	107,036
Dalton, Wendy C	Nursing Team Leader LTC	127,931	117,234
D'Angelo, Dino M	Charge Nurse	127,523	115,405
Daniels, Judy A	OfficeManagerPEDSPD	107,923	107,923
Daniels, Steven	Sr. Human Resources Info System Admin	132,062	127,309
Daniels, Victoria R	General Duty Nurse	105,141	100,418
Dantzler, Tamika	Charge Nurse	140,109	108,772
Davis, Andrew L	Chief Operating Officer ECMC	702,788	677,490
Davis, Cassandra A	Senior Vice President of Operations-Outpatient Clinic	317,247	302,357
Davis, Karen A	Charge Nurse	101,819	110,699
Dean, Rachel M	Charge Nurse	114,796	108,771
DeFilippo, Jenna B	Assistant Head Nurse	151,804	115,405
Degnan, Kimberly A	General Duty Nurse	121,491	100,418
Deguire, Janelle C	Assistant Nurse Case Manager	109,561	112,024
DelGuidice, Natalie	Clinical Pharmacy Specialist	160,230	159,201
DelPrince, Becky S	Vice President of Systems and Integrated Care	204,971	199,722
DeVecchio, Regina A	Staff Counsel ECMC	207,180	199,722
Denga, Sherri	General Duty Nurse	113,386	100,418
DeNisco, Lona J	General Duty Nurse	109,027	109,027
DePlato, Anthony J	Anesthesiologist	602,659	564,408
D'Errico, Heather L	Senior Speech Pathologist	117,714	101,317
DeSantis-Evans, Leigh Ann	General Duty Nurse	114,258	109,724
Dettman, Brittany	Nursing Supervisor LTC	125,579	114,439
DeYoung, Candice M	Nursing Team Leader	118,542	128,076
Diaw, Vanessa R	General Duty Nurse	145,644	106,530
Diaz, Alec	Anesthetist	119,221	226,410
Diez, Tyler	Senior Director Outpatient Operations	131,698	126,690
Diina, David J	Nurse Practitioner Transplant	274,866	166,561
Dillabough, Andrew D	Point of Care Clinical Laboratory Coord	117,121	116,132
Dimitroff, Breanna Katelyn	Nurse Recruiter	100,557	109,395
DiOrio, Leigh-Anne Brittany	Nurse Practitioner Transplant	174,806	132,357
Dishunts, Olga	Clinical Informatics Educator	130,911	106,340
Dobson, Judy L	Vice President Medical Surgical Nursing Services	151,966	193,799
Dolansky, Evan P	Pharmacist	157,386	152,892
Dombrowski, Jennifer B	Senior Occupational Therapist	107,194	104,697
Donaldson, Jessie	Physician Assistant	28,000	145,600
Donegan, Shawn M	Charge Nurse	101,991	108,771
Donovan, Kevin J	General Duty Nurse	104,179	106,530
Dove, Theresa M	General Duty Nurse	104,291	109,724
Dowdell, Anne B	General Duty Nurse	88,507	105,250
Draper, Cristina M	General Duty Nurse	122,552	109,724
Draves, Bailee	Clinical Resource Nurse	109,205	102,526
Drysdale, Michelle G	InService Education Coordinator	181,124	132,707
Duell, Susan S	Minimum Data Set Director	137,379	128,835
Duffin, Joy R	Transplant Coordinator	208,036	140,774
Duman, Eileen A	Administrative Director of Laboratory Se	164,676	161,257
Dunn, Bethany	Physician Assistant	105,303	135,000
Dunn, Natalie M	General Duty Nurse	109,070	103,424
Durant, Jason M	Systems Administrator	141,150	114,572
Dvinova, Larisa M	Charge Nurse LTC	157,070	118,867
Dwyer, Lisa Y	General Duty Nurse	117,682	109,724
Dyson, Alicia M	General Duty Nurse	22,531	109,720
Eccleston, Bobby	NURSING INSERVICE INSTRUCTOR Emergency Depart	112,173	110,497

Eck, Brooke	Director of Respiratory Therapy Services	126,308	124,493
Eckert, Patricia L	Senior Ultrasonographer	136,040	102,258
Egan, Carol L	Nursing Team Leader LTC	137,723	128,076
Eleey, Lynnette J	Charge Nurse	125,991	118,866
Erhardt, Laurie E	Minimum Data Set Specialist	121,738	120,760
Erhardt, Robert M	Chief Hospital Public Safety Officer	168,283	127,481
Ervolina, Daryl M	Senior Pharmacist ECMC	179,462	169,659
Estes, Ashley	Nursing Care Coordinator	91,964	131,219
Ettipio, Marie L	General Duty Nurse	126,255	106,530
Eustace, Amy B	General Duty Nurse	130,417	109,725
Evans, Michele L	Nursing Team Leader LTC	141,226	128,076
Everette, Rayonia	Licensed Practical Nurse LTC	125,401	125,401
Everette, Shawndre	Licensed Practical Nurse LTC	124,785	124,785
Exposito Vazquez, Manuel O	Certified Nursing Assistant	198,029	198,029
Falck, Eldora E	General Duty Nurse	142,150	100,417
Falco, Mark H	Attending Physician	538,840	509,231
Fanning, Rozalyn N	Nursing Team Leader	137,015	120,759
Farkas, Tina L	General Duty Nurse	115,837	100,418
Farr, Kelsey M	General Duty Nurse	119,059	100,419
Farrell, Amanda L	Clinical Nurse Specialist-Population Health	136,663	157,015
Farrell, Michael Edward	Attending Physician	318,942	400,000
Fenner, Nicholas J	Pharmacist	151,016	143,437
Ferguson, Richard E	Director of Neurology	378,638	378,638
Fetzer, Melanie C	General Duty Nurse	107,782	106,530
Fezer, Stephen J	Anesthetist	252,996	244,283
Fiden, Donna	General Duty Nurse	124,210	109,724
Firestone, Lisa A	Nurse Case Manager - Ambulatory Services	130,026	132,706
Flaherty, Amy A	Staff Counsel - Risk Management	168,621	168,810
Fleming, Laura A	Privacy Officer	115,797	112,323
Fletcher, Lynn J	Nursing Care Coordinator	149,993	139,230
Flett, Deborah A	Nursing Team Leader LTC	132,964	128,076
Flett, Kayleigh	Nursing Team Leader	88,687	107,253
Flynn, William J	Director of Surgery	318,984	318,984
Foster, Antoinette R	Charge Nurse	150,445	102,525
Fowler, Julia R	Nursing Care Coordinator	165,378	147,691
Fox, Heather M	Nurse Case Manager - Ambulatory Services	141,632	140,775
Frey, Jordan	Attending Physician	689,178	650,000
Frustino, Jennifer L	Dentist ECMC	269,082	273,368
Furan, Amanda M	General Duty Nurse	98,546	100,417
Furlani, Lisa A	Anesthetist	106,024	106,024
Furnari, Graziella	Clinical Pharmacy Specialist	155,602	155,735
Gallagher, Heather A	Senior Director Of Compensation Benefits HRIS	151,506	148,951
Galley, Sarah T	Charge Nurse	119,591	108,772
Gallineau, Anne-Marie	Nursing Care Coordinator	167,193	152,121
Galuski, Tabatha A	General Duty Nurse	124,154	124,154
Gambino, Lorraine M	General Duty Nurse	108,219	103,424
Gan, Dalong	Anesthetist	245,633	226,410
Gant, Ramona	Director of Nursing Services LTC	136,346	157,074
Gardy-Batson, Marcell K	Assistant Director of Nursing LTC	139,566	140,000
Garfoot, John B	Anesthesiologist	417,776	422,999
Garvey, Benjamin J	RN Renal/Hemo Data Reviewer	105,975	108,771
George, Kristin A	Charge Nurse Ambulatory Care	107,576	108,771
Gerretsen, Carly A	Nurse Practitioner ECMC	110,560	143,684
Gian, Kathleen M	General Duty Nurse	171,248	109,724

Gibson, Breona	Licensed Practical Nurse LTC	110,882	110,882
Giglia, Joseph T	General Counsel	545,289	545,901
Gill, Elise R	Physician Assistant	129,716	125,000
Gillon-Harper, Alicia R	Nursing Supervisor LTC	4,618	114,439
Ginter, Jennifer	General Duty Nurse	120,866	100,418
Gloss, Margaret E	Technical Dir Echocardiography	85,168	106,340
Golombek, Kelly L	General Duty Nurse	109,237	103,424
Golubski, Adam D	Charge Nurse	106,815	105,595
Gomez, Melissa	Director of Clin. Coding Record Qual Mg	107,210	107,331
Gompah, Santosha M	Unit Manager MedicalSurgical	170,992	146,447
Gonzalez, Susan M	Executive Director ECMC Lifeline Foundation	236,421	206,931
Gorczynski, Thomas S	Director of Information Technology	165,612	159,650
Gorski, Amanda L	General Duty Nurse	111,544	111,544
Gozdalski, Nicole M	Charge Nurse	141,932	118,866
Grabski, Meghan L	Charge Nurse	259,732	105,595
Grantham, Ayanna L	Assistant Director of Nursing LTC	139,566	140,000
Green, Kimberly R	Nursing Team Leader	103,946	112,455
Greenaway, Wanda R	Nurse Practitioner Surgical Services	174,444	157,014
Greene Clark, Maria E	Director of CPEP	30,047	128,749
Gregorio, Tara A	Unit Manager MedicalSurgical	147,960	142,183
Grolemund, Stephanie A	Anesthetist	263,877	244,284
Grzebinski, Jane F	Pharmacist	163,545	156,120
Grzybowski, Helen T	InService Education Coordinator	145,801	135,035
Guerinot, Chris C	Director of Community Based Strategies and Practice	90,734	147,443
Guerinot, Ryan	Director of Development & Marketing ECMC	40,385	105,001
Gulczewski, Michelle L	General Duty Nurse	111,398	109,725
Habonimana, Colette	Charge Nurse	147,937	118,866
Haefner, Lori J	Charge Nurse	132,484	118,866
Haefner, Paula	Project Manager HIT	111,223	111,348
Haines, Tracey M	Charge Nurse	153,569	112,025
Halladay, Nicholas B	Charge Nurse	125,510	112,024
Halloran, Ashley	Vice President of Pharmacy Operations	201,344	201,570
Hamilton, Catherine M	Director of Patient Financial Services	131,862	132,010
Hamilton, Holly R	Pharmacist	7,567	139,258
Handley, Sarah E	Pharmacist	143,914	143,437
Hanlon, Barbara L	Nursing Team Leader	136,309	128,076
Hanna, Jennifer D	Charge Nurse	140,591	112,024
Harhara, Ameen	Nursing Care Coordinator	144,941	123,693
Harris, Rachel	Nurse Practitioner Plastic Recon Surgeon	145,316	148,000
Hartman, Nancy L	RN Trauma Registrar	130,012	128,076
Hartman, Sandra A	Nursing Supervisor LTC	51,450	135,036
Hartmann, Erica L	Dentist ECMC	185,243	209,999
Haseley, Nicole M	Nurse Practitioner Transplant	239,886	161,710
Hathaway, Amy E	Senior Occupational Therapist	103,643	103,230
Hatten, Khadija A	Nursing Care Coordinator	106,138	139,230
Hauss, Lisa Marie	Nurse Case Manager	138,581	140,774
Havers, Amy M	Charge Nurse	129,792	112,025
Hayden, Katelyn A	Nursing Team Leader LTC	88,728	104,146
Hayes, Ellyn I	General Duty Nurse	132,711	132,711
Hayes, Renee M	Charge Nurse	226,354	112,024
Healy, Jaclyn	Pharmacist	146,348	140,271
Henry, Bridgett L	General Duty Nurse	103,471	100,418
Herdman, Jennifer L	General Duty Nurse	123,186	109,724
Herr, Alexandra C	Staff Counsel ECMC	127,166	127,309

Hess, Corian	Pharmacist	47,541	140,270
Hidalgo, Francisco	Code Compliance Manager	131,805	130,114
Hierl, Michele R	Charge Nurse	136,950	112,024
Highway, Lisa K	Director of Recruitment and Retention	132,062	127,309
Hinckley, Debbra R	General Duty Nurse	121,978	109,724
Hinderliter, Vanessa S	Vice President of Finance ECMC	207,270	201,570
Hines, Holly L	Nurse Case Manager	140,748	140,774
Hodan, Patricia A	Infection Prevention Practitioner	128,943	128,077
Hodgson, Matthew W	Nurse Practitioner Plastic Recon Surgeon	161,122	161,709
Hoeglmeier, Leandra M	General Duty Nurse	106,735	100,417
Hoerner, Audrey A	Senior Nurse Practitioner - Burn Unit	189,825	186,476
Holcomb, Steven	General Duty Nurse	103,433	100,417
Honkomp, Cheryl L	Assistant Head Nurse	128,820	118,867
Hoppe, Erin C	Behavioral Health Supervisor	100,201	100,168
Horesh, Fayelyn J	Anesthetist	180,902	180,902
Horne, Shawndre L	Senior Clinical Laboratory Technologist	116,465	103,173
Horton, Melissa E	General Duty Nurse	112,447	100,418
Hovak, Melissa M	Nurse Practitioner Transplant	257,974	166,560
Hudson, Jeremiah B	General Duty Nurse	118,657	100,417
Hughes, Christopher J	Attending Physician	297,554	456,001
Hulme, Christine M	General Duty Nurse	105,528	106,530
Hunley, Kizzie	Clinical Patient Care Liaison	150,125	147,690
Hunt, Benjamin J	Nursing Inservice Instructor Psych	126,513	124,344
Hunter, Renee M	Charge Nurse	140,329	108,771
Hunter, Thameena Z	Director of System Health and Safety	141,307	140,998
Hutchings, Michelle A	Nurse Case Manager	136,878	140,774
Hyman, Daniel J	Assistant VP of Operations	129,875	130,000
Iheke, Patience O	General Duty Nurse	106,870	100,417
Isch, Pamela	Assistant Director Ambulatory Services	114,630	114,572
Jack, Dennis M	Nurse Practitioner Transplant	236,687	139,510
Jack, Jennifer A	Charge Nurse	148,890	115,405
Jackson, Seanessa R	Nurse Case Manager	143,704	140,774
Jacob, Avneet	Nursing Team Leader	126,788	113,813
James, Ivory M	Licensed Practical Nurse LTC	106,163	106,163
Jamison, Shannon M	Charge Nurse	140,453	118,865
Janczyk, Daryl M	Nursing Inservice Instructor Psych	112,225	112,225
Janetzke, David L	Charge Nurse	127,473	108,772
Jaworski, Crystal L	Charge Nurse	126,470	102,525
Jellinick, Lori L	Director of Rehabilitation Services	134,597	143,068
Jenney, Kevin C	Supervisor of Rehabilitation Medicine	31,800	113,799
Jensen, Erik J	Anesthesiologist	588,907	527,153
Jerzewski, Stephanie R	Clinical Systems Analyst	123,920	104,036
Jimerson, Mary L	Unit Manager Ambulatory Care	139,552	134,031
Jocoy, Angela A	Rehab Services Quality Coordinator-ECMCC	109,644	106,184
Johnson, Desiree A	Charge Nurse	132,977	105,595
Johnson, Marie A	Vice President of Rehab Services	174,286	174,481
Johnson, Maureen B	Charge Nurse	167,577	118,866
Jones, Donna	Chief Quality of Care Officer and Operations Administrator	284,012	275,834
Jones, Veronica L	Charge Nurse	149,478	118,865
Jonmaire, Kenneth F	Senior Director Outpatient Operations	144,647	135,970
Jordan, Laondrea L	General Duty Nurse	132,046	100,418
Julyan, Erika A	Senior Occupational Therapist	111,451	104,697
Juncewicz, Edmund	Anesthesiologist	528,862	484,500
Kabayiza, Tamar U	General Duty Nurse	124,859	109,724



Kaid, Rafiq	Charge Nurse	128,624	108,771
Kalinka, Lisa M	Nurse Practitioner Transplant	256,292	157,015
Kaminska, Stephanie	Physician Assistant	125,492	125,000
Kane, Justin C	General Duty Nurse	140,257	109,724
Kantorski, Ryan A	General Duty Nurse PT and PD	110,197	110,197
Kapral, Elizabeth B	Dentist ECMC	215,733	219,419
Karl, Joseph G	General Duty Nurse	8,557	104,000
Karl, Stephanie A	Nurse Case Manager	129,340	132,707
Katilus, Alan J	General Duty Nurse	144,905	106,530
Kaurich, Justine	Vice President of Operations	212,125	212,363
Kawka, April L	General Duty Nurse	116,360	106,530
Kayler, Liise K	Attending Physician	208,813	208,813
Kazmierczak, Jessica	Anesthetist	105,885	226,410
Keenan-USchold, Lisa A	Chief Clinical Psychologist	153,966	149,735
Keeney, Alicia C	Nursing Inservice Instructor Ambulatory Services	120,376	128,076
Kellner, Jean M	General Duty Nurse	105,700	106,530
Kelly-Planter, Jan-Marie D	General Duty Nurse	121,827	109,724
Kemp, Amanda M	Charge Nurse	164,061	108,772
Kemp, Michelle L	Nurse Case Manager	128,570	128,835
Kempston, Shauna L	General Duty Nurse	112,836	112,836
Kent, Joanne	Charge Nurse	130,456	108,771
Kiel, Christina A	General Duty Nurse	69,931	100,417
Kimble, Karen A	Behavioral Health Clinical Manager	131,083	130,543
Kimori, Everesto M	Nursing Care Coordinator	193,511	193,511
Kinkade, Phillip D	General Duty Nurse	128,440	109,724
Kinney, Elizabeth C	Charge Nurse	141,604	118,866
Kitson, Rebecca A	General Duty Nurse	109,035	109,725
Kleinhans, Shannon	Quality Care Coordinator	128,240	125,072
Knihinicki, Crystal J	General Duty Nurse	120,044	103,424
Koch, Elizabeth	Anesthesiologist	521,581	477,542
Kocz, Remek	Anesthesiologist	500,786	488,058
Kolb, Beth A	Charge Nurse	160,907	105,595
Kolber, Brooke	Dentist ECMC	112,538	112,538
Kolbert, Cynthia	Charge Nurse	129,928	118,866
Konikoff, Karen S	Vice President Critical Care & Emergency Services	123,090	183,856
Kordasiewicz, Lynn M	Nurse Practitioner Wound Care	173,155	166,561
Korff, Kathryn C	Dentist ECMC	275,932	315,999
Kostek, Heather M	Nursing Team Leader	97,530	120,758
Koszuta, Ceilia A	Nurse Case Manager	143,152	140,775
Kotoroka-Yiadam, Martin	Charge Nurse	130,576	105,595
Kovanic-Spiro, Paula	Assistant Director Social Work Servs	108,119	104,036
Kowarko, Joanne M	General Duty Nurse	118,378	100,418
Krakowiak, Daryl A	Assistant Director of Social Work BH	114,294	113,316
Krawczyk, Heather L	Charge Nurse	117,436	108,771
Kruse, Kelley M	General Duty Nurse	104,965	106,530
Kurek, Alecia L	Unit Manager MedicalSurgical	157,881	146,447
Kuropatwinski, David J	Nursing Team Leader	121,196	124,345
Kurzdorfer, Scott G	Minimum Data Set Specialist	100,971	110,497
Kuzdzal, Chelsie A	Assistant Program Director of Behavioral Health	68,345	104,036
Kwiatkowski, Andrew J	Director of Project Management HIT	175,308	165,526
La Porta, Kathleen A	Senior Clinical Laboratory Technologist	106,636	107,118
Labelle, Jamie L	Unit Manager Hemodialysis	145,544	146,447
Labelle, Marc P	Vice President Surgical Services	182,466	182,671
Lampka, Sydney N	Charge Nurse	107,371	102,525

Lancaster, Maria A	General Duty Nurse	79,476	100,418
Lang, Julie T	Project Manager HIT	111,223	111,348
Laraiso, Joelle L	General Duty Nurse	110,395	106,530
Larkin, Rachel L	Nursing Team Leader	69,191	124,344
Larson, Amanda M	General Duty Nurse	101,951	101,951
Lauer, Sandra L	Director of Continuum Care	150,074	139,584
Lavarnway, Nicole M	Infection & Wound Care Preventionist LTC	146,168	140,775
Lawandus, Sarah E	Patient Safety Clinical Investigation Coordinator	116,250	132,706
Lawley, Melinda M	Unit Manager Critical Care	150,303	146,447
Leas, Adam C	General Duty Nurse	118,946	106,530
Leas, Christie L	General Duty Nurse	114,495	100,418
Lee, Pamela R	Senior VP of Operations ECMC	333,785	331,058
Leeds, Margaret M	General Duty Nurse	121,259	121,259
Leitten, Deborah A	General Duty Nurse	125,895	109,724
Lenhard, Eric	Pharmacist	153,256	146,583
Leonard, Jamie L	Charge Nurse	131,542	108,771
Lewandowski, Emily E	Pharmacist	127,017	140,272
Lewis, Gary D	Licensed Practical Nurse LTC	101,280	101,280
Lewis, Jennifer R	Charge Nurse	158,707	105,595
Lezynski, Sharon A	General Duty Nurse	143,328	109,724
Lilic, Dijana	Charge Nurse	203,532	118,865
Lillard, Jamie L	Charge Nurse	125,856	102,525
Linneborn, Tracey M	Assistant Director Social Work Servs	108,246	106,340
Lipiarz, Jennifer L	Charge Nurse	128,903	105,595
Liptak, Jacqueline Rae	Pharmacist	128,508	140,270
LoFaso, John	Anesthesiologist	215,077	440,001
Logel, Cassandra J	Clinical Documentation Specialist	122,091	108,771
Lorden, Bernard N	Network Analyst	143,439	110,994
Loree, Thom R	Attending Physician	992,690	991,129
Loughran, Vicki A	General Duty Nurse	112,241	109,725
Lowitzer, Heidi	Charge Nurse	124,685	108,771
Lowmaster, Stephen K	General Duty Nurse	100,603	103,423
Lucas, Paul J	General Duty Nurse	126,130	109,724
Ludlow, Charlene J	Senior VP of Nursing	370,898	371,314
Lydo, Kaitlin M	RN Trauma Registrar	122,636	117,233
Macaluso, Ann M	Pharmacist	40,915	140,270
Mack, Markita N	Unit Manager Critical Care	141,800	142,183
MacNeil, Sarah L	General Duty Nurse	167,599	106,530
MacTurk, Nancy A	General Duty Nurse	119,672	109,725
Madison, Mark E	General Duty Nurse	111,646	109,725
Madoo, Kevin M	Director of Plant Operations	129,914	130,060
Madore, Donat	General Duty Nurse	125,136	109,725
Maggio, Sarah L	ASSISTANT VP of BH Nrsing & Edu	174,367	153,832
Maloney, Jennifer L	Unit Manager MedicalSurgical	147,117	146,447
Manning, Jeremy J	Charge Nurse	132,645	112,024
Marczak, Juliet M	Nurse Practitioner ECMC	158,227	161,709
Markiewicz, Anthony A	Vice President Clinical Business Intelligence and Infor	207,300	196,368
Marks, Jack E	General Duty Nurse	114,312	109,725
Marshall, Michelle L	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	127,061	123,599
Marso, Lisa K	Anesthetist	266,951	244,284
Martin, Donna M	General Duty Nurse	110,215	109,725
Martina, Kristin L	Nursing Team Leader	163,797	117,233
Martinez, Kristen M	Director of Rehabilitation Services LTC	109,782	106,621
Masters, Raymond J	Anesthetist	246,789	244,283

Matteliano, Andrea Marie	Physician Assistant	90,385	125,000
Mattina, Adrienne A	General Duty Nurse	123,644	109,724
Matyjasik, Robin L	Clinical Resource Nurse Emerg Services	134,029	108,772
Maul, Sara E	Charge Nurse	115,083	112,024
Maxson, Karen L	General Duty Nurse	116,190	109,724
Mayer, John	Director of System Health and Safety	42,714	124,116
Mazur, Christopher	Senior Pharmacist ECMC	177,082	159,201
McAndrews, Lisa M	Charge Nurse	123,476	118,867
McCartan, Daniel P	Emergency Preparedness Manager	109,836	109,959
McCarthy, Kevin M	Senior Clinical Laboratory Technologist	115,553	101,260
McCloud, Arletha S	Charge Nurse	133,445	118,866
McCray, Timiah D	General Duty Nurse LTC	143,303	143,303
McCullor, Sandra J	Charge Nurse	130,734	118,866
Mcdougall, Sarah N	Pharmacist	143,369	143,437
McDuffie, Ann M	Nursing Team Leader Orthopedics	128,675	128,076
McGuigan, Jessica L	Unit Manager MedicalSurgical	143,323	146,447
McKeever, Ashley L	Anesthetist	262,555	244,284
McLaughlin, Gloria E	General Duty Nurse	121,085	109,724
McLean, Terrence R	Dentist ECMC	472,594	473,502
McNair, Antionette L	Nursing Care Coordinator	114,931	114,931
McRae, Jennifer	Nursing Team Leader LTC	124,270	113,812
Mehmedovic, Andrea J	Chief Clinical Laboratory Technologist	159,054	116,132
Mendola, Kathryn K	Director of Campaigns & Major Gifts	112,253	108,212
Menter, Danielle A	Charge Nurse	173,731	115,405
Merineau, Rock	Project Manager HIT	22,902	102,531
Metz, Martha R	Clinical Nurse Specialist Crit Care ER	132,733	139,511
Metzler, Ashley M	Unit Manager Post Anesthesia Care	153,858	146,447
Meyers, Tracy M	RN Trauma Registrar	131,003	128,076
Miano, Joanne C	Nurse Case Manager	139,012	140,774
Miller, Crystal M	General Duty Nurse	173,222	173,222
Miller, Kelly L	Emergency Department Patient Flow Team Lead	185,809	120,758
Miller, Loretta J	Safe Patient Handling Coordinator	123,798	113,799
Miller, Melissa K	Assistant Head Nurse	111,544	115,404
Minhas, Parveen K	Senior Nurse Practitioner-Transplant	272,210	181,046
Mitchell, Alexandria N	Unit Manager MedicalSurgical	148,705	146,447
Mitchell, Shawn D	General Duty Nurse	225,453	109,725
Mogavero, Joseph N	Healthcare Business System Manager	142,171	140,135
Moll, Scott Edward	Nursing Supervisor LTC	29,575	116,477
Monaghan, Anna E	General Duty Nurse	106,117	100,418
Mondoux, Jessica	Vice President Transplantation & Renal Care	150,707	175,999
Monkelbaan, Ashley Nicole	Nursing Team Leader LTC	103,538	104,146
Monnier, Thomas J	Director of Biomedical Services	107,842	111,394
Monnin, Katherine E	General Duty Nurse	90,853	100,417
Montague, Victoria J	Charge Nurse	152,656	108,771
Moody, Jacqueline	Charge Nurse	130,575	102,525
Mooney, Michelle H	Nurse Case Manager	141,406	140,775
Moore-Haley, Maureen M	General Duty Nurse	127,936	109,725
Morello, Joseph	General Duty Nurse	95,721	103,424
Morrissey, Colin P	Anesthetist	247,465	244,284
Moses, Beth A	Trauma Injury Prevention & Education Co	132,409	128,076
Moses, Thomas M	Charge Nurse	116,978	102,525
Mosleh, Kaid A	General Duty Nurse	163,489	163,489
Mosley, Steven	Healthcare Information Security Analyst II	104,698	104,036
Mukandamutsa, Berthilde	Certified Nursing Assistant	116,491	116,491

Mulderig, Christian E	General Duty Nurse	111,976	100,418
Mullen, Meghan J	Trauma Program Manager	163,756	166,559
Mulvenna, Tina M	Admissions Coordinator LTC	105,960	108,771
Mund, Nadine M	Director of Corporate Compliance	138,646	138,646
Murawski, Phyllis A	Quality Officer	235,232	274,999
Murphy, Evelyn M	General Duty Nurse	108,807	109,725
Nagai, Michael Y	Attending Physician	608,758	599,409
Najmowski, Kellie	Nursing Team Leader	152,694	110,497
Nance, Michele D	Assistant Nurse Case Manager	127,041	118,866
Napierala, Randal J	Pharmacist	144,047	143,437
Nasca, Maureen S	Dentist ECMC	464,839	464,839
Nawojski, Kari A	Charge Nurse	239,572	115,405
Nawojski, Michelle	Minimum Data Set Specialist	109,472	110,497
Neff, Melissa A	Unit Manager Cardiac Cath Lab	243,699	146,447
Nesbitt, David L	Asst VP of Compliance and Senior Counsel	222,539	222,789
Nicotra, James P	Senior Director Outpatient Operations	80,350	128,882
Nieswiadomy, Kayla M	Nurse Practitioner Transplant	198,962	152,422
Nisbet, Kaela A	General Duty Nurse	116,576	103,424
Noller, Dawn M	General Duty Nurse	106,746	106,530
Nowak, Kevin	Anesthesiologist	523,038	457,777
Nowak, Kristine M	Behavioral Health Clinical Manager	136,286	130,543
Nowak, Lisa M	Nursing Team Leader LTC	160,587	117,234
Nowotarski, Donna M	Clinical Laboratory Technologist	111,123	100,441
Nye, Maria L	Charge Nurse	143,144	118,865
Obstarczyk, Valerie M	Clinical Documentation Specialist	113,568	108,772
Occhino, Erin L	Clinical Pharmacy Specialist	158,032	155,736
O'Connor, Ashley J	Charge Nurse	89,341	108,771
O'Connor, Brendan J	Clinical Resource Nurse Emerg Services	116,397	112,025
O'Neil, Vanessa	Assistant Director of Nursing LTC	131,922	140,000
Ordon, Cheryl A	Nurse Case Manager	140,407	140,774
Orloff, Patrick J	Director of Internal Audit	83,133	132,400
Orta, Adrian J	Clinical Systems Analyst	118,200	106,340
Ott, Michael C	Clinical Coord Pharmacy Services	171,873	162,661
Pagano, Christina M	Physician Assistant	141,047	135,970
Paladino, Matthew J	Anesthesiologist	535,756	487,094
Palermo, Loretta L	Emergency Department Patient Flow Team Lead	155,164	128,077
Paluchowski, Jeffrey M	Respiratory Care Practitioner LTC	123,489	123,489
Panesar, Mandip	Chief Medical Information Officer	474,057	470,457
Paolini, Cherise M	General Duty Nurse	107,219	109,725
Park-Brooks, Jessica S	General Duty Nurse	114,737	109,725
Parker, Adam	Assistant Director of Pharmacy	153,041	153,213
Parks, Mary A	Charge Nurse	130,947	115,405
Patterson, Caralyn R	Nursing Team Leader LTC	83,582	112,455
Patterson, Malanie	General Duty Nurse LTC	120,193	120,193
Patterson, Sandra J	Nursing Team Leader Ambulatory Services	36,719	122,853
Pawar, Ravinder K	General Duty Nurse	111,271	109,725
Payne, Angela M	Nursing Care Coordinator Emergency Dept	166,706	131,219
Peals, Letrice	Charge Nurse	27,310	110,699
Pellicane, Stephen R	General Duty Nurse	167,934	109,724
Pelton, Lisa A	General Duty Nurse	106,830	106,529
Perkins, Melissa S	Unit Manager MedicalSurgical	147,070	146,446
Perry, Melissa B	Clinical Resource Nurse	117,637	108,772
Pesta, Joslyn D	Pharmacist	142,249	140,271
Petit, Kristy L	Charge Nurse LTC	153,270	153,270

Petri, Jeanenne	General Duty Nurse	123,615	123,615
Petronsky, William M	Senior Rad Techonologist Imaging Specialist	106,454	104,764
Petry, Christina J	Nursing Team Leader Ostomy Wound Care	134,235	128,076
Phillips, Kristen F	Anesthetist	234,227	226,410
Phillips, Rachael	General Duty Nurse	41,393	100,418
Picciano, Cathleen M	Lead Clinical Documentation Specialist	18,260	122,852
Picciano, Thomas	Manager - Care Management	139,764	140,000
Piedmonte, Gina M	General Duty Nurse	117,162	109,724
Pierce, Erin B	General Duty Nurse	29,022	109,723
Pietrzyk, Mathew R	Clinical Teacher	9,033	137,565
Piscatelli, Nicole	Dentist ECMC	180,499	180,499
Pittman, Courtney S	Director of Patient Access Services	126,128	126,269
Pitz, Anita A	Charge Nurse	146,784	118,866
Plotnicki, Ursula	General Duty Nurse	118,180	100,417
Plueckhahn, Jennifer	Minimum Data Set Specialist	116,751	117,234
Pollock, Michael P	Info Technology Operations Manager	140,753	137,267
Poodry, Abby J	Charge Nurse	136,575	118,866
Popat, Saurin R	Attending Physician	477,588	477,588
Porter, Bradley S	Nursing Team Leader LTC	36,926	105,992
Porter, Tricia M	General Duty Nurse	171,726	109,725
Powers, Lauren Ashley	Pharmacist	21,590	140,270
Powers, Paul J	Information Systems Analyst	125,640	108,662
Powers, Shawntey M	Nursing Team Leader	125,209	124,344
Pressley, Charles G	Staff Counsel ECMC	136,661	136,815
Principe, Tamara L	Charge Nurse	120,559	105,595
Przybylak, Thomas L	Information Technology Systems Architect	35,000	130,000
Pulka, Ashley L	Pharmacist	143,277	143,437
Quatroche, Thomas	Chief Executive Officer ECMC	1,524,460	1,536,636
Queener, Fontella	General Duty Nurse	119,234	109,725
Quintin, Krystal	General Duty Nurse LTC	107,445	107,445
Radovic, Vladan	Attending Physician	414,827	388,068
Ransom, Autumn	General Duty Nurse	108,345	108,345
Rassman, Jeffrey	Physician Assistant	133,018	133,167
Rathgeber, Pandora P	General Duty Nurse	119,325	109,724
Ratinskaya, Olga M	General Duty Nurse	141,353	100,418
Reamsnyder, Cynthia A	General Duty Nurse	78,123	102,187
Reed, Karen S	Anesthesiologist	569,509	527,153
Reeners, Eric S	Director of Finance ECMC	146,812	144,201
Regelin, Lucas	Pharmacist	117,385	140,270
Reigle, Corey L	Charge Nurse	133,412	118,865
Reilly, Mary B	Vice President Critical Care & Emergency Services	170,711	175,999
Reinhardt, Julie A	General Duty Nurse	109,210	109,725
Remillard, Sara	Anesthetist	186,000	244,284
Renda, Amanda L	General Duty Nurse	115,900	103,423
Resetarits, Christopher M	Chief Anesthetist	288,077	288,400
Reynolds, Katrina R	General Duty Nurse	30,158	102,582
Reynolds, Tracy N	General Duty Nurse	122,724	100,418
Richardson, Eden M	Charge Nurse LTC	111,690	112,024
Ricks, Tiffany L	Charge Nurse	197,077	105,595
Riley, Peggy-Sue L	Charge Nurse	142,928	118,866
Ring, Alan J	Anesthetist	246,984	226,410
Riter, Debra A	Assistant Director of Social Work BH	110,718	113,316
Rizzo, Ann M	General Duty Nurse	114,561	109,725
Rizzo, Heather R	Anesthetist	192,209	192,209

Rizzo, John A	Unit Manager MedicalSurgical	137,011	138,058
Robb, Noel R	Charge Nurse	129,314	118,866
Roberts, Sara M	Lead Clinical Documentation Specialist	160,318	120,759
Robertson, Heather	Charge Nurse	135,984	115,405
Robertson, Reilly V	General Duty Nurse	160,088	103,424
Roblee, Chelsey L	Nursing Team Leader	132,491	124,345
Rodriguez, Erin T	Charge Nurse	119,120	115,405
Roeder, Anastasia M	Director of Development & Marketing ECMC	141,215	118,412
Rogan, Ilona E	EchoCardiography Technician	131,042	100,168
Rogers, Angeline P	Nurse Case Manager	141,774	140,774
Rohatgi, Nidhika	Pharmacist	33,293	140,270
Rohl, Kathleen M	Assistant Head Nurse	126,292	118,867
Rohloff, Sarina M	Director of Procurement Compliance	107,782	107,903
Rohrbacher, Bernhard J	Medical Specialist	129,541	129,541
Roman, Julie A	Clinical Documentation Specialist	158,743	115,404
Roof, Angela E	Nurse Case Manager	122,932	125,073
Roof, Donald P	Director of Materials Management	119,922	118,235
Roopchand, John-Paul	Network Analyst	106,220	104,036
Root, Sarah E	Infection & Wound Care Preventionist LTC	128,545	140,774
Ross, Nicole A	Pharmacist	148,950	140,271
Rossi, Lucia J	Vice President of Ambulatory Svs & Population Health	176,082	169,744
Rossitto, Rachael A	Chief of Service Dentistry	354,093	409,999
Ross-McComb, Holly G	Clinical Nurse Specialist Behavioral Health	152,963	152,422
Rubin, Kari L	Nurse Case Manager	139,074	140,774
Rudyk, Jenine M	Unit Manager Critical Care	143,892	142,183
Rudyk, Stanley	General Duty Nurse	100,039	100,417
Ruh, Christine A	Assistant Director of Pharmacy	167,434	167,622
Rust, Shawna M	Charge Nurse	139,756	118,866
Rutkowski, Tammy M	General Duty Nurse	109,329	109,725
Rutty, Amy J	General Duty Nurse	114,089	109,725
Ryan, Taylor M	Charge Nurse	151,140	105,595
Saia, Sarah Jane	Nursing Inservice Instructor Psych	115,077	110,498
Sammarco-Delmont, Renee S	Unit Manager MedicalSurgical	167,809	146,446
Sands, Robert P	Anesthesiologist	358,612	516,815
Sanger, Tami L	Senior Clinical Laboratory Technologist	120,997	101,260
Santillo, Alexis L	Physician Assistant	130,733	125,000
Santo, Angela M	Charge Nurse	137,521	108,771
Sarkisian, Kevin G	Sr Healthcare Info Reporting Specialist	123,689	106,340
Sauer, Jillian M	Unit Manager MedicalSurgical	136,846	138,058
Sayles, Saryna M	General Duty Nurse	116,259	100,418
Scanlon, Lora A	General Duty Nurse	105,425	100,418
Scherer, Paul C	Healthcare Business Sys Analyst	120,807	115,635
Schihl, Cassandra L	Charge Nurse	153,304	105,595
Schoelerman, Ronald M	Assistant VP of BH & Community	159,993	153,829
Schubbe, Jayson	Healthcare Data Warehouse Architect	129,233	124,582
Schubbe, Michele A	Healthcare Business Sys Analyst	134,692	110,995
Schultz, Kathryn M	General Duty Nurse	112,705	100,419
Schultz, Rachael M	Anesthetist	158,674	158,674
Schummer, Abby J	General Duty Nurse	122,221	106,529
Schunke, Katrina M	Pharmacist	88,315	156,120
Schurr, Karen D	Clinical Asst to VP Surg & Card. Services	147,639	144,201
Schwanekamp, Karen A	Anesthetist	270,955	244,284
Schwartz, Danielle M	General Duty Nurse	142,352	142,352
Schwenk, Kurt W	Director of Budget ECMCC	132,741	132,613

Scrocco, Mary Carol	Nurse Practitioner Cardiovascular Lab	132,216	159,769
Scruggs, Tammie R	General Duty Nurse	72,093	105,251
Seay, Michelle D	Clinical Patient Care Liaison	155,718	152,121
Sell, Gregory S	Nursing Inservice Instructor Crit Care	107,922	113,813
Semrau, Jeffrey M	Senior Pharmacist ECMC	182,220	155,736
Senchoway, Laura M	Anesthetist	237,074	226,410
Serafin, Laura J	General Duty Nurse	151,798	151,798
Seweryniak, Sara M	General Duty Nurse	108,669	100,418
Shanahan, Robert M	Network Analyst	137,439	110,994
Shanley, Kayla M	General Duty Nurse	104,567	103,423
Shaw, Patrick T	Clinical Resource Nurse	121,583	115,404
Sheppard, Judith E	Nursing Supervisor LTC	159,898	140,774
Shine, Quivonna J	Nursing Supervisor LTC	3,818	114,439
Silfies, Robert F	Charge Nurse	134,121	102,526
Simon, Alexander P	Clinical Application Systems Manager	128,631	120,531
Simone, Jessica N	General Duty Nurse	112,135	100,418
Sitgreaves, Theresa A	Charge Nurse	116,659	112,024
Smith, Andrew N	Nurse Case Manager	148,872	140,774
Smith, Jennifer L	General Duty Nurse	111,916	109,725
Smith, Laura J	General Duty Nurse	109,399	100,418
Smith, Taneca V	Nurse Case Manager	133,122	128,836
Smolen, Ashley J	General Duty Nurse	112,731	106,530
Snyder, Brigitte	Charge Nurse	133,446	105,595
So, Timmy Jk	Assistant Director of Social Work BH	113,009	110,995
Sojda, Hollie M	EchoCardiography Technician	122,777	100,168
Sole, Jennifer A	Nursing Team Leader	137,561	128,076
Sorce, Lynn M	Charge Nurse	118,862	118,867
Soto-Gott, Sheree A	General Duty Nurse LTC	166,234	166,234
Sousis, Julie M	Assistant Director Ambulatory Services	122,629	119,733
Spencer, Jessica L	General Duty Nurse	111,138	100,418
Sperry, Howard E	Clinical Director Medicine	342,637	328,637
Stadler, Nicholas P	General Duty Nurse	131,598	100,418
Stanford, Benjamin A	Unit Manager MedicalSurgical	146,759	142,183
Staniorski, Paula F	General Duty Nurse	57,600	105,250
Stark, Angela M	General Duty Nurse	118,151	100,418
Steffen, Tracy H	Nurse Case Manager	139,572	140,774
Stegemann, Philip M	Chief of Orthopedic Surgery	76,574	117,148
Sterner, Jared T	Nursing Team Leader	139,165	120,759
Steward, Kevin R	Nursing Care Coordinator	166,511	152,121
Stobnicki, Cortney B	Anesthetist	261,068	244,284
Stoll, Jami S	Charge Nurse	91,914	102,525
Stroud, Kerry A	Nursing Care Coordinator	166,142	152,121
Sturtz, Janice M	Nursing Team Leader Ostomy Wound Care	122,041	124,344
Suchy, Thomas C	Attending Physician	502,116	498,623
Sullivan, Michele M	General Duty Nurse	136,644	109,724
Surowiec, Stephanie A	General Duty Nurse	105,079	100,418
Sutkowski, Jordan L	Charge Nurse	113,714	108,771
Sutton, Danielle R	Charge Nurse	132,407	118,866
Swain, Anthony R	Charge Nurse	125,974	118,866
Swain, Maureen A	Charge Nurse	59,961	114,021
Sweetland, Jennifer M	Nursing Informatics Manager	151,187	152,121
Sweitzer, Sarah M	General Duty Nurse PT and PD	159,883	159,883
Swiatkowski, Jonathan T	Chief Financial Officer ECMC	591,586	592,249
Swiderski, Leah	General Duty Nurse	124,164	124,164

Syracuse, Wendy A	General Duty Nurse	119,753	103,424
Tadak, Monica J	Director of Revenue Capture and Integrity	146,145	143,005
Tadt, Stephanie R	Nurse Case Manager	138,244	140,774
Tague, Dana E	Nurse Practitioner Rehabilitation Services	180,896	166,561
Tait, Christopher A	Nurse Case Manager	141,807	140,774
Taylor, Austin J	General Duty Nurse PT and PD	101,945	101,945
Thanki, Pamela S	Senior Financial Analyst	117,242	113,022
Thimot, Veronica A	General Duty Nurse	116,154	100,418
Thomas, Dylan	Pharmacist	114,477	140,270
Thomas, Katheleen	Infection Prevention Practitioner	146,837	128,077
Thomas, Lakeisha A	Charge Nurse	126,761	102,525
Thomas, Michael	General Duty Nurse	113,366	100,418
Thomas, Sherry D	General Duty Nurse	47,822	102,186
Thompson, Denise B	Nursing Care Coordinator	162,683	147,690
Thoms, Amy C	Clinical Documentation Specialist	149,340	118,867
Thorpe, Lisa F	Director of Rehabilitation Services	151,644	143,067
Tiwana, Harwinder K	General Duty Nurse	44,207	105,248
Tkalich, Ostap	General Duty Nurse	101,730	101,730
Toal, Emily R	Charge Nurse	133,633	115,405
Tornabene, Jillian	Nurse Practitioner Orthopedic Services	152,183	148,000
Tornambe, Lynne L	Pharmacist	153,885	149,734
Torres, Carmen	Nurse Practitioner ECMC	189,481	166,560
Toscano, Shannon M	Charge Nurse	106,594	105,595
Toy, Amy M	Charge Nurse	134,794	118,865
Troise, Emily A	Nursing Inservice Instructor Crit Care	123,026	120,759
Turner, Charlaina J	General Duty Nurse PT and PD	120,852	120,852
Turner, Jacqueline E	General Duty Nurse	120,356	109,725
Turner, Marcy L	General Duty Nurse	137,271	103,424
Twitchell, Jerome D	Senior Director Outpatient Operations	141,047	135,970
Urban, Paul	Assistant Info Tech Sys Architect	131,862	132,010
Vacanti, Angela	Manager Infection Control	156,968	152,121
Vacanti, Charles M	Nursing Team Leader	145,172	128,076
Vacanti, Jason M	General Duty Nurse	259,177	103,423
Vaccaro, Jessica R	Charge Nurse	126,703	108,771
VanSteenburg, Monica Dawyot	Anesthetist	222,405	226,410
Vazquez, Alexandra M	Charge Nurse	143,347	112,024
Vazquez, Dionna C	Utilization Review Nurse	174,119	103,424
Villacorta, Maria C	Charge Nurse	156,123	118,866
Volk, Karleigh Mary	Dentist ECMC	47,789	140,001
Vullo, Lori A	General Duty Nurse	106,382	106,530
Walden, Jenna M	Nurse Practitioner Transplant	130,499	148,000
Wallace, Lauren M	Nursing Team Leader LTC	117,043	110,497
Walsh, Evelyn P	Attending Physician	297,715	279,999
Walter, Robert H	Chief Clinical Laboratory Technologist	142,443	122,899
Walters, Amy M	General Duty Nurse	125,425	109,724
Walters, Kimberly J	General Duty Nurse	170,862	109,724
Wang, Nana	Pharmacist	128,947	140,270
Warmus, Renelle M	Nurse Case Manager	135,918	136,675
Warren, Daniel R	Manager of Financial Reporting	110,446	102,999
Warren, Susan I	General Duty Nurse	121,372	106,530
Weaver, Stephanie C	Clinical Teacher Dedicated Education Unit Instructor	134,300	132,706
Weber, Joseph P	Network Analyst	137,839	110,994
Weigand, Sara J	General Duty Nurse	104,237	104,237
Weise, Thomas H	Nursing Supervisor LTC	127,230	121,428



Weiss, Katherine A	Pharmacist	183,835	156,121
Weiss, Nicole	Pharmacist	146,013	140,270
Weld, Tiffani Marie	Charge Nurse	156,991	105,595
Welka, Andrew J	Anesthesiologist	509,545	466,151
West, Ashley M	Nurse Case Manager	140,653	140,774
West, Lindsey A	Unit Manager MedicalSurgical	135,036	134,031
Wheeler, Jennifer L	General Duty Nurse	97,885	100,417
Whelan, Stephen D	Nursing Inservice Instructor Psych	117,392	110,498
Whipkey, Colleen M	Charge Nurse	116,546	118,867
White, Katie L	General Duty Nurse	105,898	103,423
Wickett, Rachel C	General Duty Nurse	161,294	100,418
Wiggins, Shaniqua P	General Duty Nurse	107,689	107,689
Wik, Michelle L	Charge Nurse	145,038	108,772
Wilde, Michelle A	Charge Nurse	141,677	118,865
Williams, Kameo S	General Duty Nurse LTC	131,917	131,917
Williams, Sara K	General Duty Nurse	114,175	103,424
Williams, Sonia	Assistant Director Ambulatory Services	130,566	127,481
Williams, Stephanie A	General Duty Nurse	174,836	103,424
Williamson, Katrina L	General Duty Nurse	108,706	109,725
Wilson, Brittany M	Nursing Inservice Instructor ECMC	103,542	101,795
Wilson, Karyn M	Assistant Director Ambulatory Services	115,043	114,571
Wilson, Nicolette M	Vice President Revenue Cycle	189,193	189,405
Wilson, Tiffany A	Charge Nurse	133,259	112,024
Wing, Kathryn M	General Duty Nurse	109,169	109,725
Wise, Sean P	Charge Nurse	112,577	105,595
Wittenbrink, Timothy B	Nursing Team Leader	122,050	117,234
Wittmann, Paula A	Charge Nurse	133,025	118,866
Wojtowicz, Jean M	General Duty Nurse	110,429	109,725
Wolf, Jo Ann S	Vice President Medical Surgical Nursing Services	160,480	175,999
Wood, Jamie L	General Duty Nurse	124,574	109,724
Wood, Rebecca A	Charge Nurse	117,548	108,771
Woodruff, Stephen R	Administrator LTC	174,851	175,048
Woods, Kara A	Physician Assistant	139,287	135,970
Wright, Kiayra-Elexus T	General Duty Nurse	102,188	102,188
Wright, Shaunda M	Unit Manager Behavioral Health	157,338	142,182
Yak, Joseph Y	Chief Clinical Laboratory Technologist	134,832	116,132
Yates, Robert A	Anesthetist	246,973	226,410
Yerdon, Kerri L	General Duty Nurse	133,035	100,418
York-Renaud, Jamie L	Nursing Inservice Instructor OR	135,810	128,076
Yotter, Emily A	Charge Nurse	5,102	104,338
Young, Amanda N	Junior Staff Counsel ECMC	102,884	102,999
Young, Grace K	General Duty Nurse PT and PD	102,896	102,896
Zajac, Jamie E	Emergency Department Patient Flow Team Lead	153,724	128,077
Zak, Katherine J	General Duty Nurse	135,985	109,724
Zanghi, Marie R	Nurse Case Manager	126,053	140,774
Zayac, Jason A	Anesthesiologist	410,569	447,000
Zdon, Glen W	Unit Manager Hemodialysis	135,998	138,058
Zielinski, Danielle M	General Duty Nurse	105,316	100,418
Zimmer, Michelle L	Charge Nurse	152,811	118,866
Zinzola, Amie M	General Duty Nurse	146,853	103,424
Zolnowski, Kimberly	Charge Nurse	138,570	112,024
Zynda, Elizabeth A	Nurse Practitioner Transplant	226,703	161,710

2024 \$100K Procurement Report ECMCC					
Vendor Name	Payments	Reporting Year	Contract Start	Contract End	Purpose
MCKESSON DRUG CO	\$61,172,776	2024	2/1/2021	8/31/2028	Commodities/Supplies
METZ CULINARY MANAGEMENT	\$18,947,148	2024	4/6/2019	8/31/2027	Other Professional Services
CARDINAL VALUE LINK	\$13,591,797	2024	12/1/2012	6/30/2027	Commodities/Supplies
UNIVERSITY MEDICAL RESIDENT SERVICES, P.C.	\$12,565,379	2024	1/4/2019	1/3/2029	Other Professional Services
UBMD PSYCHIATRY	\$12,485,599	2024	8/1/2016	12/31/2025	Other Professional Services
GENERAL PHYSICIAN, P.C.	\$12,482,990	2024	12/1/2023	11/30/2028	Other Professional Services
ERIE COUNTY COMPTROLLER'S OFFICE	\$12,341,865	2024	1/22/2010	Evergreen	Other
APOGEE MEDICAL MANAGEMENT	\$11,387,674	2024	9/1/2015	6/30/2029	Other Professional Services
GRIDER SUPPORT SERVICES, LLC	\$ 9,659,355	2024	3/1/2012	Evergreen	Other
UPSTATE NEW YORK TRANSPLANT	\$ 9,322,135	2024	8/2/2016	Evergreen	Commodities/Supplies
ACADEMIC MEDICAL SERVICES, INC.	\$ 8,999,718	2024	3/8/2018	3/7/2025	Other Professional Services
THE RESEARCH FOUNDATION	\$ 8,980,450	2024	12/2/2011	12/31/2050	Other Professional Services
UNIV. @ BFLO SURGEONS, INC.	\$ 8,972,300	2024	7/1/2022	6/30/2025	Other Professional Services
GREAT LAKES MEDICAL IMAGING, LLC	\$ 8,835,959	2024	9/1/2015	8/31/2027	Other Professional Services
BUFFALO INTERNIST AND ASSOCIATES	\$ 5,962,784	2024	6/13/2017	12/31/2025	Other Professional Services
ZIMMER BIOMET	\$ 5,955,282	2024	12/29/2022	6/30/2026	Commodities/Supplies
TRELLIS RX, LLC	\$ 5,422,986	2024	5/1/2021	4/30/2026	Other Professional Services
UNIVERSITY EMERGENCY MEDICAL	\$ 4,395,812	2024	8/1/2017	7/31/2027	Other Professional Services
SYNTHE	\$ 3,573,396	2024	9/18/2019	10/24/2026	Commodities/Supplies
STRYKER ORTHOPAEDICS	\$ 3,476,272	2024	9/20/2022	3/31/2027	Commodities/Supplies
GLOBUS MEDICAL INC	\$ 3,470,159	2024	4/30/2015	9/30/2026	Commodities/Supplies
SMITH & NEPHEW US	\$ 3,469,558	2024	9/11/2020	12/31/2025	Commodities/Supplies
CARDINAL HEALTH MED PROD &	\$ 3,092,580	2024	12/1/2012	6/30/2027	Commodities/Supplies
UB FAMILY MEDICINE INC.	\$ 3,065,807	2024	6/1/2020	5/31/2027	Other Professional Services
UNIV. ORTHOPAEDIC SERVICES	\$ 2,588,987	2024	12/31/2021	12/31/2025	Other Professional Services
KALEIDA HEALTH	\$ 2,547,828	2024	11/24/2014	Evergreen	Other
ROCHE DIAGNOSTIC CORP	\$ 2,537,390	2024	5/1/2002	5/21/2025	Commodities/Supplies
ARTHREX	\$ 2,317,348	2024	10/1/2018	2/12/2025	Commodities/Supplies
SUPPLEMENTAL HEALTH CARE	\$ 2,275,733	2024	12/8/2016	10/27/2025	Staffing Services
BAXTER HEALTHCARE CORP	\$ 2,238,206	2024	9/11/2024	9/30/2027	Commodities/Supplies
UB NEUROSURGERY, INC.	\$ 2,231,057	2024	9/30/2019	9/29/2027	Other Professional Services
ABBOTT LABORATORIES, INC.	\$ 2,090,398	2024	3/1/2022	2/28/2025	Commodities/Supplies
CARDINAL HEALTH	\$ 1,896,090	2024	5/1/2020	8/30/2027	Commodities/Supplies
AMERGIS HEALTHCARE STAFFING	\$ 1,872,179	2024	8/23/2023	8/22/2026	Staffing Services
KSL DIAGNOSTICS, INC	\$ 1,867,104	2024	1/7/2019	9/30/2025	Other Professional Services
CORE BTS INC	\$ 1,804,583	2024	12/20/2023	11/30/2025	Technology - Software
LAB CORP OF AMERICA	\$ 1,728,468	2024	10/1/2018	9/30/2026	Other Professional Services
CLEAN CARE LINEN	\$ 1,696,671	2024	5/2/2019	5/1/2025	Other Professional Services
MEDICAL SOLUTIONS, LLC	\$ 1,656,543	2024	12/4/2018	12/3/2025	Staffing Services
DELL MARKETING LP	\$ 1,648,686	2024	11/30/2015	11/29/2025	Technology - Hardware
TORNIER INC	\$ 1,531,404	2024	9/20/2022	3/31/2027	Commodities/Supplies
INTUITIVE SURGICAL INC	\$ 1,493,042	2024	12/31/2021	12/30/2026	Commodities/Supplies
THE MARTIN GROUP LLC	\$ 1,381,138	2024	6/9/2014	12/31/2025	Other Professional Services
UB PATHOLOGISTS INC.	\$ 1,333,295	2024	2/14/2022	2/13/2026	Other Professional Services
BOSTON SCIENTIFIC CORPORATION	\$ 1,295,200	2024	4/28/2016	4/27/2026	Commodities/Supplies
MEDICAL INFORMATION TECHNOLOGIES IN	\$ 1,111,397	2024	7/14/2011	7/13/2025	Technology - Software
PHARMERICA	\$ 1,044,534	2024	12/1/2022	6/30/2025	Commodities/Supplies
JOHNSON & JOHNSON HLTH CARE SYS INC	\$ 1,033,824	2024	9/18/2019	10/24/2026	Commodities/Supplies
MEDTRONIC INC NEUROLOGICAL DIV	\$ 1,016,520	2024	8/30/2020	9/11/2026	Commodities/Supplies
PARTS SOURCE	\$ 1,013,258	2024	9/1/2023	8/31/2026	Commodities/Supplies
SUICIDE PREVENTION &	\$ 993,587	2024	10/1/2018	9/30/2026	Other Professional Services
CREEKRIDGE CAPITAL, LLC	\$ 983,693	2024	2/24/2009	1/24/2025	Financial Services
DEPUY ACE MEDICAL COMPANY	\$ 968,818	2024	9/18/2019	10/24/2026	Commodities/Supplies
AMERISOURCE BERGEN DRUG CORP	\$ 965,610	2024	2/5/2021	2/4/2028	Commodities/Supplies
UNIVERSITY DENTAL RESIDENT SERVICES, P.C.	\$ 958,769	2024	1/4/2019	1/3/2029	Other Professional Services
NATIONAL GRID	\$ 920,699	2024	1/22/2010	Evergreen	Other
CHUDY PAPER COMPANY, INC.	\$ 883,744	2024	11/1/2023	10/31/2026	Commodities/Supplies
KALEIDA HEALTH	\$ 849,149	2024	1/17/2012	Evergreen	Other
JOHNSON CONTROLS FIRE PROTECTION LP	\$ 832,317	2024	8/27/2019	8/26/2034	Design and Construction/Maintenance
CITY OF BUFFALO	\$ 828,203	2024	1/22/2010	Evergreen	Other
CARAHSOFT TECHNOLOGY CORPORATION	\$ 816,485	2024	1/12/2018	6/4/2025	Technology - Software

STERICYCLE INC	\$ 814,785	2024	6/1/2022	5/31/2027	Other Professional Services
WILLIAM BELLES PC	\$ 811,682	2024	12/1/2022	11/30/2025	Other Professional Services
HEWLETT-PACKARD COMPANY	\$ 765,399	2024	6/30/2013	12/19/2028	Technology - Hardware
W L GORE & ASSOC INC	\$ 759,745	2024	10/29/2020	7/31/2026	Commodities/Supplies
STRYKER INSTRUMENTS	\$ 755,042	2024	5/10/2019	6/30/2025	Commodities/Supplies
STERIS CORPORATION	\$ 743,761	2024	2/1/2021	1/31/2027	Commodities/Supplies
MANUFACTURERS & TRADERS TRUST	\$ 741,484	2024	11/12/2021	5/11/2025	Financial Services
MEDLINE INDUSTRIES INC	\$ 728,554	2024	1/1/2022	12/31/2026	Commodities/Supplies
MERIDIAN IT INC.	\$ 728,309	2024	1/1/2024	12/31/2028	Technology - Software
SIEMENS MEDICAL SOLUTIONS	\$ 723,326	2024	10/21/2021	10/20/2026	Other Professional Services
PHILIPS MEDICAL SYSTEMS	\$ 717,020	2024	10/1/2022	9/30/2025	Commodities/Supplies
PHILIPS MEDICAL SYSTEMS NA CO	\$ 716,269	2024	6/1/2021	5/31/2027	Commodities/Supplies
INTEGRA LIFESCIENCES CORP	\$ 695,430	2024	12/1/2020	11/30/2026	Commodities/Supplies
UB FOUNDATION ACTIVITES	\$ 685,897	2024	1/4/2019	1/3/2029	Other Professional Services
3M HEALTH INFORMATION	\$ 674,846	2024	10/1/2018	Evergreen	Technology - Software
MEDTRONIC SPINAL AND BIOLOGICS	\$ 663,249	2024	5/2/2012	9/30/2026	Commodities/Supplies
STRYKER CRANIOMAXILLOFACIAL	\$ 658,957	2024	11/1/2019	10/31/2025	Commodities/Supplies
EXPERIAN HEALTH, INC.	\$ 652,062	2024	12/21/2021	2/4/2027	Technology - Software
BIOCARE SD	\$ 644,554	2024	1/1/2015	6/30/2028	Commodities/Supplies
AMERICAN RED CROSS BLOOD SVCS	\$ 625,571	2024	7/19/2021	7/19/2025	Commodities/Supplies
BUFFALO TRANSPORTATION INC.	\$ 605,899	2024	5/24/2021	5/23/2025	Other Professional Services
DELL FINANCIAL SERVICES LLC	\$ 605,505	2024	11/30/2022	11/29/2025	Financial Services
BECTON, DICKINSON AND COMPANY	\$ 585,279	2024	12/1/2023	11/30/2026	Commodities/Supplies
ABBOTT LABORATORIES DIAGNOSTIC DIV	\$ 545,049	2024	4/15/2021	10/31/2025	Commodities/Supplies
WNY UROLOGY ASSOCIATES LLC	\$ 528,458	2024	10/1/2018	9/30/2025	Other Professional Services
HEALOGICS WOUND CARE &	\$ 517,273	2024	1/18/2019	9/2/2029	Other Professional Services
FRESENIUS USA MARKETING, INC.	\$ 514,490	2024	8/1/2020	7/31/2028	Commodities/Supplies
XENTEGRA-GOV, LLC	\$ 501,740	2024	11/23/2022	6/26/2027	Technology - Software
TREACE MEDICAL CONCEPTS, INC	\$ 500,867	2024	10/23/2020	10/31/2025	Commodities/Supplies
HILL-ROM CO INC	\$ 496,133	2024	3/1/2022	2/28/2025	Commodities/Supplies
MAGAVERN, MAGAVERN & GRIMM LLP	\$ 494,283	2024	7/1/2022	7/1/2027	Legal Services
ALLSCRIPTS-MISYS LLC	\$ 482,992	2024	5/4/2010	Evergreen	Technology - Software
LAUNCHTECH, LLC	\$ 478,590	2024	12/20/2023	Evergreen	Technology - Hardware
J&J DETAILS & MAINTENANCE LLC	\$ 478,584	2024	12/11/2023	12/11/2024	Other Professional Services
INTIVITY, INC.	\$ 476,760	2024	8/1/2020	5/31/2029	Commodities/Supplies
BRITE	\$ 468,298	2024	12/23/2022	1/31/2026	Technology - Software
CS BUSINESS SYSTEMS INC.	\$ 464,453	2024	3/14/2024	Evergreen	Technology - Software
HEALTH SYSTEM SERVICE	\$ 461,427	2024	6/1/2016	5/31/2025	Commodities/Supplies
ALTERA DIGITAL HEALTH, INC.	\$ 452,430	2024	2/7/2022	Evergreen	Technology - Software
FERGUSON ELECTRIC SVC	\$ 448,009	2024	10/1/2020	9/30/2025	Design and Construction/Maintenance
FUJIFILM HEALTHCARE AMERICAS	\$ 442,204	2024	3/1/2024	2/28/2029	Technology - Software
STANSBERRY AND KNIGHT	\$ 436,420	2024	3/28/2018	12/31/2025	Other Professional Services
CDW GOVERNMENT INC	\$ 429,509	2024	11/1/2020	10/31/2026	Commodities/Supplies
KCI	\$ 427,046	2024	6/1/2022	5/31/2025	Commodities/Supplies
NUANCE	\$ 425,318	2024	6/30/2014	6/30/2025	Technology - Software
B BRAUN MEDICAL INC.	\$ 424,035	2024	7/1/2023	7/1/2026	Commodities/Supplies
HEALTH CATALYST, INC.	\$ 422,525	2024	8/6/2018	8/5/2026	Technology - Software
UNIVERSITY GYNECOLOGISTS	\$ 422,496	2024	10/1/2016	9/30/2025	Other Professional Services
KEYSTONE PERFUSION SERVICES, PC	\$ 421,958	2024	1/1/2020	4/1/2025	Other Professional Services
KERECIS	\$ 418,616	2024	4/1/2024	3/31/2027	Commodities/Supplies
PARAGON 28, INC.	\$ 417,172	2024	9/21/2020	8/31/2027	Commodities/Supplies
RICOTTA, MATTREY, CALLOCCHIA,	\$ 409,477	2024	4/1/2021	4/1/2026	Legal Services
AXOGEN CORP	\$ 387,698	2024	8/4/2021	3/31/2027	Commodities/Supplies
UB ORAL AND MAXILLOFACIAL	\$ 371,118	2024	6/17/2020	6/15/2027	Other Professional Services
UKG KRONOS SYSTEMS, LLC	\$ 370,679	2024	12/30/2022	12/31/2027	Technology - Software
OLYMPUS AMERICA INC	\$ 367,295	2024	11/18/2022	11/17/2025	Commodities/Supplies
FFF ENTERPRISES INC	\$ 365,668	2024	4/24/2020	3/31/2025	Commodities/Supplies
SUMMIT HEALTH CARE	\$ 359,650	2024	9/2/2014	11/30/2025	Other Professional Services
MIZUHO AMER INC	\$ 359,308	2024	2/1/2023	1/31/2027	Commodities/Supplies
INSPIRE MEDICAL SYSTEMS, INC.	\$ 354,075	2024	4/2/2018	4/1/2025	Commodities/Supplies
CHANGE HEALTHCARE	\$ 353,016	2024	6/1/2008	8/31/2025	Staffing Services
UNIV. OPHTHALMOLOGY SERVICE, INC.	\$ 351,207	2024	4/1/2013	2/28/2029	Other Professional Services
PATTERSON DENTAL INC	\$ 349,201	2024	4/1/2023	3/31/2026	Commodities/Supplies
FAVORITE HEALTHCARE STAFFING INC	\$ 342,404	2024	7/22/2021	12/31/2025	Staffing Services
DCB ELEVATOR CO INC	\$ 339,596	2024	7/20/2023	7/19/2028	Design and Construction/Maintenance

UP TO DATE	\$ 338,393	2024	9/1/2023	8/31/2028	Technology - Software
MORRISON LIVING	\$ 333,130	2024	1/1/2013	12/31/2023	Other Professional Services
BROOK, INC	\$ 329,335	2024	7/1/2022	6/30/2025	Technology - Software
EVERGREEN MEDICAL SERVICES, INC	\$ 324,822	2024	11/28/2021	11/30/2026	Design and Construction/Maintenance
AMER EXPRESS CPC	\$ 320,813	2024	9/30/2021	9/29/2026	Other
RUPP PFALZGRAF LLC	\$ 314,023	2024	11/1/2019	5/3/2027	Legal Services
CENTRAL RADIOPHARMACEUTICAL SVC	\$ 311,403	2024	4/12/2024	10/1/2026	Commodities/Supplies
WRIGHT MEDICAL TECHNOLOGY INC	\$ 306,761	2024	5/19/2021	12/31/2025	Commodities/Supplies
MERGE HEALTHCARE	\$ 304,986	2024	6/29/2017	Evergreen	Technology - Software
SYSMEX	\$ 303,247	2024	8/1/2022	7/31/2025	Commodities/Supplies
US POSTAL SERVICE	\$ 300,000	2024	6/4/2001	Evergreen	Commodities/Supplies
GRAYLINE NIAGARA FALLS/BUFFALO	\$ 295,510	2024	12/4/2017	11/15/2024	Other Professional Services
BIOFIRE DIAGNOSTICS LLC	\$ 293,830	2024	1/1/2021	1/31/2029	Commodities/Supplies
AMN LEADERSHIP SOLUTIONS, INC	\$ 292,302	2024	4/9/2018	4/9/2026	Other Professional Services
SYNTHESES MAXILLOFACIAL	\$ 290,689	2024	9/18/2020	11/12/2027	Commodities/Supplies
ABBVIE INC	\$ 290,459	2024	10/31/2022	10/31/2027	Commodities/Supplies
MENTAL HEALTH ADVOCATES	\$ 288,246	2024	5/9/2019	5/9/2025	Other Professional Services
ROACH, BROWN,	\$ 284,921	2024	4/13/2021	4/14/2026	Legal Services
TRI-DELTA RESOURCES CORP	\$ 278,520	2024	5/1/2022	4/30/2025	Technology - Software
VOCERA COMMUNICATIONS INC	\$ 277,590	2024	12/13/2019	9/30/2024	Technology - Hardware
WELLSKY CORPORATION	\$ 268,252	2024	3/26/2019	3/26/2026	Technology - Software
HEALTHSTREAM	\$ 265,236	2024	7/31/2024	7/30/2029	Technology - Software
KIDENEY ARCHITECTS PC	\$ 261,093	2024	5/31/2018	5/30/2025	Design and Construction/Maintenance
SIRTEX MEDICAL, INC.	\$ 260,855	2024	7/13/2023	Evergreen	Commodities/Supplies
OPTUM360 LLC	\$ 257,304	2024	5/22/2017	5/21/2027	Technology - Software
VERIZON WIRELESS	\$ 254,634	2024	5/30/2008	2/25/2030	Other
TELEFLEX LLC	\$ 252,006	2024	7/1/2022	6/30/2026	Commodities/Supplies
COOK INC	\$ 250,384	2024	7/1/2022	6/30/2025	Commodities/Supplies
AQUA SCIENCES INC	\$ 241,308	2024	10/17/2001	Evergreen	Other Professional Services
FREED MAXICK CPAs PC	\$ 238,721	2024	1/1/2022	12/31/2025	Consulting Services
DRFIRST.COM INC	\$ 237,920	2024	9/1/2011	9/15/2025	Technology - Software
ISECURE, LLC	\$ 237,632	2024	7/24/2022	7/23/2025	Technology - Software
PENUMBRA, INC.	\$ 236,842	2024	11/1/2021	10/31/2027	Commodities/Supplies
BUFFALO CITY MISSION	\$ 235,550	2024	8/3/2015	10/31/2025	Other
CARESTREAM HEALTH INC	\$ 231,850	2024	11/12/2020	12/25/2027	Technology - Software
ARTERIOCYTE MEDICAL SYSTEMS	\$ 231,490	2024	7/1/2021	6/30/2027	Commodities/Supplies
VOYCE, INC.	\$ 229,156	2024	8/1/2021	7/31/2025	Other Professional Services
FISHER HEALTHCARE	\$ 228,779	2024	1/1/2019	4/30/2028	Commodities/Supplies
LAWLEY AGENCY, LLC	\$ 227,344	2024	5/1/2021	4/30/2026	Other Professional Services
INTELLIGENT MEDICAL OBJECTS, INC.	\$ 224,675	2024	8/1/2013	11/19/2025	Technology - Software
DRAEGER MEDICAL	\$ 222,853	2024	7/1/2023	6/30/2026	Commodities/Supplies
ORTHOFIX, INC.	\$ 215,859	2024	11/1/2023	10/31/2026	Commodities/Supplies
OFFICE DEPOT	\$ 213,633	2024	8/1/2023	7/31/2026	Commodities/Supplies
KARL STORZ ENDOSCOPY-AMERICA	\$ 213,041	2024	1/1/2024	12/31/2026	Commodities/Supplies
INT'L INSTITUTE OF BFLO	\$ 212,580	2024	1/1/2018	2/28/2026	Other Professional Services
NXSTAGE MEDICAL INC	\$ 212,233	2024	6/8/2021	6/7/2025	Commodities/Supplies
AIRGAS EAST	\$ 211,689	2024	11/1/2020	5/31/2026	Commodities/Supplies
BAYER CORPORATION	\$ 209,520	2024	1/1/2024	12/31/2026	Commodities/Supplies
DE LAGE LANDEN FINANCIAL	\$ 208,818	2024	2/15/2024	2/14/2027	Financial Services
CROWN CASTLE FIBER, LLC.	\$ 207,149	2024	3/2/2010	4/27/2026	Telecommunication Equipment or Services
CANON MEDICAL SYSTEMS USA, INC.	\$ 203,875	2024	2/10/2021	2/9/2026	Other Professional Services
SYNOVIS MICRO COMPANIES ALLIANCE	\$ 203,150	2024	1/31/2012	Evergreen	Commodities/Supplies
SAMIE, MOHAMMAD REZA	\$ 201,710	2024	6/1/2016	5/31/2025	Other Professional Services
PRESS GANEY ASSOCIATES INC	\$ 200,069	2024	7/1/2014	7/31/2025	Other Professional Services
RSM MCGLADREY INC	\$ 199,100	2024	12/3/2018	Evergreen	Consulting Services
WNY TRANSPORTATION SERVICES,	\$ 194,231	2024	10/1/2020	9/30/2025	Other Professional Services
TRISALUS LIFE SCIENCES	\$ 193,750	2024	9/19/2023	9/19/2025	Commodities/Supplies
THE CHARTIS GROUP, LLC	\$ 190,837	2024	6/10/2019	9/30/2025	Consulting Services
NALCO CO	\$ 190,463	2024	4/27/2018	4/26/2028	Commodities/Supplies
UNITED NETWORK FOR ORGAN SHARING	\$ 187,010	2024	3/31/2017	Evergreen	Other Professional Services
SIEMENS INDUSTRY INC	\$ 186,835	2024	5/20/2022	2/28/2025	Other Professional Services
WNY INDEPENDENT LIVING	\$ 183,948	2024	9/1/2020	8/31/2026	Other Professional Services
GREAT LAKES BUILDING SYSTEMS	\$ 183,411	2024	8/27/2019	8/26/2034	Design and Construction/Maintenance
XEROX CORPORATION	\$ 177,033	2024	8/1/2019	7/31/2025	Other
BUFFALO PAPER AND TWINE CO	\$ 175,122	2024	11/1/2023	10/31/2026	Commodities/Supplies



MAKO SURGICAL CORPORATION	\$ 175,000	2024	9/21/2022	9/20/2027	Commodities/Supplies
ZOLL MEDICAL CORPORATION	\$ 172,174	2024	9/1/2022	8/31/2025	Commodities/Supplies
STRYKER ENDOSCOPY	\$ 169,407	2024	1/1/2024	12/31/2026	Commodities/Supplies
QIAGEN	\$ 167,843	2024	3/15/2021	Evergreen	Commodities/Supplies
MID-CITY OFFICE FURNITURE	\$ 167,704	2024	12/5/2023	12/1/2028	Commodities/Supplies
FLEXICARE, INC	\$ 167,400	2024	5/1/2023	8/31/2026	Commodities/Supplies
ADVANCED STERILIZATION	\$ 159,554	2024	3/1/2021	2/28/2027	Commodities/Supplies
ALLOSOURCE	\$ 158,569	2024	7/1/2021	6/30/2027	Commodities/Supplies
VANTIVE US HEALTHCARE LLC	\$ 158,176	2024	2/2/2024	Evergreen	Commodities/Supplies
DENTSPLY IH, INC.	\$ 157,550	2024	6/2/2014	Evergreen	Commodities/Supplies
GE HEALTHCARE FIN SERVICES	\$ 155,964	2024	12/15/2023	12/15/2026	Commodities/Supplies
TELETRACKING	\$ 151,276	2024	3/1/2016	10/5/2028	Technology - Software
RISKONNECT, INC.	\$ 149,373	2024	6/17/2022	6/16/2025	Technology - Software
GP ROCHESTER dba PAUL DAVIS	\$ 149,040	2024	11/20/2023	11/20/2026	Design and Construction/Maintenance
PENTAX MEDICAL	\$ 148,731	2024	4/1/2018	1/31/2026	Commodities/Supplies
BAXTER BIOSCIENCE	\$ 147,963	2024	7/1/2022	6/30/2025	Commodities/Supplies
LINDE GAS & EQUIPMENT INC.	\$ 147,832	2024	11/1/2020	5/31/2026	Commodities/Supplies
CROTHALL HEALTHCARE	\$ 146,320	2024	3/1/2019	12/31/2023	Other Professional Services
PALO ALTO NETWORKS	\$ 146,104	2024	2/14/2014	2/13/2027	Technology - Software
PMA COMPANIES	\$ 144,446	2024	10/1/2021	9/30/2026	Other Professional Services
TRUSTED MANAGED SERVICES	\$ 144,116	2024	7/1/2024	6/30/2027	Other Professional Services
PRE-EMPLOY.COM INC	\$ 143,890	2024	7/31/2017	Evergreen	Other Professional Services
GENERAL PHYSICIAN SUB II, PLLC	\$ 143,440	2024	1/1/2018	Evergreen	Other Professional Services
NEVRO CORPORATION	\$ 143,150	2024	10/12/2023	10/11/2025	Commodities/Supplies
UNIVERSITY NEUROLOGY, INC.	\$ 142,996	2024	6/14/2016	12/31/2025	Other Professional Services
INTELLIPRINT SOLUTIONS, INC	\$ 139,571	2024	8/1/2022	7/31/2025	Commodities/Supplies
ORLICK, ARTHUR	\$ 138,703	2024	1/1/2018	12/31/2025	Other Professional Services
TERUMO MEDICAL CORPORATION	\$ 138,157	2024	11/12/2018	9/30/2025	Commodities/Supplies
CONSORTIUM INFORMATION SERVICES INC	\$ 136,639	2024	7/2/2001	Evergreen	Technology - Software
LARRY'S DENTAL LAB, INC.	\$ 132,964	2024	12/31/2022	12/31/2025	Commodities/Supplies
INNOVICE, LLC	\$ 132,603	2024	9/14/2023	9/13/2025	Commodities/Supplies
BARD PERIPHERAL VASCULAR INC	\$ 132,329	2024	2/1/2023	1/31/2026	Commodities/Supplies
MCG HEALTH LLC	\$ 131,352	2024	8/1/2022	7/31/2025	Technology - Software
LIFENET	\$ 128,385	2024	7/1/2021	6/30/2027	Commodities/Supplies
B.E. SMITH LLC	\$ 128,101	2024	4/9/2018	4/9/2026	Staffing Services
GE HEALTHCARE	\$ 126,883	2024	1/1/2024	12/31/2026	Other Professional Services
FREE UP MD, LLC	\$ 126,622	2024	1/12/2023	1/11/2025	Other Professional Services
KLS MARTIN L P	\$ 125,544	2024	11/1/2019	10/31/2025	Commodities/Supplies
CARINGTON HOME SAFETY, INC	\$ 125,487	2024	3/31/2023	3/30/2026	Technology - Software
SPOK, INC.	\$ 123,565	2024	2/5/2022	2/5/2027	Technology - Software
UNITED UNIFORM CO INC	\$ 123,118	2024	4/29/2022	4/28/2027	Commodities/Supplies
PROVATION SOFTWARE, INC	\$ 121,436	2024	7/29/2024	7/28/2027	Technology - Software
CREST/GOOD MFG CO INC	\$ 119,601	2024	1/4/2012	Evergreen	Commodities/Supplies
ECOLAB/MICROTEK MEDICAL	\$ 117,644	2024	3/1/2020	2/28/2025	Commodities/Supplies
WESCO DISTRIBUTION INC.	\$ 117,293	2024	1/10/2024	1/10/2029	Commodities/Supplies
HYLAND SOFTWARE, INC.	\$ 116,462	2024	9/30/2015	Evergreen	Technology - Software
HENRY SCHEIN PRACTICE SOLUTIONS	\$ 116,238	2024	1/1/2022	12/31/2025	Commodities/Supplies
ORTHO CLINICAL DIAGNOSTICS	\$ 115,963	2024	2/1/2022	1/31/2025	Commodities/Supplies
MANATT PHELPS & PHILLIPS LLP	\$ 115,100	2024	3/20/2024	12/31/2025	Consulting Services
CALYXO INC	\$ 114,706	2024	5/16/2024	5/15/2026	Commodities/Supplies
VERTOS MEDICAL, INC	\$ 113,700	2024	5/1/2021	4/30/2025	Commodities/Supplies
SIEMENS MEDICAL	\$ 113,598	2024	12/15/2022	12/15/2027	Commodities/Supplies
ANGIO DYNAMICS INC	\$ 113,166	2024	12/1/2023	11/30/2026	Commodities/Supplies
BUFFALO CPR &	\$ 111,904	2024	8/16/2017	Evergreen	Other Professional Services
EAST COAST ORTHOTIC	\$ 111,835	2024	6/20/2016	6/19/2025	Commodities/Supplies
MICROSOFT CORPORATION	\$ 111,421	2024	1/26/2022	1/25/2027	Technology - Software
CARA MEDICAL	\$ 111,022	2024	3/15/2012	Evergreen	Commodities/Supplies
BUFFALO CANVAS	\$ 110,875	2024	11/1/2020	10/31/2025	Commodities/Supplies
RELIEVANT MEDSYSTEMS, INC	\$ 110,205	2024	5/1/2023	4/30/2025	Commodities/Supplies
HYBRIDGE SOLUTIONS, INC.	\$ 108,957	2024	5/31/2023	6/2/2027	Other Professional Services
RONCO SPECIALIZED SYSTEMS INC	\$ 108,250	2024	8/27/2019	8/26/2034	Commodities/Supplies
ALPHATEC SPINE INC	\$ 106,651	2024	4/1/2018	7/31/2025	Commodities/Supplies
VERITY SOLUTIONS GROUP, INC.	\$ 105,600	2024	6/15/2018	6/14/2025	Technology - Software
BAXTER HEALTHCARE CORP	\$ 104,392	2024	2/1/2014	1/31/2025	Commodities/Supplies
THIRD PARTY REIMBURSEMENT	\$ 103,933	2024	1/31/2022	1/30/2027	Other Professional Services

GLAXO SMITH KLINE	\$ 103,683	2024	7/1/2015	6/30/2025	Commodities/Supplies
TRI-ANIM HEALTH SERVICES INC	\$ 102,753	2024	5/1/2023	8/31/2026	Technology - Software
POWER-FLO TECHNOLOGIES INC	\$ 102,658	2024	7/1/2022	6/30/2025	Commodities/Supplies
WINDSTREAM	\$ 101,655	2024	9/28/2021	9/15/2025	Telecommunication Equipment or Services
CAREFUSION	\$ 101,510	2024	7/1/2021	6/30/2026	Other Professional Services
ARC BUILDING PARTNERS, LLC	\$ 101,375	2024	2/18/2019	2/18/2029	Design and Construction/Maintenance
ZAVATION MEDICAL PRODUCTS	\$ 100,074	2024	12/6/2021	12/5/2029	Commodities/Supplies

BY-LAWS  
OF  
ERIE COUNTY MEDICAL  
CENTER CORPORATION

As Amended Through  
September 23, 2022

## **TABLE OF CONTENTS**

Preamble .....	1
Article I - Offices .....	1
Article II - Purpose of By-Laws.....	1
Article III - Corporate Purpose .....	1
Article IV - Erie County Medical Center Corporation Board of Directors.....	1
Section 1 – General Powers .....	1
Section 2 –Hiring Powers .....	2
Section 3 - Voting Directors .....	2
Section 4 - Nonvoting Representatives .....	2
Section 5 - Resignation .....	2
Section 6 - Removal.....	2
Section 7 – Vacancies .....	2
Section 8 - Monthly Meetings.....	2
Section 9 - Annual & Special Meetings.....	3
Section 10 - Open Meetings Law.....	3
Section 11 - Quorum .....	3
Section 12 – Telephone Meetings .....	3
Section 13 – Action by Written Consent .....	3
Section 14 – Minutes of Meetings .....	3
Section 15 - Compensation .....	3
Section 16 – Defense and Indemnification .....	3
Section 17 – Extension of Credit .....	4



Article V - Officers .....	4
Section 1 - General.....	4
Section 2 - Election, Term of Office .....	4
Section 3 - Resignation .....	4
Section 4 - Removal .....	4
Section 5 - Vacancies .....	4
Section 6 – Chairperson of the Board .....	4
Section 7 – Vice-Chairperson(s) of the Board .....	5
Section 8 - Chief Executive Officer .....	5
Section 9 – President .....	5
Section 10 – Secretary & Assistant Secretary .....	5
Section 11 - Treasurer .....	6
Section 12 – Immediate Past Chair .....	6
Article VI - Committees .....	6
Section 1 – General .....	6
Section 2 – Appointment of Committees .....	6
Section 3 – Structure of Committees.....	6
Section 4 – Resignation .....	6
Section 5 – Removal.....	7
Section 6 – Vacancies.....	7
Section 7 - Quorum .....	7
Section 8 - Voting .....	7
Section 9 - Minutes .....	7
Section 10 - The Executive Committee.....	7

Section 11 - The Quality Improvement Committee .....	7
Section 12 - The Finance Committee.....	8
Section 13 - The Audit & Compliance Committee.....	8
Section 14 – Buildings and Grounds Committee.....	9
Section 15 - The Human Resources Committee .....	9
Section 16 - The Executive Compensation/Evaluation Committee.....	9
Section 17 - Terrace View Quality Improvement Committee .....	9
Section 18 - The Governance Committee .....	10
Section 19 - The Investment Committee.....	10
Section 20 - The Contracts Committee .....	11
Article VII - Medical/Dental Staff .....	11
Section 1 – Organization.....	11
Section 2 - Medical Staff Governance Documents .....	11
Section 3 - Appointment of Medical Staff .....	11
Section 4 – Authority for Medical Staff Conduct .....	12
Section 5 - Duties of the Medical Staff.....	12
Section 6 – Quality of Patient Care.....	12
Section 7 - Rights at Meetings .....	12
Article VIII - Standards of Patient Care.....	12
Article IX - The School of Medicine - State University of New York at Buffalo .....	13
Article X - Subsidiary Corporations and Entities .....	13

Article XI - Code of Ethics and Conflicts of Interest .....	13
Section 1 – Responsibility of Members of the Board and Employees .....	13
Section 2 – Implementation of Code of Ethics .....	14
Section 3 - Compliance .....	14
Section 4 – Conflict of Interest Policy .....	14
Section 5 – Disclosure of Personal Interest and Abstention .....	15
Section 6 – Self-Dealing .....	15
Section 7 – Influence of Decision Makers .....	15
Section 8 – No Forfeit of Office of Employment .....	15
Article XII - Amendments .....	15

**BY-LAWS**  
**OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**

PREAMBLE

The State of New York has enacted legislation, codified at Article 10-C of the Public Authorities Law of the State of New York (the “Act”), creating the Erie County Medical Center Corporation (“ECMCC” or the “Corporation”). These by-laws are intended to supplement the requirements of the Act.

ARTICLE I  
OFFICES

ECMCC may maintain offices at such places within or without Erie County, New York as the Board of Directors may, from time to time, determine.

ARTICLE II  
PURPOSE OF BY-LAWS

Pursuant to the broad powers granted by the Act, the Board of Directors of ECMCC (the “Board”) has adopted these By-Laws, to govern and manage its proceedings and affairs and for the advice and guidance of its members, and nothing contained in these By-Laws shall be deemed, nor are they intended in any manner or degree, to limit or restrict the power and right of the Board under existing law, to manage, control, operate and administer ECMCC and its personnel, patients and medical staff.

ARTICLE III  
CORPORATE PURPOSE

To continue as a general, municipal hospital and provide health care services and health facilities for the benefit of the residents of the State of New York and the County of Erie, including persons in need of health care services without the ability to pay, as required by law.

ARTICLE IV  
ERIE COUNTY MEDICAL CENTER CORPORATION BOARD OF DIRECTORS

Section 1. General Powers.

In addition to the powers and authorities expressly conferred by these By-laws, the Board may exercise all such general and special powers of the Corporation and do all such lawful acts and things as enumerated by the Act.

Section 2. Hiring Powers.

The Board shall hire, determine the compensation and benefits, and annually review the performance of the Chief Executive Officer (“CEO”) and President of the Corporation. Appointments made to fill the roles of the Chief Operating Officer (“COO”), Chief Financial Officer (“CFO”), Chief Medical Officer (“CMO”), Administrator of Terrace View, Chief Nursing Officer (“CNO”), Chief Strategy Officer, and General Counsel of the Corporation shall be made by the CEO of the Corporation, who shall thereafter also be responsible for determining the compensation and benefits of the persons occupying these positions and for the annual review of the incumbents. The Board shall have the authority to discharge the CEO with or without cause; provided that the removal shall not prejudice the contract rights, if any, of such executive. The CEO shall have the authority to discharge the COO, CFO, CMO, Administrator of Terrace View, Chief Nursing Officer, Chief Strategy Officer, and General Counsel with or without cause, provided that the removal shall not prejudice the contract rights, if any, of such executive.

Section 3. Voting Directors.

The Corporation shall be governed by fifteen voting Directors. The membership, term of office, selection of the voting Directors and the powers and duties of the Board shall be in accordance with the Act and these By-laws.

Section 4. Nonvoting Representatives.

The Corporation shall have four nonvoting Representatives. The term of office, selection and powers and duties of the nonvoting Representatives shall be in accordance with the Act and these By-laws. For the purpose of these By-Laws, the term “member” or “Board member” shall refer to both voting Directors and non- voting Representatives.

Section 5. Resignation.

Any Director or Representative may resign at any time by giving written notice to the Chairperson of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 6. Removal.

Members of the Board may be removed from office by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to violation of the law, after the Board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days’ notice.

Section 7. Vacancies.

Vacancies occurring other than by expiration of term shall be filled for the unexpired terms in the manner provided for original appointment in accordance with the Act.

Section 8. Monthly Meetings.

The Board shall hold regular monthly meetings at the ECMCC offices or other convenient locations as designated by the Board at such time as the Board may designate. In the event that a previously scheduled regular monthly meeting may not be required for a particular month, the Board may cancel that meeting.

Section 9. Annual & Special Meetings.

A meeting of the Board shall be held annually at which time officers of the Corporation shall be elected. A special meeting may be called by the Chairperson or Vice Chairperson acting in the Chairperson's absence, or by any three (3) members of the Board at any time upon proper notice under the Public Officers Law. The only action that can be taken at a special meeting is the consideration of the subject or subjects designated in the notice for the special meeting.

Section 10. Open Meetings Law.

All meetings of the Board shall comply with the requirements of Article 7 of the Public Officers Law. In a regular, annual or special meeting, the Board may request an Executive Session pursuant to Article 7 of the Public Officers Law or applicable sections of the Act.

Section 11. Quorum.

The powers of the Corporation shall be vested in and shall be exercised by the Board at a duly called and held meeting, where a quorum of eight Directors is present. No action shall be taken by the Corporation except pursuant to the favorable vote of at least eight Directors present at the meeting at which such action is taken.

Section 12. Telephone Meetings.

The members of the Board or any committee thereof may participate in a meeting of such Board or committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 13. Action by Written Consent.

To the extent permitted by law, any action required or permitted to be taken by the Board or any committee thereof may be taken without a meeting if all members of the Board or the committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the members of the Board or committee shall be filed with the minutes of the proceedings of the Board or committee.

Section 14. Minutes of Meetings.

The Board shall keep a written record of all business conducted, including resolutions, findings, conclusions and recommendations that shall be filed with the minutes of the proceedings of the Board or committee.

Section 15. Compensation.

Neither the voting Directors nor the nonvoting Representatives shall receive compensation for their services but shall be reimbursed for all their actual and necessary expenses incurred in connection with their duties under the Act and these By-laws.

Section 16. Defense and Indemnification.

The Corporation shall defend and indemnify the Directors of the Corporation and its officers for any and all lawful actions executed in the performance of their duties, to the full extent to which indemnification is permitted under the laws of the State of New York.

Section 17. Extension of Credit.

Pursuant to New York Public Authorities Law Section 2824(5), the Corporation shall not, directly, or indirectly, including through any subsidiary, extend or maintain credit, arrange for the extension of credit, or renew any extension of credit, in the form of a personal loan to or for any Director, officer, or employee (or equivalent thereof) of the Corporation.

ARTICLE V  
OFFICERS

Section 1. General.

The officers of the Corporation shall be elected by the Board and shall be comprised of a Chairperson of the Board, a Vice Chairperson of the Board, a CEO, a Secretary, and a Treasurer. The Board may also appoint an Assistant Secretary and such other officers as the Board shall from time to time provide. All such officers shall exercise the duties as described in the Act, applicable law, by these By-Laws, and/or by Board resolution.

Section 2. Election, Term of Office.

The officers of the Corporation shall be elected by the Board at its annual meeting. Each officer elected shall hold office until his successor has been duly chosen and has qualified or until his or her earlier resignation or removal.

Section 3. Resignation.

Any officer may resign at any time by giving written notice thereof to the Board, provided that the resignation shall not prejudice the contract rights, if any, of the Corporation. Any such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 4. Removal.

The Directors shall have the authority to discharge any officer with or without cause; provided that the removal without cause shall not prejudice the contract rights, if any, of the officer.

Section 5. Vacancies.

In the event of a vacancy occurring in the office of the Chairperson or Vice Chairperson, any member designated by the Board shall serve as Acting Chairperson for that meeting. In the event of a vacancy occurring in any other office, any member designated by the Board shall serve as an Acting officer for that meeting.

Section 6. Chairperson of the Board.

The Directors shall, by majority vote, select one of the fifteen Directors as the Chairperson of the Board. The Chairperson shall preside over all meetings of the Board, shall chair the Executive Committee of the Board, and shall have such other duties as the Directors may provide. Other than the Governance Committee, the Chairperson shall serve ex officio on all Board committees with full voting rights. The Chairperson shall serve for a two-year term of office. No member of the Board shall be permitted to serve more than two consecutive two-year terms as Chairperson of the Board.

Section 7. Vice-Chairperson(s) of the Board.

The Directors shall, by majority vote, select one or more of the fifteen Directors as the Vice-Chairperson of the Board. The Vice-Chairperson shall preside over all meetings where the Chairperson of the Board is absent and shall have such other duties as the Directors may provide. The Vice-Chairperson shall serve for a two-year term of office. At least one Vice-Chairperson shall be designated by a majority vote of the Board as “Vice-Chair, Chair-Elect” in the second year of that Vice-Chairperson’s term of office. At the conclusion of the term of the Vice-Chair, Chair-Elect, the Board shall retain authority to appoint the Vice-Chair, Chair-Elect or any other member of the Board of Directors as Chairperson of the Board of Directors.

Section 8. Chief Executive Officer.

The Board shall hire, set the compensation of, execute direct oversight of, and annually review the performance of the CEO. The CEO shall carry out the policies of the Board, provide services to the Board; and shall be subject to the By-Laws, rules and regulations of the Board. He or she shall have all the general powers and duties of a Superintendent of a public general municipal hospital as set forth and enumerated in the General Municipal Law of the State of New York, Section 129, sub. 1 through 9 as amended and of a chief executive officer as set forth in Title 10, subpart 405.3 of the New York Codes, Rules and Regulations and the Act. The CEO shall provide leadership, direction, and administration in all aspects of the Corporation’s activities and other corporate entities to ensure compliance with established objectives and the realization of quality, economical health care services, and other related lines of business. The CEO shall ensure the Corporation’s compliance with all applicable laws and regulations. The CEO shall submit monthly and special reports to the Board and its committees regarding strategic, operational and financial performance, along with the current status of ECMCC services and facilities. The CEO shall be expected to provide feedback to the Board regarding those employees which report directly to the CEO. The CEO shall ensure that subordinate officers provide meaningful reports to the Board regarding the previous month’s activities. The CEO shall coordinate with the Board, Medical Staff, and other Corporation personnel to respond to the community’s needs for quality healthcare services and monitor the adequacy of the Corporation’s medical activities.

Section 9. President.

The Board shall hire, set the compensation and annually review the performance of the President. The duties of the President shall be distinct from the duties of other officers of the Corporation and shall be enumerated in a job description reviewed by the Executive Committee of the Board.

Section 10. Secretary & Assistant Secretary.

The Board shall, by majority vote, select either Directors or Representatives to serve as the Secretary and Assistant Secretary, if applicable. The Secretary shall send notices for all meetings of the Board. The Secretary shall act as custodian for all records and reports and shall be responsible for keeping and reporting of adequate records of all meetings of the Board. The Secretary may delegate these duties to another officer or employee of the Corporation to act on his/her behalf. The Secretary will approve and sign the minutes of all meetings of the Board which shall be kept in an official record book. In the absence of the Secretary at any meeting, the Assistant Secretary, if applicable, or any member designated by the Chairperson shall act as the Secretary for that meeting.



Section 11. Treasurer.

The Board shall, by majority vote, select either a Director or a Representative to serve as the Treasurer. The Treasurer shall monitor the financial affairs of ECMCC as managed by the officers of the Corporation. The Treasurer will also have the power to establish bank accounts in the name of the Corporation. He or she shall do and perform all other duties incident to the office of Treasurer as may be prescribed by the Board from time to time.

Section 12. Immediate Past Chair.

The Immediate Past Chair of the Board shall remain available to the Board and the Chair for purposes of transitional continuity and may be appointed to serve as a member of any Standing or Special Committee of the Board, assuming his or her term of office as a Director has not expired.

ARTICLE VI  
COMMITTEES

General Rules

Section 1. General.

The Standing Committees of the Board shall be: the Executive Committee, the Quality Improvement Committee, the Finance Committee, the Audit and Compliance Committee, the Building and Grounds Committee, the Human Resources Committee, the Executive Compensation Committee, the Terrace View Quality Improvement Committee, the Governance Committee, the Investment Committee and the Contracts Committee. At the discretion of the Chairperson, and upon the advice of the Board, additional special committees may be appointed to address specific issues.

Section 2. Appointment of Committees.

The Chairperson of the Board shall appoint all members of standing and special committees. Appointments will be made at the first regular meeting following the annual election of officers, or at such other time deemed necessary by the Chairperson. The Chairperson of the Board shall appoint a Chairperson for each committee. Committee Chairpersons shall serve one-year terms of office but are not prohibited from serving consecutive one-year terms. The Chairperson may appoint individuals other than Board members to committees either standing or special, except the Executive Committee.

Section 3. Structure of Committees.

In addition to the individual Committee duties set forth below, each Committee shall be tasked annually with reviewing their applicable charter and recommending changes thereto, as well as setting forth goals for the Committee for the upcoming year. Such goals shall be determined in consultation with the Chairperson of the Board.

Section 4. Resignation.

A committee member may resign at any time by giving written notice to the Chairperson of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 5. Removal.

Committee members may be removed from committee membership by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to, violation of the law, after the board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days' notice.

Section 6. Vacancies.

Vacancies occurring otherwise than by expiration of term of office shall be filled for the unexpired terms by appointment from the Chairperson of the Board.

Section 7. Quorum.

At a committee meeting, a quorum shall be one-half the number of members of the committee.

Section 8. Voting.

Only the members of the Board serving on a Standing or Special Committee, or an appointed non-member of the Board serving on a Standing or Special Committee, and the Chairperson of the Board serving ex officio, shall have a vote.

Section 9. Minutes.

Each committee meeting shall have an agenda, time convened and adjourned recorded, and shall submit minutes of its meeting to the Secretary of the Board in advance of the regular monthly meeting.

Standing Committees

Section 10. The Executive Committee.

The Executive Committee shall consist of four (4) Board members. The Corporation's General Counsel and Chief Executive Officer shall serve ex officio as members of the Executive Committee. Other members of the Board may be added when advisable. The Chairperson shall preside at all meetings of the Committee. The Executive Committee shall meet at least quarterly, or upon the call of the Chairperson.

Section 11. The Quality Improvement Committee.

The Quality Improvement Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Inform the Board of patient safety, performance improvement and quality assurance issues of relevance to ECMCC.
- b. Establishment, maintenance and operation of a coordinated quality assurance program integrating the review of activities of all hospital services in order to enhance the quality of patient care and to identify and prevent professional malpractice. The specific responsibilities of the Committee are further set forth in the quality assurance plan of the hospital.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 12. The Finance Committee.

The Finance Committee shall consist of five (5) financially literate members of the Board. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Finance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Review relevant budgets of the Corporation and maintain ongoing oversight of the financial situation of the Corporation.
- b. Oversee, evaluate, and where appropriate, make recommendations with respect to financial operations of the Corporation.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 13. The Audit & Compliance Committee.

The Audit & Compliance Committee shall consist of at least four (4) members. At least three (3) of the Committee's members shall be independent, as that term is defined by state law. The Corporation's General Counsel shall serve *ex officio* as a member of the Audit & Compliance Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Audit & Compliance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Oversight of any independent auditors engaged by ECMCC.
- b. Oversight of all ECMCC internal audit processes.
- c. Collaboration with the Quality Improvement Committee in the establishment and maintenance of a coordinated quality assurance program.
- d. Collaboration with the Compliance Officer on the establishment, maintenance and operation of a comprehensive compliance program, which shall comply with the Office of the Inspector General Compliance Program Guidance for Hospitals. Specifically, the Committee shall:
  1. Analyze the legal requirements and specific risk areas of the health care industry,
  2. Assess existing policies that address legal requirements and risk areas for possible incorporation into the ECMCC compliance program,
  3. Work with ECMCC departments to develop standards of conduct and policies and procedures to promote compliance with the ECMCC compliance program,
  4. Recommend and monitor the development of internal systems and controls to carry out ECMCC's standards, policies and procedures as part of its daily operations,
  5. Determine appropriate strategy to promote compliance with the ECMCC compliance program and detection of possible violations, including fraud reporting mechanisms,
  6. Develop a system to solicit, evaluate and respond to complaints and problems, and
  7. Promote ethics, integrity, and compliance with laws, policies, and procedures.
- e. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 14. Buildings and Grounds Committee.

The Buildings and Grounds Committee shall consist of three (3) members. The Corporation's General Counsel shall serve ex officio as a member of the Buildings and Grounds Committee. The Chairperson of the Committee may, at his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Buildings and Grounds Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation and provision of recommendations with respect to proposed and ongoing construction and renovation projects and budgets.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 15. The Human Resources Committee.

The Human Resources Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee will meet at least quarterly or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment of a formal channel of communication among the Board, ECMCC management and the Labor Unions.
- b. Responsibility for assuring that appropriate guidelines are in place and monitored to ensure and maintain open communication.
- c. Discussion of issues that arise in the operation of the hospital as they affect all parties.
- d. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 16. The Executive Compensation/Evaluation Committee.

The Executive Compensation/Evaluation Committee shall consist of no more than four (4) members of the Board. No person whose compensation is determined by the Executive Compensation/Evaluation Committee may serve as a member of the Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Executive Compensation/Evaluation Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation, at least annually, of the CEO and President of the Corporation.
- b. Determination of the compensation, including benefits, of the above listed Corporation executives.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 17. The Terrace View Quality Improvement Committee.

The Terrace View Quality Improvement Committee shall consist of at least three (3) members. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment and maintenance of a coordinated quality assurance program as specifically applicable to Terrace View.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 18. The Governance Committee.

The Governance Committee shall consist of at least four (4) independent members, as that term is defined in New York Public Authorities Law §2825. The Chief Executive Officer and the General Counsel for the Corporation shall serve ex officio as members of the Committee, and the Chairperson of the Board may attend Committee meetings but will not be a member of the Committee and will not vote. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Governance Committee shall meet at least semi- annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Provision of information to the Board regarding current best governance practices.
- b. Review of corporate governance trends.
- c. Recommend updates to the Corporation's governance principles.
- d. Provision of advice to the Governor and to the Erie County Executive in their appointment of potential Board members regarding the skills and experience required of Board members.
- e. Annually review and, as necessary, make recommendations to the Board regarding updating of the Corporation's Bylaws; annually review and, as necessary, make recommendations to the applicable Committees regarding updates to Committee charters.
- f. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 19. The Investment Committee.

The Investment Committee shall consist of at least three (3) members. The Chair of the Finance Committee and the Chief Executive Officer shall serve ex officio as members of the Investment Committee and the Chief Financial Officer shall serve as staff to the Committee. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Investment Committee shall meet at least semi-annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Recommendations regarding the designation of the Corporation's investment officer.
- b. Recommendations regarding investment policies and procedures consistent with applicable law and the needs of the Corporation.
- c. Implementation of appropriate internal controls for investments.
- d. Recommendations regarding the selection of the Corporation's investment advisors and investment managers.
- e. Review of independent audits of the investment program.
- f. Review of quarterly reports from the Corporation's investment advisors and investment managers.
- g. Reports to the Board on a quarterly basis.
- h. Monitoring the Corporation's system of internal controls and the performance of the Corporation's investment advisors and investment managers.
- i. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 20. The Contracts Committee.

The Contracts Committee shall consist of at least three (3) members. The Contracts Committee shall review and make recommendations to the Board with respect to the approval of all contracts required to be approved by the Board pursuant to Corporation policy and applicable law, including Section 2879(3)(b)(ii) of the Public Authorities Law. The Contracts Committee shall meet at least quarterly or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Review of contracts of the Corporation requiring Board approval and make recommendations to the Board regarding such contracts.
- b.
- c. Annually review contracts requiring such review pursuant to Corporation policy and/or applicable law.
- d. Redacting sensitive information from contracts before presentation to the Board to ensure compliance with the Corporation's contractual and confidentiality requirements.
- e. Report to the Board on a quarterly basis regarding the foregoing subsections.
- f. Other duties and responsibilities as may be assigned from time to time by the Board.

ARTICLE VII

MEDICAL/DENTAL STAFF

Section 1. Organization.

The Board shall cause to be created a medical staff organization to be known as the ECMC Medical Dental Staff ("Medical Staff") whose membership shall be comprised of certain categories of health care practitioners, as determined by the Board. Members of the Medical Staff may only practice within the scope of privileges granted by the Board.

Section 2. Medical Staff Governance Documents.

The Medical Staff shall develop, adopt and at least once every three years review the following Medical Staff Governance Documents: By-Laws; Rules & Regulations; Credentials Procedures Manual; and Collegial Intervention, Peer Review, Fair Hearing & Appellate Review Procedures. These Governance Documents shall establish controls that are designed to ensure the achievement and maintenance of the highest quality medical care and high standards of professional and ethical practice. The Board shall approve all such Medical Staff Governance Documents.

Section 3. Appointment of Medical Staff.

Appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall be responsible for granting and defining the scope of the clinical privileges to be exercised by each member of the Medical Staff, including but not limited to providing approval of modifications, suspensions and termination of such privileges and Medical Staff membership in accordance with the Medical Staff Governance Documents and written ECMCC policies. In acting on matters of Medical Staff membership and scope of privileges, the Board shall consider the recommendations of the Medical Staff's Medical Executive Committee. The procedures for Medical Staff appointment are more specifically outlined in the Medical Staff's Credentials Procedure Manual.

Section 4. Authority for Medical Staff Conduct.

Ultimate responsibility for the conduct of the Medical Staff remains with the Board. The Board shall enforce compliance with all medical staff Governance Documents by all members of the Medical Staff. No assignment, referral or delegation of authority by the Board to the Medical Director, COO, CEO, the Medical Staff or any other person shall preclude the Board from exercising the authority required to meet its responsibility for the conduct of the Corporation. The Board retains the right to rescind any such delegation.

Section 5. Duties of the Medical Staff.

The Board shall delegate to the Medical Staff the authority to monitor, evaluate and document professional performance of Medical Staff members in accordance with its Governance Documents. The Board shall hold the Medical Staff accountable, through the chiefs of service of the departments and the Medical Director, for making recommendations based on well-defined and written criteria related to the goals and standards of the Corporation concerning Medical Staff appointments, reappointments and clinical privileges.

Section 6. Quality of Patient Care.

The Medical Staff is accountable to the Board for the quality of care provided to patients.

Section 7. Rights at Meetings.

Members of the Medical Staff shall be entitled to be heard at all public meetings and committee meetings of the Board.

ARTICLE VIII  
STANDARDS OF PATIENT CARE

The Board shall require that the following patient care practices are implemented, shall monitor ECMCC's compliance with these patient care practices, and shall take corrective action as necessary to attain compliance:

- a. Every patient of ECMCC, whether an in-patient, emergency patient, or out-patient, shall be provided care that meets generally accepted standards of professional practice.
- b. Every patient is under the care of a health care practitioner who is a member of the medical staff.
- c. Patients are admitted to ECMCC only on the recommendation of a member of the medical staff permitted by the State law and Medical Staff Governance Documents to admit patients to the hospital.
- d. A physician, a registered physician's assistant or a nurse practitioner, under the general supervision of a physician, is on duty at all times in the hospital.
- e. A physician shall be responsible for the care of each patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization.
- f. In the event that human research is conducted within ECMCC, written policies and procedures shall be adopted and implemented pursuant to the provisions of Public Health Law Article 24-A for the protection of human subjects.
- g. ECMCC shall have available at all times personnel sufficient to meet patient care needs.

ARTICLE IX  
THE SCHOOL OF MEDICINE  
STATE UNIVERSITY OF NEW YORK AT BUFFALO

The Board strongly supports the relationship between ECMCC and the School of Medicine and Biomedical Sciences of the State University of New York at Buffalo through an affiliation agreement. The Board shall take all appropriate action to retain and enhance the benefits arising from said relationship provided that the Board shall hold uppermost the discharge of its legal and fiduciary duties to ECMCC.

ARTICLE X  
SUBSIDIARY CORPORATIONS AND ENTITIES

Except as expressly limited by law, the Corporation may exercise and perform all or part of its purposes, powers, duties, functions or activities through one or more subsidiary corporations or companies owned or controlled wholly or in part by the Corporation, which shall be formed pursuant to the Business Corporation Law, the Limited Liability Company Law, or the Not-For-Profit Corporation Law. Any such subsidiary may be authorized to act as a general or limited partner in a partnership or as a member of a limited liability company and to enter into an arrangement calling for an initial and subsequent payment by such subsidiary in consideration of an interest in revenues or other contractual rights. The Board has the exclusive authority to create subsidiaries or other entities related to the Corporation.

ARTICLE XI  
CODE OF ETHICS AND CONFLICTS OF INTEREST

Section 1. Responsibility of Members of the Board and Employees.

This Code of Ethics shall apply to all officers and employees of the Corporation. These policies shall serve as a guide for official conduct and are intended to enhance the ethical and professional performance of the Corporation's directors and employees and to preserve public confidence in the Corporation's mission. It is accordingly the responsibility of each member of the Board and each employee to perform in accordance with the following:

- a. Each member of the Board and all employees of the Corporation shall perform their duties with transparency, without favor and refrain from engaging in outside matters of financial or personal interest, including other employment, that could impair independence of judgment, or prevent the proper exercise of one's official duties.
- b. Each member of the Board and all employees shall not directly or indirectly, make, advise, or assist any person to make any financial investment based upon information available through the director's or employee's official position that could create any conflict between their public duties and interests and their private interests.
- c. Each member of the Board and all employees shall not accept or receive any gift or gratuities where the circumstances would permit the inference that: (a) the gift is intended to influence the individual in the performance of official business or (b) the gift constitutes a tip, reward, or sign of appreciation for any official act by the



individual. This prohibition extends to any form of financial payments, services, loans, travel reimbursement, entertainment, hospitality, thing or promise from any entity doing business with or before the Corporation.

- d. Each member of the Board and all employees shall not use or attempt to use their official position with the Corporation to secure unwarranted privileges for themselves, members of their family or others, including employment with the Corporation or contracts for materials or services with the Corporation.
- e. Each member of the Board and all employees must conduct themselves at all times in a manner that avoids any appearance that they can be improperly or unduly influenced, that they could be affected by the position of or relationship with any other party, or that they are acting in violation of their public trust.
- f. Each member of the Board and all employees may not engage in any official transaction with an outside entity in which they have a direct or indirect financial interest that may reasonably conflict with the proper discharge of their official duties.
- g. Each member of the Board and all employees shall manage all matters within the scope of the Corporation's mission independent of any other affiliations or employment. Directors, including ex officio board members, and employees employed by more than one government entity shall strive to fulfill their professional responsibility to the Corporation without bias and shall support the Corporation's mission to the fullest.
- h. Each member of the Board and all employees shall not use Corporation property, including equipment, telephones, vehicles, computers, or other resources, or disclose information acquired in the course of their official duties in a manner inconsistent with State or local law or policy and the Corporation's mission and goals.
- i. Each member of the Board and all employees are prohibited from appearing or practicing before the Corporation for two (2) years following employment with the Corporation consistent with the provisions of Public Officers Law.

Section 2. Implementation of Code of Ethics.

This Code of Ethics shall be provided to all members of the Board and all employees upon commencement of employment or appointment and shall be reviewed annually by the Governance Committee.

Section 3. Compliance.

The members of the Board agree to comply with all applicable local and state regulations and laws regarding conflicts of interest.

Section 4. Conflict of Interest Policy.

The Board shall develop, implement, and update as needed a written policy governing conflict of interest by members of the Board. The policy shall be reviewed annually by the Governance Committee and included and incorporated into these By-Laws as Appendix A.

Section 5. Disclosure of Personal Interest and Abstention.

It is the responsibility of every Board member to disclose to the Chairperson of the Board any personal or business interest in any matter that comes before the Board for consideration. Each member of the Board shall abstain from voting on any matter in which he or she has a personal or business interest.

Section 6. Self-Dealing.

The Corporation shall not engage in any transaction with a person, firm, or other business entity in which one or more of the Board members has a financial interest in such person, firm or other business entity, unless such interest is disclosed in good faith to the Board, and the Board authorizes such transaction by a vote sufficient for such purpose, without counting the vote of the interested Board member.

Section 7. Influence of Decision Makers.

No member of the Board shall use his or her position to influence the judgment or any decision of any Corporation employee concerning the procurement of goods or services on behalf of the Corporation.

Section 8. No Forfeit of Office or Employment.

Except as provided by law, no officer, member, or employee of the state or of any public corporation shall forfeit his or her office or employment by reason of his or her acceptance of appointment as a director, nonvoting representative, officer, or employee of the Corporation, nor shall such service as such a director, nonvoting representative, officer or employee be deemed incompatible or in conflict with such office or employment; and provided further, however, that no public officer elected to his or her office pursuant to the laws of the state or any municipality thereof may serve as a member of the governing body of the Corporation during his or her term of office.

ARTICLE XII  
AMENDMENTS

These By-Laws of the Board may be amended by the affirmative vote of a quorum of members at the annual meeting, special or regular meetings of the Board, provided that a full presentation of such proposed amendment(s) shall have been presented to the Board at least thirty (30) days prior to the meeting, unless waived by majority of the whole number of the members of the Board.