



ECMCC Board of Director's Meeting

March 24, 2026

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS OF
ERIE COUNTY MEDICAL CENTER CORPORATION
MARCH 24, 2026

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MARCH 24, 2026
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
 - A) **Chief Executive Officer & President**
 - B) **Chief Financial Officer**
 - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
 - A) **Executive Committee** (by Eugenio Russi)
 - B) **Finance Committee** (by Michael Seaman)
 - C) **Audit Committee** (by Darby Fishkin)
 - D) **Buildings and Grounds Committee** (by Ronald Bennett)
 - E) **Human Resources Committee** (by Michael Seaman)
 - F) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
FEBRUARY 24, 2026 MINUTES OF THE
BOARD OF DIRECTORS MEETING

Present: Ronald Bennett*, Reverend Mark Blue, 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, Philip Stegemann

Excused: Jennifer Persico, Michael Seaman, Benjamin Swanekamp

Also

Present: Julie Berrigan, Donna Brown, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Julie Kline, Charlene Ludlow, Michael Manka, MD, Jonathan Swiatkowski

*virtual

I. Call to Order

The meeting was called to order at 4:31 pm by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the January 27, 2026 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution of the Board of Directors of Erie County Medical Center Corporation Approving Service Contracts in Excess of One Year

Moved by Rev. Kinzer Pointer and seconded by Darby Fishkin

Motion approved unanimously

Resolution of the Board of Director's Approving Items for Annual Review

Moved by Reverend Kinzer Pointer and seconded by Reverend Mark Blue

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for February

Moved by Reverend Mark Blue and seconded by Reverend Kinzer Pointer

Motion approved unanimously

IV. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Thomas Quatroche made a brief statement in honor of Jon Dandes and the innumerable contributions that he made to ECMC over the years. Dr. Quatroche reported that NYSDOH /CMS made a recent visit to resurvey- there were no findings, and the Joint Commission completed a 4-day survey in the lab with minimal findings. There was one (1) patient safety indicator occurrence during the month of January. Hospital acquired infections were below the CMS goals for 2026. Human Experience scores reflected the hospital surpassing statewide standards. Dr. Quatroche reviewed several events held for and in honor of the employees. The hospital hosted several employee events to celebrate Black History Month. ECMC's BRAVE Trauma Recovery Center losted Senator Chuck Schumer who announced his federal legislation- Virginia's Law- to eliminate the federal statute of limitations on reporting of sexual abuse or human trafficking. There have been 49 new hires year-to-date. Quatroche reported that ECMC is transitioning to Ecotex Healthcare Linen Service.

Chief Financial Officer

Jonathan Swiatkowski reviewed the January 2026 Key Statistics. January was a challenging month for the hospital. Overall operating costs were effecting by the continuing trend of high number of ALC patients and Observation Cases. The high number of ALC patients drove up length of stay, drove down the number of discharges and effected to some extent the number of surgeries performed. The staff is working hard to move the ALC patients into the right level of care. Inclement weather also had an adverse effect of the month of January. Mr. Swiatkowski reported an operating loss of \$11.8M. Days Operating Cash on Hand was at 10 days. Mr. Swiatkowski updated the board on DHS/IGT payment status, VAPAP and RSM audit. A summary of the preliminary financial results through January 31, 2026 was reviewed and the full set of these materials are received and filed.

V. Standing Committees


- a. **Executive Committee:** Eugenio Russi had not additional information to present.
- b. **Finance Committee:** No report was given from the Finance Committee.
- c. **MWBE Committee:** Reverend Mark Blue reported that the hospital continues to offer community businesses opportunities to work.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert reported on the Environment of Care and Population Health Quality presentation and the regulatory report during the February committee meeting.

All reports except that of the Performance Improvement Committee are received and filed.

Dr. Quatroche announced the Foundation Gift Gathering Luncheon date and details on the Springfest Auction and Gala.

VI. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 4:58 p.m.



Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION
MARCH 16, 2026 MINUTES OF THE
SPECIAL BOARD OF DIRECTORS MEETING

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

Excused: James Lawicki, Christopher O'Brien, Jennifer Persico

Also

Present: Joseph Giglia, Jonathan Swiatkowski

*virtual

I. Call to Order

The meeting was called to order at 4:07 pm by Chair, Eugenio Russi.

General Counsel, Joseph Giglia stated, "This is a special meeting of the board, the agenda item being ECMC Management; as a special meeting, that is the only topic which we can discuss." Mr. Giglia then stated that Dr. Thomas Quatroche would like to make some remarks to the Board. Dr. Quatroche thanked the board members for their support and kindness during his employment at ECMC.

Dr. Quatroche left the room at 4:17pm.

"At this time, this Board has the opportunity to go into executive session pursuant to public officers law article 7, section 105 to discuss matters leading to the appointment, or employment or promotion of a particular person. At this time we would entertain a motion to go into Executive Session".

III. Recess to Executive Session – Matters Made Confidential by Law

Moved by Reverend Kinzer Pointer and seconded by Michael Hoffert to enter into Executive Session at 4:18 p.m. to consider legal contractual matters made confidential by law.

Motion approved unanimously

IV. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 4:25 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

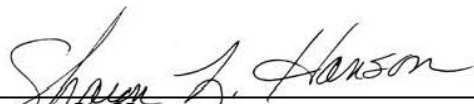
V. Action Items

Mr. Giglia called for a motion to appoint Andy Davis as the next CEO of Erie County Medical Center
Moved by Michael Hoffert and seconded by Michael Seaman
Motion approved unanimously

Chair Russi requested that it be noted that on on March 16, 2026 at 4:26 pm, by unanimous vote, Andrew Davis would be made the new CEO of ECMC.

V. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 4:27 p.m.



Sharon L. Hanson
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION

**BOARD OF DIRECTORS
MINUTES OF THE FINANCE COMMITTEE MEETING**

TUESDAY, FEBRUARY 17, 2026

BOARD MEMBERS PRESENT
OR ATTENDING BY VIDEO
CONFERENCE OR
TELEPHONE:

MICHAEL SEAMAN
PHILIP STEGEMANN, MD
REV. MARK BLUE
DARBY FISHKIN*
BENJAMIN SWANEKAMP*

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

ALSO PRESENT:

JONATHAN SWIATKOWSKI
THOMAS QUATROCHE*
VANESSA HINDERLITER*

I. CALL TO ORDER

The meeting was called to order at 8:32 by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Reverend Blue, seconded by Darby Fishkin, and unanimously passed to approve the minutes of the Finance Committee meeting of January 20, 2026.

III. JANUARY 2026 OPERATING PERFORMANCE

Mr. Swiatkowski began his presentation with a review of key statistics. The challenges faced by ECMCC remained consistent with prior months. ALC patients peaked in January and continued to drive issues with length of stay and discharge numbers as well as operating performance. Budget plans for 2026 were initiated in January, including workforce reductions, that are expected to have positive impacts on revenue, but the benefits are not yet realized.

Inpatient discharges were noted to be down 5% and outpatient overall total cases were 9% under plan. Surgeries were down on the outpatient side where there had been anticipated growth within the operating plan. Fewer transplants were noted in January, however, transplant surgeries are highly variable month to month.

Mr. Swiatkowski presented statistics regarding the ALC average daily census, which was 55 cases versus 33 in the prior year and 24 in the budget. A task force has been meeting regularly to find solutions for ALC patients.

Average length of stay was 9 days compared to 7.7 in the budget. Case mix was higher than budget but not significantly enough to offset lower revenue per case variances.

A significant loss was noted for January of \$11.8 million versus \$4.3 budgeted. FTE reductions planned for 2026 began in late January and as such, FTEs remain over budget. The three pay periods in January created a negative variance to cash on hand at month's end, with a 10 to 20 day range throughout the month.

Overall, revenue performance fell below budget, although positive investment income was noted. After considering investment income the loss for January reflected a \$10.8 million loss versus \$4.8 million budgeted.

Mr. Swiatkowski reviewed revenue and noted a \$4.1 million unfavorable variance for January. Revenue per case was down significantly from budget and prior year due to the large volume of ALCs. A detailed discussion was had with the Committee regarding the range of lengths of stay for ALC patients, the challenges with regard to discharging them and the cost to the hospital. Mr. Swiatkowski opined that about \$2.5 to \$3 million dollars a month in costs and lost revenue is absorbed by ECMCC in caring for these ALC patients.

Mr. Seaman asked if there was any assistance available from other local hospitals when ECMCC hits capacity, but Dr. Quatroche confirmed it is an issue for all local hospitals as well as across New York State. A conversation was had amongst the Committee regarding the additional challenges faced by ECMCC as a safety net hospital.

Dr. Stegemann asked about nursing home costs in New York State, and a conversation was had generally amongst the Committee regarding same. Nursing home facilities were noted to also have similar revenue issues driven by low reimbursement rates.

Mr. Swiatkowski reviewed the expense profile for January. Supplies and other expenses were under budget; however, FTEs and physician fees exceeded the budget, and a \$3.1 million negative variance was noted for the month. Overtime came down and was below budget, but workforce reductions have not concluded, and the financial impacts will most likely not be notable until March.

Physician costs were over budget, mostly due to ongoing investments in the captive PC. The transition from GPPC to PHP has necessitated new negotiations with payers which are ongoing and delaying revenue and payments during those negotiations.

IV. OTHER UPDATES

Mr. Swiatkowski reported that days in accounts receivable was high at 59.5 days, but this is an annual trend as payers update their software and adjust rates. Dr. Stegemann requested more details about the timing of the payer negotiations and reimbursement rates as well as the effect on cash on hand. Mr. Swiatkowski addressed his questions to the satisfaction of the Committee.

Mr. Swiatkowski provided an update regarding DSH/IGT/ICP payments. The second accelerated payment was received December 24, 2025, with the third payment expected in January but received in February. The 2023 reconciliation payment (cost report year 2022) will be combined with the 2023 final payment once the audit is complete. He noted the next year's VAPAP application has been submitted. Dr. Stegemann requested clarification of the DSH/IGT/ICP programs. Mr. Swiatkowski reviewed the details of these government programs to the satisfaction of the Committee.

The RSM audit was noted to be ongoing, with the Audit Committee set to meet in early March to review the draft report. The draft will be presented at the next Finance Committee meeting for approval and recommendation to the Board.

Mr. Swanekamp asked about the VAPAP and Safety Net Hospital programs that are being utilized by ECMCC and Mr. Swiatkowski and Dr. Quatroche provided updates. DASNY was also discussed to the satisfaction of the Committee, who were informed that updates would be provided to the Committee as the process continues.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:10 AM by Chair Michael Seaman.

BOARD OF DIRECTORS
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING
TUESDAY, JANUARY 13, 2026
10:00A.M. – 11:00 A.M.
VIA MICROSOFT TEAMS & IN THE EXECUTIVE CONFERENCE ROOM

VOTING BOARD

MEMBERS PRESENT:

MICHAEL SEAMAN
MICHAEL HOFFERT

REV. KINZER POINTER

EXCUSED:

**ALSO
PRESENT:**

JULIE KLINE
ERIN CONLEY
HEATHER GALLAGHER
SEAN BEITER

ANDREW DAVIS
LISA HIGHWAY
CYNTHIA BASS

I. CALL TO ORDER

Michael Seaman, Chair, called the meeting to order at 10:00 a.m.

II. APPROVAL OF MINUTES

Motion was moved by Rev. Pointer and seconded by Michael Hoffert to approve the minutes from the Human Resources Committee meeting of November 18, 2025.

III. HUMAN RESOURCES UPDATE

Julie Kline, Chief Human Resources Officer, said Heather's team has done outstanding work regarding turnover. Our turnover rate for 2025 was 13.16%, which is drastically lower than what other hospitals have been achieving. Every 1% you save on turnover is roughly \$250,000. We want to share this information with the unions saying we know something is working within our partnership because of our significantly lower than our other healthcare institutions in the area. The same goes for Terrace View, as you can imagine with long term care facilities, the turnover is typically very high. Our turnover at Terrace View for 2025 is 23%, which is 10% - 15% lower than other long term care facilities.

Lisa's team has helped spearhead exit interviews via text. The team member who has been working on this is also on the recruiting team. Depending on why the employee is looking to leave, he has been able to look at our open roles and offering them another role, so they stay employed with us. The number one reason people leave is a bad experience with a supervisor or manager, coming in at 32%. Our second strongest response it towards working conditions. That's a very generic blanket statement, we want to continue to dive into what are those working conditions that are really impacting people. The third most common reason, 29% of our employees said that other employees

are the reasons they are leaving. We want to ask ourselves why that is, is it interpersonal relationships, is it dialogue that is happening, is there civility in the workplace? We will continue to explore that in 2026. With the younger generation especially, if we get to keep people for three years, the likelihood of them sticking around with us long-term goes up exponentially. The data is very good, Heather and Lisa's team have been exceptional with gathering and processing this information. Next, we will try to figure out what to do to improve these issues.

We received a grant through an organization called Archangels, in which we will be bringing a person on-site. She will be able to support our employees who are caregiving during the day and then they must care giver at night because they are taking care of a family member. Part of the grant, and the reason that we have it, is we want to see how caregivers do in balancing their life and how we can support them even more through different avenues. We are excited for her to start at the end of January that she joins us, we are still learning more about the position, but I am excited to see what she can do to support our employees.

IV. HOSPITAL UPDATE

Andrew Davis, President and Chief Operating Officer, said Tom Quatroche, Chief Executive Officer in regard to Terrace View, we are continuing to look for an administrator and are in the midst of interviewing. This week has been a little challenging, yesterday we had a sewage break. It was not a typical day in the facility, luckily most of the areas effected were not clinical areas. Unfortunately, the non-clinical area, a lot effected HR and the 14 rooms for the residents behind HR. I will be walking the area at 2:00pm today to assess the damage. Overall, we are back to operational, and we will finish our code triage at 12:00pm today. We continue to be challenged with ALCs around 58. The last couple of weeks have been tough, we are seeing a real increase in the influenza throughout the organization and not just our hospital. It has been like this throughout the region.

V. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW

Erin Conley, Training Coordinator, presented the Employee Recognition Awards for the months of September and October. ECMC was proud to celebrate the honorees for their outstanding achievements and unwavering dedication to excellence.

ECMC Employee of the Month

- November 2025 – Michelle Madden – LPN, Surgical Clinic
- December 2025 – Beth Ann Moore – Senior Dispatcher

Terrace View Employee of the Month

- November 2025 – Sally Sponholz – LPN, Naval Park
- December 2025 – Sheila Jenkins – Certified Nursing Assistant

VI. DIVERSITY, EQUITY, AND INCLUSION

Cindy Bass, Chief Diversity Officer, shared an update on the key departmental events and initiatives, which included the following highlights:

- Transgender Awareness Week
 - November 13-19, 2025: Transgender Day of Remembrance (TDOR) is an annual observance on November 20th that honors the memory of the transgender people whose lives were lost in acts of anti-transgender violence. In honor of the Transgender Day of Remembrance, the ECMC Tower Letters will be lit in pink, blue and white.
- Winter Holiday Bazaar
 - December 2025: We had over 40 vendors participate, a hot chocolate bar, cookies, and everyone had a wonderful time. In 2025 we gave a donation to the ECMC Foundation of \$8,467 through our events we have held. Last year it was \$10,000. This year we did not have payroll deduction at our big event in the summer, which impacted our total.
- Learning and Organizational Development
 - Update: This year we have increased training attendance by 9% from 2024. Forty-five colleagues completed the Leadership Academy program in 2025. All eight-hundred and twenty-eight newly hired employees were trained on Cultural Competency. Increased professional coaching by 40.7% from 2024. Continued 2024 partnerships across the organization and added newly formed partnerships with ten additional departments in 2025. Critical Incident Stress Management (CISM) Peer Team launched hospital wide.
 - Looking Ahead: The 2026 strategic plan includes February as Black History Month and VOYCE to Martti upgrade with an estimated launch of April 2026.

VII. RECRUITMENT AND RETENTION

Lisa Highway, Director of Recruitment and Retention, summarized the key highlights and initiatives.

- Retention
 - Turnover rate is in pretty good shape compared to other hospitals. For everyone who resigns, we reach out with a survey to see why they are leaving. We offer a phone call or meeting. Our response rate has not been the best, we have been texting as well to try and get more engagement. If we get a Nurse resigning, Bre, our Nurse Recruiter will reach out to see what is going on, is there something we can do to make a difference. Can we move them before they step away? We try to make arrangements with NYSNA to remove the one year waiting period they have in place, so we don't lose the Nurse. We are trying to do the same thing with the CNAs. As of January 1st, we are officially at zero agency.
- Recruitment
 - We are actively interviewing candidates for the Administrator Role at Terrace View, after the original offer was declined. Regarding Civil Service, we are still participating in the Helps Program. Which is converting a lot of the competitive positions into non-competitive and are choosing titles where we have a lot of provisional employees to try and get them out of provisional status. This program may be extended, but for now, this program is active until September. All positions listed for hire are being reviewed very strictly, with a budget review, executive

review and picking the most necessary positions to move forward with. Everything deemed necessary has been posted.

VIII. COMPENSATION, BENEFITS, AND HRIS

Heather Gallagher, Sr. Director of Compensation, Benefits, and HRIS, summarized the key highlights and initiatives.

- Benefits Update
 - The new benefits rates are in effect at approximately 6.5% increase over last year. This is much lower than the industry average. On the compensation front union increases for 1/1 and increments for 1/1 were successfully processed. We are working on the management confidential population, and we have started on furloughs for budget saving initiatives as of 1/1.
- HRIS
 - We are working through some post go-live issues. We have some UKG Product issues, with some products not working the way they said it should. We have some implementation issues we are working through. Self-scheduling went live at the end of December, with very little in the ways around it. We are doing a hybrid approach with paper and the system, and we are working to get them one-hundred percent electronic. On the UKG Workforce Management front, two things we are working towards in the new year are to go paperless and using people assist. We are aiming to roll out People Assist in 2026. People assist is a ticketing system for employee questions. We are able to track response times and have an AI built in to help improve response times.

IX. LABOR RELATIONS DEPARTMENT UPDATE

Julie Kline, Chief Human Resources Officer, summarized the key highlights and initiatives.

- We have three strong unions we are working with. I hope we are building stronger relationships with each union and taking this one step at a time with every interaction we have. We are finding now in Labor Relations there is a lot more diligence in getting things addressed in a more expeditious manner. In the last six-months we have closed hundreds of grievances, Sean and the team has done a great job with this. Overall, AFSCME decided they want to negotiate earlier. We had a couple of meetings with the County and various organizations associated with AFSCME. We are not seeing anything surprising; they are pushing for hirer pay increases, and a lot of upgrades to positions that don't have the compensation science to back it.

X. CLOSING REMARKS

The next meeting is scheduled for March 10, 2026.

XI. ADJOURNMENT

Moved to adjourn the meeting at 10:53a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS MINUTES OF THE QUALITY IMPROVEMENT/ PATIENT SAFETY COMMITTEE MEETING

TUESDAY, FEBRUARY 10, 2026

MICROSOFT TEAMS PLATFORM

BOARD MEMBERS PRESENT: REV KINZER POINTER, JOHN O'DONNELL, MICHAEL HOFFERT, CHRISTIAN JOHNSON

PRESENTERS: CHARLENE LUDLOW, RN, CIC AND KASEY JONMAIRE, AMANDA FARRELL AND EMILY BEAUCHAMP

SERGIO ANILLO, MD

DONNA BROWN

CHARLES CAVARETTA

SAM CLOUD, DO

JOHN CUMBO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE, RN

KEITH KRABILL, MD

MARC LABELLE, RN

CHARLENE LUDLOW, RN, CIC

PHYLLIS MURAWSKI, RN

BRIAN MURRAY, MD

MEG REILLY, RN

JOANN WOLF, RN

Call to Order

Michael Hoffert, Chair called the meeting to order at 8:00 am.

I. Minutes

January 13, 2026, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

II. EOC Annual Report – Charlene Ludlow, RN, CIC and Kasey Jonmaire

Charlene and Kasey presented the Environment of Care Annual Report. The two reviewed the Environment of Care Safety Goals from 2025 along with the goals for 2026. Life Safety goals for 2025 were discussed along with 2026. Some of those goals include replacing 50-year-old fire protection sprinklers per NFPA requirement, and a door latch audit. Utilities Management Goals from 2025 and for 2026 were communicated as well.

Security goals for 2026 include increasing enforcement of the no-smoking policy across the campus, evaluating and enhancing access control for medical/surgical units and modernizing the camera server infrastructure.

Goals for emergency management and equipment management were reviewed along with hazardous waste goals from 2025 and 2026.

III. Population Health – Amanda Farrell and Emily Beauchamp

Amanda and Emily shared a full agenda in their presentation. First was an overview of operational objectives which is to deliver high quality care at the right place and time and to improve access to and utilization of preventative and primary care. They also reviewed the interdisciplinary team.

They reviewed the comprehensive transition of care and length of stay numbers. Preventative care and health equity RPM data was shared as well. Next steps and expansion for the department include remote patient monitoring (diabetes, congestive heart failure) and strategic partnerships (American Lung Association and Healthcare Association of NYS).

IV. Quality / Patient Safety Report and Regulatory Report – Phyllis Murawski, RN

Phyllis shared an update from the Quality and patient Safety Committee meeting of January 27, 2026. Committee reports reviewed were from Rehabilitation Services, Code Committee and the Quality Department.

Phyllis shared a recent survey update. The NYSDOH/CMS resurvey from May of 2025 took place with no findings, the Joint Commission 4-day Lab Survey was completed with minimal findings and the EMTLA visit was completed with no findings.

Upcoming surveys include the NYSDOH Radiology survey, Transplant UNOS survey expected in 2026 and the Joint Commission follow-up hospital survey should be taking place before March 14th.

V. Adjourn

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on March 10, 2026.

Dear ECMC Board Members,

Due to many external healthcare dynamics, the challenges ECMC has faced in January and late 2025 have continued through February, though we have experienced slight year-to-year patient volume improvements in Emergency Department visits, inpatients and outpatient visits. The continuing challenge of Alternative Level of Care patients and the Observation Patient classification by insurers continue to have a negative impact on both the availability of beds for patients – particularly those presenting at the Emergency Department – and the ability for us to get reimbursed for patient care.

Despite these financial challenges, ECMC continues to receive national third-party recognition for our best-in-class clinical services. The American Hospital Association (AHA) recently honored ECMC's Palliative Medicine & Supportive Care service with the organization's 2026 Circle of Life award, which will be presented at their annual conference in July. In bestowing the award, the AHA stated that they were, "...impressed by your exceptional commitment to patient- and family-centered palliative and end-of-life care. ECMC's integrated interdisciplinary model, strong coordination across care settings, and data-driven staffing and workflow design reflect strong, effective leadership and a remarkable interdisciplinary team united by a clearly articulated mission and vision that drive sustained excellence."

ECMC's recent Rehab Symposium 2026 was a tremendous success. With the theme "Beyond Diagnosis: Caring for the Whole Complex Patient", participants from across the region attended a variety of educational sessions, hearing from rehab experts and patients. ECMC is proud of the leading role our rehab caregivers play in WNY and we are thankful for the sponsors, vendors and attendees who helped make this annual one-day event so successful.

As we continue preparations for Springfest 2026 in May, another highly successful Gift Gathering Luncheon was held at Salvatore's, attracting over 300 attendees. This event, followed closely by the Springfest Auction in April and the Springfest Gala, contributes significantly, as the Board knows, to programs and initiatives that support our dedicated caregivers. We were pleased at the luncheon to announce that this year's Springfest honorees will be Dr. Christopher Ritter, Chief of Service - Orthopedics and JoAnn Wolf, MS-MHA, RN, Vice President of Medical Surgical Nursing.

We are also encouraged by our ability to continue to attract nursing and physician talent, hiring to date from January 1st 21 RNs, 3 LPNs and 24 new doctors. Routinely, in our new employee orientations, the new members of our ECMC Family remark about their awareness of ECMC's great culture, characterized by collaboration, kindness and collegiality.

I want to again thank the Board for your unwavering support during my twenty-two years at ECMC, especially over the past decade as I served as both President and CEO. With your guidance, insight and dedication, we have accomplished many great things together that will have a lasting beneficial impact on ECMC – and more importantly on the patients we serve – for years to come.

Best,

Tom

**Erie County Medical Center
Board Report
President & Chief Operating Officer
March 24, 2026**

Submitted by Andrew Davis

OPERATIONS

Center of Cancer Care Research

February 2026

Monthly Oncology Research Report – Dr. Jennifer Frustino

Research Updates

- 10 new subjects consented for studies in February and 15 study visits conducted.
- Site Initiation Visit completed for AstraZeneca lung cancer trial, approved to proceed.
- Dr. Loree’s Viral Association study approved for funding by Research for Health in Erie County.
- Team met with Population Health to develop workflow for new Smoking Cessation CoC Standard 5.9.
- Advertisement for Meira GTx clinical trial submitted to Buffalo Healthy Living for publication in the March issue.
- Team met with sponsor regarding participation in the JUSTICE study to collect samples from African American patients with lung cancer.
- Team met with Blood Cancer United to discuss Merck trial open to enrollment and opportunity to identify potential participants through support groups.

Environmental Services

- Linen Transition:
 - Transition from Clean Care to EcoTex is complete.
 - Terrace View implemented transition on February 27, 2026
 - Main Hospital and Outpatient transitioned linen on February 28, 2026
 - After all CleanCare linen was removed, 10 tons of clean linen was found in Terrace View and 16.5 tons of clean linen was found in ECMC – all was removed.
- Several floor maintenance projects were completed throughout the facility.
Main projects included:
 - Sewer back-up flood 1/12/26, Post-Construction Remediation Floor Refinishing, some HR areas, Command Center, Staff Locker rooms and On-Call rooms, etc.
 - Strip and wax floors in new Breast Care unit
 - Salt neutralizing corridors throughout ECMC
 - Behavioral Health completed deep cleaning of 4z4, 5z1 and 5z4

Food & Nutritional Services

- Operations
 - Budget: In collaboration with ECMC Finance, we have discovered several areas for improvement. Tracking spends and product analysis will be the focus moving into 2026 to provide accurate spending moving forward.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Validation of the automated processing track ongoing with targeted go-live end of Q1 2026.
- EPIC Project: The EPIC implementation involves the development of three specific applications for the laboratory operation. They include the EPIC Lab Beaker module, Haemonetic Safe Trace Tx, and Haemonetics Blood Track Manager. Laboratory team members are extensively involved in the validation of all three systems. There will be significant operational workflow changes across Phlebotomy, General Lab, Blood Bank, Reference, and Outreach workflows with the conversion. The upgrade of the Haemonetics Blood Track Manager Phase 1 was completed on January 27, 2026. Phase 2 will be the integration with the EPIC environment at ECMC EPIC go-live.

Plant Operations / Capital Projects

Plant Operations/Facility project updates include the following:

Lab Analytical Specimen Processing Instrumentation Replacement – Completed (Contractor)

- **Work completed:** Remainder of equipment/instruments and track install including electrical and plumbing. Final startup. Lab is continuing instrument validation phase.
- **Work anticipated:** Complete minor HVAC work and final punchlist corrections.
- **Substantial completion has been issued – closeout in progress.**

Fire Damper Corrections – In Progress (Contractor)

- **Work completed:** Base bid corrections awarded and CM contract amendment fully executed. Pre-construction activities continued/ongoing.
- **Work anticipated:** Construction started February 16, 2026 on 6th, 7th, 8th floor patient rooms with the assistance of nursing and bed coordination. Completion planned for the week of March 9th. Dampers left in hallways on 6th, 7th and 8th floors. Project completion is targeted for April.

Specialty Pharmacy – In Progress (Contractor)

- **Work Completed:** Construction bids received, awarded, and CM contract amendment fully executed. Pre-construction activities continued/ongoing.
- **Work Anticipated:** Mobilization will begin February 17, 2026 on ground floor. Demo is complete, design change entrance will be through Pharmacy, no longer Gift Shop.

HMGP Generators Replacement (Grant) – In Progress (Contractor)

- **Work Completed:** 100% design development received. Itemized project cost estimate comparison revisions/updates. Awaiting grant time extension from FEMA – no update. Construction Manager firm (CM) released bid on February 27, 2026 and closes March 20, 2026.
- **Work Anticipated:** FEMA granted time extension with the proof generators that were purchased. ECMCC purchased six (6) generators for \$1.8M.

Tim Horton's Renovation – In Progress (Contractor)

- **Work anticipated:** Permit was issued and renovations have begun. Contractor has corrected flooding and drain issues in space due to corrosion. Renovations are scheduled for completion by April 3, 2026.

CPEP & 11th Floor – Pending (Contractor)

- **Work in progress:** Construction Manager RFP package review on February 5, 2026.

Radiology

Mammography Suite – 2025 YTD Volume

- 1,124 procedures performed on 803 patients

Supportive Care & Palliative Medicine

Metrics:

- Total Inpatient Consults for **February:** 152
- Transitions of Care: 20
- Discharge with Home Hospice: 2
- Terrace View: 9
- Sloan Comfort Home: 3

Meeting participation includes the following:

- Caregiver Support/Assessment: Twenty-three (23) identified caregivers were screened, with five (5) full assessments completed and transferred to ECDSS.
- CoC workgroup meetings

Surgical Services

- New providers and volume growth from Dr. Woodard.
- New Robot Symani Robot and Microscope for super microsurgeries, volume increasing.
- Working with transplant team to grow hepatobiliary program – ongoing.
- SEC committee to meet with low utilization surgeons to maximize and realign block time. Meetings with surgeons have begun – ongoing.
- Continue to work towards opening a daily Universal Trauma Room – ongoing.
- Robotic Volume
 - Ortho: 16
 - Bariatrics: 3
 - Urology: 3
 - Cardiovascular: 6
 - HAN: 12
- Mammography unit opened in August, working on marketing and physician recruitment – ongoing.
- Weekly meetings with Charlie Cavaretta to strategize physician engagement.

PATIENT EXPERIENCE

Press Ganey Scores

We continue to perform at an important level within our organization as it relates to Patient Experience. Our patient experience scores are listed below:

Human Experience Domain	MTD Feb 1st, 2026- Feb 28th, 2026 N=20 (est)	MTD Feb 1st 2025- Feb 28th, 2025 N=95 (final)	NYS 2026 Benchmark

HCAHPS - Nurses	78 (est)	80	76
HCAHPS – Doctors	83 (est)	76	77
Discharge Info	82 (est)	85	85
Overall Rate	80 (est)	74	66

Dialysis

- The fall in-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey started on 10/17/25 and concluded on 1/9/26. Results will be publicized on CMS Dialysis Care Compare (DFC). Current patient survey rating is 4 out of 5 stars.

Laboratory Services

The following initiative is underway or completed for improvement of testing turnaround time and patient experience.

- **Factor XA Testing:** In-house testing active as of February 9, 2026. This will be impactful for trauma and critical care patients with coagulopathy concerns.
- **Viscoelastic Testing:** Haemonetics TEG technology implemented December 3, 2025. There have been over 225 tests performed during the first 3 months of availability. 100% of December MTP case utilized TEG technology for patient management.

Population Health

- **Patient-Centered Medical Home (PCMH)**
 - On 2/4/2026, Population Health submitted for PCMH renewal for ECMC Internal Medicine and ECMC Family Health, which was accepted for recertification for 2/12/2026-4/14/2027.



- 161 patients were referred to the Population Health Team Hypercare for targeted intervention, supporting ED diversion and facilitating earlier ED and hospital discharge.

Rehabilitation Services

- Community Integration Groups continue weekly on the MRU, which involve multiple activities including taking a group of patients to Tim Hortons. This allows them to navigate their physical and social environment in preparation for life outside of the hospital. They

practice entering and operating the elevators, navigating the lobby, socializing with other patients and staff, and managing the finances associated with this activity.

- As a component of the OP clerical team quality performance improvement project the PASR staff will be audited for positive customer engagement and educational support of insurance benefits in 2026.
- Noteworthy positive comments related to ECMC PEDS teachers and therapists as feedback on QA surveys.
 - “Special Education teacher is very professional, friendly, and is making great strides with my student. She is always on time and flexible if I have asked.”
 - “Sally is beyond a fantastic provider for services she has helped our son with. We have seen a huge improvement in our son. We are so thankful for all the hard work and dedication Miss Sally has put forth to encourage and teach our little guy.”
 - “We have seen a big improvement in Benjamin’s speech in just the short time she has been working with him. He enjoys his speech visit and gets excited to participate.”
 - “My son has never warmed up to a stranger so quickly. She has been able to help and challenge him in many ways. The teaching staff at his daycare praise her as well as they see how helpful she has been.”

PEOPLE

Ambulatory

We welcome three new team members from our Nursing area:

- **Tina Glow – Director of Ambulatory.** Tina came to us from Roswell Park after years of experience in Nursing leadership from both inpatient and outpatient capacities. We are extremely grateful she joined our team.
- **Tara Kowalik – EMR Specialist.** Tara joined Ambulatory after spending time working on one of our inpatient Behavioral Health Units here at ECMC. She has a strong passion for Information Technology and is extremely excited to help us navigate through the preparation and transition to EPIC. She is also a former EPIC super user prior to her coming to ECMC so she will be a tremendous help to our team.
- **Charles Vacanti – Team Leader.** Charlie joined Ambulatory after spending time on our 9th floor inpatient unit here at ECMC. With years of Team Leader experience, we are very fortunate he came to join us and share his experience and leadership.

New Provider Recruitment:

- Dr. Troy Woodard – Center for Sinus and Skull Base Surgery
- Emily Harford – Physician Assistant for Orthopedics

Nursing Graduate updates:

- Congratulations to the graduates!
 - Kady Kenyon- Register Nurse
 - Michelle Mooney-MSN in nursing leadership and management
 - Mary Jimerson-MSN in nursing leadership and management

Ambulatory Nurses Week Celebrations: 2/9-2/13/26:



Population Health
Community Outreach / Events

- In honor of National Go Red for Women’s Heart Health and Black History Month, a health care tabling event was held in the main lobby of ECMC on Friday, February 6, 2026. The event focused on encouraging action to improve heart health, promoting healthy blood pressure management, and highlighting facts on African American health equity. Health education and resources on preventive care, chronic disease management, and screenings were provided. Participants also received both primary care referrals and specialty care resources. This event supported health equity efforts, increased awareness of cardiovascular health among women, and strengthened connections to ongoing health care services.

- **National Conference Presentations** – Two abstracts were accepted for national presentation. One at VITAL 2026 (June 2026) and another at AACN 2026 (April 2026), highlighting ECMC Population Health initiatives and showcasing our work and outcomes nationally.

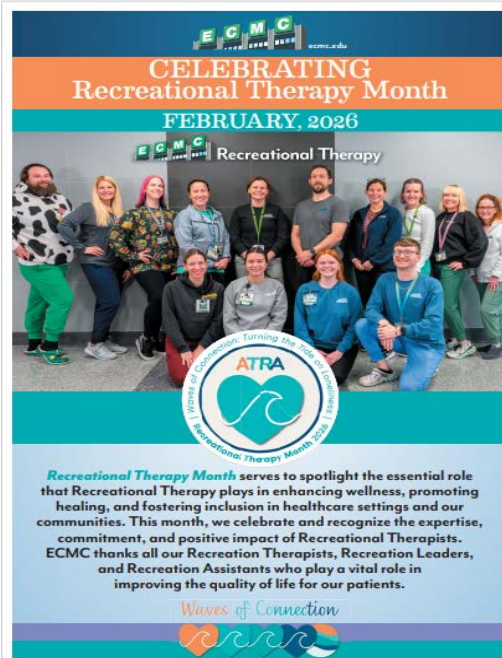


Rehabilitation Services

- Marie Johnson, VP of Rehabilitation Services is now the co-chair with a representative from Kaleida for the Rehab Epic Project.
- Steven Pierpaoli, Rehab Post Doc passed his licensing exam 2/27/26.
- Steven Pierpaoli, PsyD facilitated staff training on Patient Care & Staff Well-Being in a Polarized World: Practical Sills for Tense Clinical Encounters.
- OP PT with 2 FTE out on extended sick leave. The strategy for offsetting this negative volume variance is the use of OT per diem.

- Heather D'Errico, outpatient Speech Therapist completed her 10-year MBSImp recertification.
- PEDS Rehab Coordinator participated in Early Hearing Detection and Intervention Webinar series. PEDS Speech therapist was approached to provide school district coverage, with contract negotiations in progress.
- PEDS Rehab Supervisor participated in Kid's Can't Wait Advocacy Day in Albany along with 95 others from around NYS, focusing on 5 talking points, including overhaul of NYS Early Intervention System to assure long range sustainability, 5% increase to providers approved in 2024 budget, student loan forgiveness for those providing services to the birth to 5-year-old population, and improved access to childcare for those with disabilities.

ECMC recognized Recreational Therapy in the month of February.



Supportive Care & Palliative Medicine

- The team received notification they will receive the AHA Circle of Life Award.

QUALITY

Dialysis

- SIR rate had a slight increase despite remaining under the threshold. CAP audits being used to mitigate any further increase and staff education provided.
- The fall in-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey started on 10/17/25 and concluded 1/9/26. Results will be publicized on CMS Dialysis Care Compare (DFC). Current patient survey rating is 4 out of 5 stars.

Environmental Services

- ATP testing in February of 2026 was at 81% passing in the OR.

- Continue weekly CPEP rounding with Plant Operations and Nursing leadership.
- Continue process improvements for Mock Survey result sustainment.
- Continue First Line Escape Room Infection Control training for front line staff.
- Continue DOT Hazardous Waste Training for all staff.

Food & Nutrition Services

Press Ganey Scores

Meals Overall

February Score: 73 (Goal: 75)

Temperature of Food

February Score: 67 (Goal: 75)

Quality of Food

February Score: 63 (Goal: 75)

Courtesy of Person Serving

February Score: 88 (Goal: 87)

Laboratory Services

The Laboratory Medicine department continues to focus on 2026 QIPS Plan Initiatives.

- Specimen Patient Identification/Specimen Labeling Case Calls: For the month of January, there were six Case Calls reported for incorrect patient identification/specimen labeling errors. Med Surg (2), ED (2), BH (1), and OP (1).
- Improve the Glucometer cleaning documentation across all POCT locations to $\geq 90\%$ monthly. For January 2026, the Med/Surg, Ambulatory Care, Critical Care, Inpatient/Outpatient Dialysis areas have all achieved the $>90\%$ rate. The OR and Behavioral Health locations have compliance rates between 75- 85%. The Long-term Care facility compliance rate continues to track below 70% compliance.

The 2026 QIPS will focus on quality dashboard monitors as baseline data gathering for comparison/evaluation of EPIC workflow changes.

Regulatory:

Joint Commission: Survey Completed 2/3/26-2/6/26. Corrective action plan for eight findings due to

Joint Commission on 4/7/26. The SAFER Matrix did not have any high or widespread findings.

Radiology

Diagnostic Imaging Center of Excellence accredited until January 2028.

- All modalities are ACR accredited until 2027.
- Mammography has strict guidelines and compliance with the American College of Radiology (ACR) and the Food and Drug Administration (FDA). The following are tracked and monitored to ensure compliance:
 - Incomplete imaging
 - Suspicious findings

- Short-term follow up
- Breast ultrasound
- MRI Scanning of pacemaker patients
 - A comprehensive policy was developed to decrease patient transfers to BGH. Patients are monitored to ensure diligent screening, vendor device make/model compliance and nursing staff to be present for all patients place in safe mode.
- All blood reinfusion forms are audited to ensure the recordings are accurate and proper procedure is being followed when drawing and reinfusing patient's blood. Monthly report is submitted at leadership review, 100% compliance was attained for 2025.

Population Health

- Implemented Retinavue in ECMC's Family Health Center to increase diabetic eye screening compliance and close care gaps. By offering in office retinal exams during routine visits, the initiative reduces barriers such as transportation challenges, delays in specialty access, and missed referrals. This workflow integration supports HEDIS and payer quality measures while improving early detection of diabetic retinopathy.

Rehabilitation Services

- For 2026, Acute Therapy Department will be addressing a quality goal focuses on efficiency to decrease "turnaround time" (TAT) for therapy referrals in the ED by 30 minutes compared to the average TAT from 2025 for both PT and OT. A PDSA was introduced at QAPI with strategies for improvement.
 - PT ED Referral TAT for February was 8:14 (Hr: Min), increased time by 1:29 as compared to 2025 average of 6:45
 - OT ED Referral TAT for February was 10:03 (Hr: Min), increased time by 0:28 as compared to 2025 average of 9:35
- The OP Rehab clerical team has initiated a quality performance improvement project for 2026 to improve performance, decrease claim denials and rework efforts, support clinical services, and improve patient experience. Progression is being made with the rubric completed and trial audits to be initiated.

Surgical Services

- Joint Commission 30-45 day visit completed to review conditional findings. No deficiencies found during survey. Continue to prepare for next visit in March.
- Epic transition in full swing. Data collection and several workgroups weekly. Go live in October 2026
- Class I SSI's hospital wide for **1Q 2026** = 2 infections
- Colon = 0 for 2026
- Spinal Fusion = 0 for 2026
- Knee = 0 for 2026
- Hip = 0 for 2026
- Early indications show a decrease in Spine SSIs since December
- P&P team working with SPM (tray tracking system) to improve processes. Added scanners to several touchpoint areas to collect better data and more effective tracking.
- Skull flap storage, policy completed, Freezer installed. Staff education and implementation in the next weeks
- Electronic consents, now live in GI, Urology, IR and Surgical Center. Next will be in the Main OR
- Audit Results:

- Skin Assessment: 87.0% compliant
- Discharge Instructions: 90.0% compliant
- Hand Hygiene: 95.3% compliant
- PPE: 90.0% compliant
- Timeouts: 100%
- Instrumentation Audits
 - Open and Unlocked: 98.5%
 - Free from Tape: 100%
 - Expired: 99.0%
 - Confirm Accurate Exp dates: 100%
- Through January 2026 – 0 premature release of implants from quarantine for both Surgical Center and Main OR.
- Through January 2026 – 0 immediate release cycles for Main OR and Surgical Center.

Transplant

- Received KTB installments for Q3 PY2024 of \$2,250.00 and Q3 PY 2023 \$1,500.00
- MPSC met and reviewed updated quality improvement plan for pancreas pre-transplant mortality rates submitted December 22, 2025. Awaiting MPSC feedback describing our updated quality improvement plan for pancreas pre-transplant mortality rates.
- Implemented monthly meeting reviewing patients with long evaluation times to increase transplantation.

FINANCIAL

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2026 Budgeted 3,658 treatments, Variance **(-156)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **196** treatments, favorable to the budget, Variance **(427)**
- Total: **271** treatments for the year, PD volume continues to demonstrate tremendous growth from 2025.

Census Volume:

- Outpatient (in-center treatments): **February = 3,338** treatments, YTD 2026 total = **3,502**
- Home Program: (Home Peritoneal & Home Hemodialysis): **February = 294** treatments, 2026 total = **623** favorable to budget.

Dialysis			2025			2026			
			YTD	Budget	Variance	Feb	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	378	-	-	8	31	-	-
	DIALNON	Hemodialysis - Non-ESRD	3	-	-	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	840	-	-	43	133	-	-
	HD	Hemodialysis - Chronic	22,618	-	-	1,611	3,338	-	-
	4555 Totals		23,839	24,119	-280 🟡	1,662	3,502	3,658	-156 🟡
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	-	-
	PD	Hemodialysis - Peritoneal	3,109	-	-	294	623	-	-
	5660 Totals		3,109	1,500	1,609 🟢	294	623	196	427 🟢
Totals			26,948	25,619	1,329 🟢	1,956	4,125	3,854	271 🟢

Population Health

- **American Cancer Society NFL Grant Application** – Approached to submit an application for \$30,000 in funding to expand cervical cancer screening and early detection efforts.

Radiology

Radiology as a whole is up 5.9% over budget for 2026.

- 2025: 210,211 total procedures
- 2024: 207,058 total procedures

Rehabilitation Services

- PT Acute productivity overall was 3,323 against a budget of 3,682 units, for a negative variance of 9.8%.
This variance was due to layoffs that resulted in a loss of 1.5 PT FTEs and 1.0 PT FTE who is out on maternity leave. One FTE was bumped and returned at the end of February. This FTE loss would have generated 360 visits, and PT was 359 from budget.
- OT Acute productivity overall was 2,521 against a budget of 2,626 units, for a negative variance of 4.0%. A decrease in assistance from MRU OT staff contributed to the decline.
- The MRU had 19 admissions and 17 discharges with 338 patient days and a LOS of 19.9 days, **ADC 12.1**.
- The OP team has experienced increased difficulty with insurance payor portal use and communication and patient literacy for insurance contracts that affects the ability to deliver care through increasing hold times, benefit exhaust and increasing patient frustration. Currently following escalation procedures to help remediate the problems.
- The OP Rehab Psychology team currently has a 43 person wait list with 44% of the referrals greater than 90 days old and 14 new referrals in February.
- Outpatient Rehab (OT,PT,SLP, Rehab Psych,and Physiatry) in February 2026 vs budget is +313 vists or 15.1% and YTD up 13%.
- PEDS Rehab enrolled 8 new CPSE cases, 11 new EI cases and 11 new cases for service coordination.

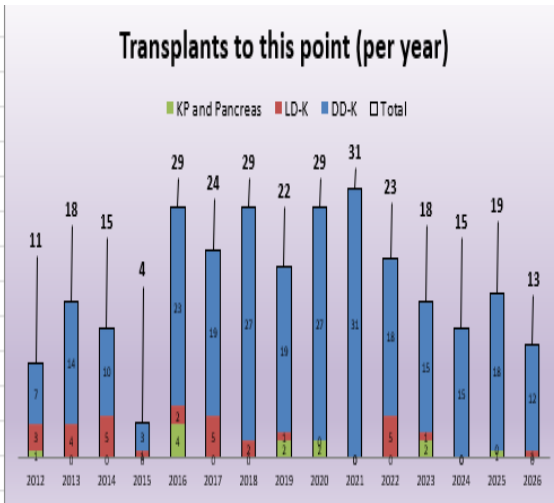
Surgical Services

- Several capital requests needed for 2026. Meeting with ELT to prioritize.
- Looking at revenue created from PAT billing opportunities.
- Monthly meetings with Purchasing to review contracts and savings opportunities.

Transplant

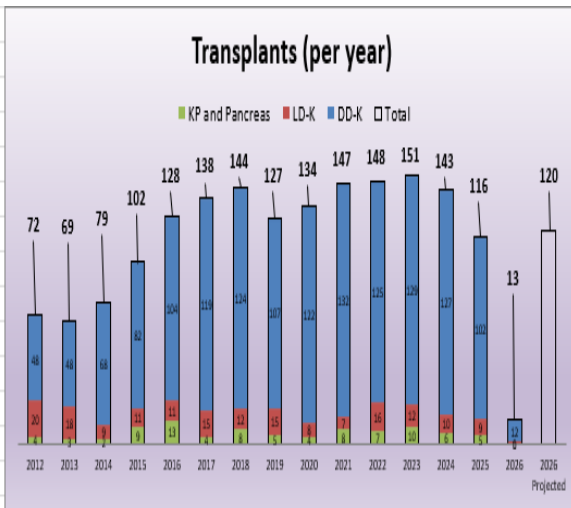
- As of March 1, 2026, we performed **(13)** transplants, which is **(-6)** transplants than the same time in 2025. We have projected (120) transplants for 2026.
- Pre-Transplant Clinic is above budget by **(+44)**.
- Post-Transplant clinic is below budget by **(-29)** visits; this is expected with the decreased overall transplant volume.
- Total clinic variance is favorable to budget **(15)**.

To this point



	DD-K	LD-K	KP	Pancreas	Total
2009	15	5	0	0	20
2010	5	10	0	0	15
2011	10	2	0	0	12
2012	7	3	0	1	11
2013	14	4	0	0	18
2014	10	5	0	0	15
2015	3	1	0	0	4
2016	23	2	3	1	29
2017	19	5	0	0	24
2018	27	2	0	0	29
2019	19	1	2	0	22
2020	27	0	2	0	29
2021	31	0	0	0	31
2022	18	5	0	0	23
2023	15	1	2	0	18
2024	15	0	0	0	15
2025	18	0	1	0	19
2026	12	1	0	0	13
Total	276	46	10	2	334

Projections



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	127	10	6	0	143
2025	102	9	5	0	116
2026	12	1	0	0	13
2026 Projected					120

Transplant / Vascular			2025			2026			
			YTD	Budget	Variance	Feb	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	586	-	-	54	102	-	-
	TRANPREPRC	Transplant Clinic	1	-	-	1	2	-	-
	6430 Totals		587	650	-63 ↓	55	104	60	44 ↑
6431	TRANPOST	Transplant Clinic	0	-	-	0	0	-	-
	TRANPOST	Transplant Clinic	3,594	-	-	299	602	-	-
	6431 Totals		3,594	4,363	-769 ↓	299	602	631	-29 ↓
Totals		4,181	5,013	-832 ↓	354	706	691	15 ↓	



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**Internal Financial Reports
For the month ended February 28, 2026**

Erie County Medical Center Corporation

**Financial Dashboard
February 28, 2026**

Statement of Operations:

	<u>Month</u>	<u>Year-to-Date (YTD)</u>	<u>YTD Budget</u>
Net patient revenue	\$ 56,513	\$ 115,114	\$ 121,789
Other	17,842	35,935	36,675
Total revenue	<u>74,355</u>	<u>151,049</u>	<u>158,464</u>
Salary & benefits	41,404	88,189	83,467
Physician fees	10,864	22,652	21,721
Purchased services	7,105	14,445	15,432
Supplies & other	17,554	35,051	34,807
Depreciation and amortization	4,188	8,376	8,376
Interest	1,057	1,988	1,963
Total expenses	<u>82,172</u>	<u>170,701</u>	<u>165,766</u>
Operating Income/(Loss) Before Other Items	(7,817)	(19,652)	(7,302)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(7,817)</u>	<u>(19,652)</u>	<u>(7,302)</u>
Other Non-operating gain/(loss)	1,072	2,138	48
Change in net assets	<u>\$ (6,745)</u>	<u>\$ (17,514)</u>	<u>\$ (7,254)</u>
Operating margin	<u>-10.5%</u>	<u>-13.0%</u>	<u>-4.6%</u>

Balance Sheet:

<u>Assets:</u>	
Cash & short-term investments	\$ 13,815
Patient receivables	113,775
Assets whose use is limited	160,222
Other assets	466,076
	<u>\$ 753,888</u>
<u>Liabilities & Net Assets:</u>	
Accounts payable & accrued expenses	\$ 399,659
Estimate self-insurance reserves	48,839
Other liabilities	385,000
Long-term debt, including current portion	177,999
Lease liability, including current portion	23,238
Subscription liability, including current portion	21,164
Line of credit	10,000
Net assets	(312,011)
	<u>\$ 753,888</u>

Cash Flow Summary:

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ (15,178)	\$ (47,326)
- Investing activities	10,220	13,923
- Financing activities	<u>(3,299)</u>	<u>(3,601)</u>
Increase/(decrease) in cash and cash equivalents	(8,257)	(37,004)
Cash and cash equivalents - beginning	<u>9,742</u>	<u>38,489</u>
Cash and cash equivalents - ending	<u>\$ 1,485</u>	<u>\$ 1,485</u>

Key Statistics:

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Discharges:			
- Acute	982	2,026	2,125
- Exempt units	361	772	832
Observation Cases:	276	545	629
Patient days:			
- Acute	8,286	17,716	16,430
- Exempt units	4,646	9,821	9,230
Average length of stay, acute	8.4	8.7	7.7
Case mix index	Blended	2.07	2.05
Average daily census:			
Medical Center	462	467	435
Terrace View LTC	380	380	382
Emergency room visits, including admissions	4,877	10,232	10,441
Outpatient Visits	23,896	47,143	49,876
Days in patient receivables		58.3	

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Erie County Medical Center Corporation
Management Discussion and Analysis
For the month ended February 28, 2026
(Amounts in Thousands)

February 2026 Operating Performance

During the month of February, operating performance was significantly impacted unfavorably by several factors. Continuing into the new year, inpatient discharges fell below the budgeted expectations as Alternative Level of Care (ALC) patients far exceeded the budgeted targets. Total outpatient visits coupled with total surgeries reflect unfavorable deviations from budgeted expectations which also contributed to the net patient service revenue falling below plan. February's acute average length of stay was 8.4 days and remains well over the budgeted expectations. ALC patients occupying inpatient beds continue to exceed targets significantly for the month and continue to have an impact on the overall acute length of stay as well as the overall case severity. The revenue variances derived from these trends resulted in overall net patient service revenue which fell below budgeted expectations. As budget initiatives contemplated within the 2026 operating plan continue to be implemented during the first quarter, additional unfavorable variances will continue to be seen, as they were in January and February. Certain growth initiatives as well as FTE reductions have not yet been fully realized. As more initiatives are realized they will be reflected within the actual vs. budget variances. The overall result drove an operating loss for the month of (\$7,817). This operating loss is unfavorable when compared to the month's budgeted loss of (\$2,971).

Inpatient discharges during the month of 1,343 were less than the planned discharges of 1,427 (5.9% or 84 cases). Within the total, acute discharges of 982 were below plan by 4.2%, behavioral health discharges of 192 were below plan by 14.7%, chemical dependency discharges of 152 exceeded plan by 1.0%, and medical rehabilitation discharges of 17 were below plan by 36.4%.

In conjunction with the increase in ALC census, the acute average length of stay was at 8.4 days during January, unfavorable to a budget of 7.7 days by 9.2%. The average daily census of the ALC patients within the facility during the month was 50 patients, which is higher than budgeted expectations of 21 patients and February 2025 levels of 35 patients. These statistical volume trends have had a direct unfavorable impact on the overall total net revenue per case for the month.

Total FTEs during February were higher than budgeted targets for the month by 199 FTEs. The initiatives to reduce FTEs which were included within the 2026 operating plan continue to be implemented which includes reduction of overtime hours, management of overall staff vacancies and a reduction in force. While these continue to be implemented, variances from the operating plan will continue to occur, as the initiatives were originally expected to be fully in place by January 1st. Management is monitoring the implementation and realization of these initiatives closely while simultaneously working together with labor to ensure the organization continues to meet the NYS minimum staffing requirements.

Total benefit costs for the month, consistent with January, were above the operating plan primarily due to unfavorable health and pharmacy insurance claims. The timing of claims fluctuates throughout the year as utilization increases or decreases and new plan benefits or benefit changes occur in the market.

Supply costs were above budgeted expectations despite seeing fewer inpatients and fewer surgeries. Offsetting those favorable variances were unfavorable variances within pharmaceutical costs due to the usage of high-cost drugs in the growing oncology service line.

Balance Sheet

ECMCC saw significant decreases in cash during the first 2 months due to operating losses, higher required payments and prepayments, and due to making the payment of the annual NYS Retirement System (Pension) contribution of

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended February 28, 2026

(Amounts in Thousands)

\$48.7 million during the month of February (\$41 million in 2025). ECMCC had also received an expected IGT/DSH payment in late December, and a full pay period's payroll for the last two weeks of 2025 was paid on January 2nd. The net changes resulted in a range of 5 to 25 days of operating cash during the month. Note that this includes short-term unrestricted/undesignated investments but excludes designated and other restricted assets/investments, some of which are designated for capital including the EPIC project. Management continues to work closely with the NYS Department of Health and their Financially Distressed Hospital Division's Vital Access Provider Program team to review and discuss cash flow support program opportunities.

Patient receivables increased approximately \$8.8 million from December 31, 2025. The increase in accounts receivable is due in part to the expected increases due to higher reimbursement rates placed into effect January 1st, coupled with a delay by the payers to implement the new negotiated rates, as well as the typical ramp up time in collections during the beginning of the year. As a result, the Days in Accounts Receivable (average number of days a bill is outstanding) increased from 54.6 days on December 31, 2025, to 58.3 days on February 28, 2026, which has impacted net overall cash on hand.

Assets whose use is limited balances have decreased due to payments from the restricted capital funds to cover implementation costs of the EPIC, EHR and Infor projects, used as bridge funding while we work with New York State to finalize grant funding related to these projects under the Safety Net Transformation Fund award.

Erie County Medical Center Corporation

Balance Sheet February 28, 2026 and December 31, 2025

(Dollars in Thousands)

	February 28, 2026	December 31, 2025	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 1,485	\$ 38,489	\$ (37,004)
Investments	12,330	13,122	(792)
Patient receivables, net	113,775	104,885	8,890
Prepaid expenses, inventories and other receivables	73,147	66,506	6,641
Total Current Assets	200,737	223,002	(22,265)
Assets Whose Use is Limited			
Property and equipment, net	160,222	181,665	(21,443)
Other assets	293,497	291,749	1,748
	99,432	99,827	(395)
Total Assets	\$ 753,888	\$ 796,243	\$ (42,355)
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 13,215	\$ 13,215	\$ -
Current portion of lease liability	6,374	6,376	(2)
Current portion of subscription liability	10,354	10,536	(182)
Line of credit	10,000	10,000	-
Accounts payable	76,068	69,643	6,425
Accrued salaries and benefits	84,857	92,458	(7,601)
Other accrued expenses	232,838	209,639	23,199
Estimated third party payer settlements	5,896	5,983	(87)
Total Current Liabilities	439,602	417,850	21,752
Long-term debt	164,784	166,158	(1,374)
Long-term lease liability	16,864	18,042	(1,178)
Long-term subscription liability	10,810	11,675	(865)
Estimated self-insurance reserves	48,839	48,118	721
Other liabilities	385,000	428,943	(43,943)
Total Liabilities	1,065,899	1,090,786	(24,887)
Total Net Position	(312,011)	(294,543)	(17,468)
Total Liabilities and Net Position	\$ 753,888	\$ 796,243	\$ (42,355)

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Erie County Medical Center Corporation

Statement of Operations

For the month ended February 28, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	58,118	60,397	(2,279)	54,791
Less: Provision for uncollectable accounts	(1,605)	(1,339)	(266)	(1,224)
Adjusted Net Patient Revenue	<u>56,513</u>	<u>59,058</u>	<u>(2,545)</u>	<u>53,567</u>
Disproportionate share / IGT revenue	10,256	10,256	-	11,018
Other revenue	7,586	7,926	(340)	6,731
Total Operating Revenue	<u>74,355</u>	<u>77,240</u>	<u>(2,885)</u>	<u>71,316</u>
Operating Expenses:				
Salaries & wages	30,052	28,775	(1,277)	28,973
Employee benefits	11,352	10,881	(471)	10,778
Physician fees	10,864	10,860	(4)	10,007
Purchased services	7,105	7,571	466	6,201
Supplies	14,895	14,432	(463)	13,382
Other expenses	1,721	1,919	198	2,061
Utilities	938	604	(334)	903
Depreciation & amortization	4,188	4,188	-	3,851
Interest	1,057	981	(76)	917
Total Operating Expenses	<u>82,172</u>	<u>80,211</u>	<u>(1,961)</u>	<u>77,073</u>
Income/(Loss) from Operations	(7,817)	(2,971)	(4,846)	(5,757)
Other Non-operating Gain/(Loss):				
Interest and dividends	352	208	144	704
Unrealized gain/(loss) on investments	720	(184)	904	617
Non-operating Gain/(Loss)	<u>1,072</u>	<u>24</u>	<u>1,048</u>	<u>1,321</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (6,745)</u>	<u>\$ (2,947)</u>	<u>\$ (3,798)</u>	<u>\$ (4,436)</u>

Erie County Medical Center Corporation

Statement of Operations

For the two months ended February 28, 2026

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	118,200	124,545	(6,345)	116,951
Less: Provision for uncollectable accounts	(3,086)	(2,756)	(330)	(2,990)
Adjusted Net Patient Revenue	<u>115,114</u>	<u>121,789</u>	<u>(6,675)</u>	<u>113,961</u>
Disproportionate share / IGT revenue	20,511	20,511	-	22,036
Other revenue	<u>15,424</u>	<u>16,164</u>	<u>(740)</u>	<u>13,942</u>
Total Operating Revenue	<u>151,049</u>	<u>158,464</u>	<u>(7,415)</u>	<u>149,939</u>
Operating Expenses:				
Salaries & wages	64,795	60,685	(4,110)	61,507
Employee benefits	23,394	22,782	(612)	21,613
Physician fees	22,652	21,721	(931)	20,695
Purchased services	14,445	15,432	987	13,347
Supplies	30,008	29,694	(314)	27,501
Other expenses	3,171	3,841	670	4,430
Utilities	1,872	1,272	(600)	1,514
Depreciation & amortization	8,376	8,376	-	7,702
Interest	<u>1,988</u>	<u>1,963</u>	<u>(25)</u>	<u>1,862</u>
Total Operating Expenses	<u>170,701</u>	<u>165,766</u>	<u>(4,935)</u>	<u>160,171</u>
Income/(Loss) from Operations	(19,652)	(7,302)	(12,350)	(10,232)
Other Non-operating Gain/(Loss):				
Interest and dividends	721	417	304	1,421
Unrealized gain/(loss) on investments	<u>1,417</u>	<u>(369)</u>	<u>1,786</u>	<u>1,392</u>
Non-operating Gain/(Loss)	<u>2,138</u>	<u>48</u>	<u>2,090</u>	<u>2,813</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (17,514)</u>	<u>\$ (7,254)</u>	<u>\$ (10,260)</u>	<u>\$ (7,419)</u>

Erie County Medical Center Corporation

**Statement of Changes in Net Position
For the month and two months ended February 28, 2026**

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ (6,745)	\$ (17,514)
Other transfers, net	-	
Contributions for capital acquisitions	-	46
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(6,745)</u>	<u>(17,468)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(6,745)</u>	<u>(17,468)</u>
Net Position, beginning of period	<u>(305,266)</u>	<u>(294,543)</u>
Net Position, end of period	<u>\$ (312,011)</u>	<u>\$ (312,011)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and two months ended February 28, 2026

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ (6,745)	\$ (17,468)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	4,188	8,376
Provision for bad debt expense	1,605	3,086
Net change in unrealized (gain)/loss on Investments	(720)	(1,417)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(2,947)	(11,976)
Prepaid expenses, inventories and other receivables	(3,687)	(6,641)
Accounts payable	9,007	6,425
Accrued salaries and benefits	(1,031)	(7,601)
Estimated third party payer settlements	(4)	(87)
Other accrued expenses	31,354	23,199
Self Insurance reserves	413	721
Other liabilities	(46,611)	(43,943)
Net Cash Provided by/(Used in) Operating Activities	(15,178)	(47,326)
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(7,263)	(10,124)
Decrease/(increase) in assets whose use is limited	12,649	21,443
Sale/(Purchase) of investments, net	4,656	2,209
Change in other assets	178	395
Net Cash Provided by/(Used in) Investing Activities	10,220	13,923
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(687)	(1,374)
Principal payments on / additions to long-term lease liability, net	(2,376)	(1,180)
Principal payments on / additions to long-term subscription, net	(236)	(1,047)
Increase/(Decrease) in Cash and Cash Equivalents	(8,257)	(37,004)
Cash and Cash Equivalents, beginning of period	9,742	38,489
Cash and Cash Equivalents, end of period	\$ 1,485	\$ 1,485

Erie County Medical Center Corporation

Statistical and Ratio Summary

	February 28, 2026	December 31, 2025	ECMCC 3 Year Avg. 2023 - 2025
<u>Liquidity Ratios:</u>			
Current Ratio	0.5	0.5	0.6
Days in Operating Cash & Investments	5	20	23.2
Days in Patient Receivables	58.3	55.0	56.8
Days Expenses in Accounts Payable	56.2	56.6	54.6
Days Expenses in Current Liabilities	147.8	160.0	145.0
Cash to Debt	36.3%	57.1%	55.8%
Working Capital Deficit	\$ (238,865)	\$ (194,938)	\$ (138,572)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	56.1%	57.0%	63.2%
Assets Financed by Liabilities	141.4%	137.0%	134.7%
Debt Service Coverage (Covenant > 1.1)	0.6	1.1	1.7
Capital Expense	8.5%	2.7%	2.9%
Average Age of Plant	6.5	8.2	8.0
Debt Service as % of NPSR	3.5%	3.8%	4.0%
Capital as a % of Depreciation	120.9%	132.2%	60.3%
<u>Profitability Ratios:</u>			
Operating Margin	-13.0%	-8.6%	-7.0%
Net Profit Margin	-14.8%	-1.9%	-1.2%
Return on Total Assets	-13.9%	-1.7%	-1.0%
Return on Equity	33.6%	4.6%	2.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.2	1.2	1.1
Total Operating Revenue per FTE	\$ 272,323	\$ 273,402	\$ 254,866
Personnel Costs as % of Total Revenue	57.2%	55.3%	54.3%

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Erie County Medical Center Corporation

Key Statistics			
Period Ended February 28, 2026			

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
982	1,025	-4.2%	972	Med/Surg (M/S) - Acute	2,026	2,125	-4.7%	2,086
192	225	-14.7%	210	Behavioral Health	402	448	-10.4%	438
152	150	1.0%	142	Chemical Dependency (CD) - Detox	334	321	4.1%	307
17	27	-36.4%	14	Medical Rehab	36	62	-42.2%	40
1,343	1,427	-5.9%	1,338	Total Discharges	2,798	2,957	-5.4%	2,871
Patient Days:				Patient Days:				
8,286	7,921	4.6%	7,760	M/S - Acute	17,716	16,430	7.8%	16,594
3,690	3,633	1.6%	3,453	Behavioral Health	7,772	7,078	9.8%	7,032
618	539	14.7%	523	CD - Detox	1,382	1,215	13.7%	1,181
338	438	-22.8%	230	Medical Rehab	667	937	-28.8%	599
12,932	12,531	3.2%	11,966	Total Patient Days	27,537	25,660	7.3%	25,406
Average Daily Census (ADC):				Average Daily Census (ADC):				
296	283	4.6%	277	M/S - Acute	300	278	7.8%	281
132	130	1.6%	123	Behavioral Health	132	120	9.8%	119
22	19	14.7%	19	CD - Detox	23	21	13.7%	20
12	16	-22.8%	8	Medical Rehab	11	16	-28.8%	10
462	448	3.2%	427	Total ADC	467	435	7.3%	431
Average Length of Stay:				Average Length of Stay:				
8.4	7.7	9.2%	8.0	M/S - Acute	8.7	7.7	13.1%	8.0
19.2	16.1	19.0%	16.4	Behavioral Health	19.3	15.8	22.5%	16.1
4.1	3.6	13.5%	3.7	CD - Detox	4.1	3.8	9.3%	3.8
19.9	16.4	21.3%	16.4	Medical Rehab	18.5	15.0	23.2%	15.0
9.6	8.8	9.6%	8.9	Average Length of Stay	9.8	8.7	13.4%	8.8
Occupancy:				Occupancy:				
85.4%	87.1%	-2.0%	79.0%	% of M/S Acute staffed beds	85.4%	87.1%	-2.0%	79.0%
Case Mix Index:				Case Mix Index:				
2.07	1.88	10.4%	1.90	Blended (Acute)	2.05	1.93	6.3%	1.95
276	309	-10.7%	308	Observation Status	545	629	-13.4%	638
400	425	-5.9%	399	Inpatient General Surgeries	803	865	-7.2%	804
603	679	-11.2%	621	Outpatient General Surgeries	1,222	1,435	-14.8%	1,341
40	20	100.0%	21	Inpatient Ancillary Surgeries	92	34	170.6%	41
41	4	925.0%	27	Outpatient Ancillary Surgeries	79	8	887.5%	69
23,896	24,234	-1.4%	23,263	Outpatient Visits	47,143	49,876	-5.5%	48,079
4,877	5,101	-4.4%	5,002	Emergency Visits Including Admits	10,232	10,441	-2.0%	10,441
58.3	44.2	31.9%	48.3	Days in A/R	58.3	44.2	31.9%	48.3
2.8%	2.2%	25.2%	2.0%	Bad Debt as a % of Net Revenue	2.6%	2.2%	17.9%	2.4%
3,405	3,253	4.7%	3,343	FTE's	3,418	3,254	5.0%	3,342
4.11	3.94	4.3%	4.34	FTE's per Adjusted Occupied Bed	4.12	4.06	1.7%	4.29
\$ 21,891	\$ 20,955	4.5%	\$ 20,627	Net Revenue per Adjusted Discharge	\$ 21,560	\$ 20,797	3.7%	\$ 20,369
\$ 31,434	\$ 28,210	11.4%	\$ 29,389	Cost per Adjusted Discharge	\$ 31,631	\$ 28,116	12.5%	\$ 28,350
Terrace View Long Term Care:				Terrace View Long Term Care:				
10,637	10,685	-0.4%	10,483	Patient Days	22,449	22,522	-0.3%	21,921
380	382	-0.4%	374	Average Daily Census	380	382	-0.3%	372
97.4%	97.8%	-0.4%	96.0%	Occupancy - % of Staffed beds	97.6%	97.9%	-0.3%	95.3%
502	455	10.5%	467	FTE's	508	455	11.9%	463
7.6	6.8	11.0%	7.1	Hours Paid per Patient Day	7.2	6.5	12.2%	6.8

Medical Executive Committee
CMO Report to the ECMC Board of Directors
March 2026

University at Buffalo Update

Current hospital operations

- Admissions YTD: 2,365
- ED visits YTD: 10,102
- CPEP visits: 1,941
- Observation: 642
- Inpatient Surgeries: 948
- Outpatient Surgeries: 1,407
- ALC days YTD: 3,578

The average length of stay MTD 8.8 CMI 2.0417

CMO Update

- Congratulations Tom Quatroche, PhD on his recent announcement
- Congratulations to Joann Wolf, RN and Christopher Ritter, MD our Spring fest Honorees
- Doctor's Day breakfast – Monday, March 30th in the overflow café
- Reminder, the final session of ECMC's Leadership Conference through the American Association for Physician Leadership takes place Thursday, March 26, 2026.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Senior Vice President of Communications and External Affairs
March 24, 2026

Marketing

- Developing 2026 marketing communications efforts that will revolve around a variety of service lines and ECMC achievements, notably robotic surgical capabilities, orthopedics, head and neck cancer care, the new Breast Health Center and highlighting ECMC's placement on Forbes Magazine's Top Hospital List for 2026.

Media Report

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Coordinated dissemination of information to media outlets for both the announcement of Tom Quatroche's departure and the Board of Directors' unanimous vote to name Andy Davis President and CEO, effective June 15, 2026.
- Scheduled and executed tapings of eight new Medical Minute segments as we continue to update and expand the archive of ECMC MMs that support our marketing/communications efforts for various service lines. Our goal is to tape approximately 20 additional MMs for future use.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in February: Maxillofacial Prosthetic Care (Dr. Colebeck), Breast Reconstruction After Mastectomy (Dr. Frey) and Lymphedema (Dr. Falco).

Community and Government Relations

- Coordinated contact with targeted elected officials regarding the announcement of Tom Quatroche's departure and the subsequent Board appointment of Andy Davis as President and CEO.
- Working with ECMC lobbyists (Manatt and Masiello, Martucci, Hughes & Kulpa) to schedule a trip in May to Albany for Andy Davis to meet with Executive, Legislative, Budget and Agency leaders and discuss state issues affecting ECMC.
- Similarly, planning a trip to Washington, DC, possibly in June, to meet with members of the WNY delegation.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 23, 2026
MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID
DR. ZIZI CONFERENCE ROOM SECOND FLOOR

Attendance (Voting Members):

Dr. Anillo	Dr. Bakhai	Dr. Belles	Dr. Brewer
Dr. Cummings	Dr. DePlato	Dr. Drumsta	Dr. Chen
Dr. Cheng	Dr. Flynn	Dr. Frustino	Dr. Griffith
Dr. Krabill	Dr. Manka	Dr. Minhas	Dr. Murray
Dr. Nagai	Dr. Pugh	Dr. Rich	Dr. Rossitto
Dr. Ruggieri	Dr. Sieminski	Dr. Spiro	Dr. Wilkins
Dr. Williams	Dr. Tadakamalla	Dr. Tanaka	Dr. Yedlapati
Dr. Khan			

Non-Voting Members and Guests:

Sam Cloud, DO	Tom Quatroche, CEO	Andy Davis	Cassie Davis
Jon Swiatkowski	Charlene Ludlow, RN	Dr. Panesar	John Cumbo
Cheryl Carpenter	Michael Ott	Phyllis Murawski	Charles Cavaretta
Peter Cutler	Cassie Davis		

I. CALL TO ORDER

A. Dr. Michael Manka, President, called the meeting to order at 11:31 am.

B. PRESIDENT'S REPORT:

1. Dr. Manka opened the meeting with a moment of silence in memory of Board member Mr. Jon Dandes.
2. This week is National Residents week. Breakfast will be served in the overflow café on Thursday from 7 – 9:00 am.
3. The Wellness Welcome will be moved to the end of April. The date will be announced soon.
4. For the Chiefs of Service – reminder that MD Staff (credentialing) will begin in early March.
5. Delinquent record reports continue to show improvements.

II. ADMINISTRATIVE REPORTS

A. **CEO/COO/CFO REPORT –Tom Quatroche, CEO, Andrew Davis, COO, Jon Swiatkowski, CFO**

1. CEO – Dr. Tom Quatroche, PhD.
 - a. Mr. Quatroche shared the passing of Mr. Jon Dandes, our Board member and friend.
 - b. Tom spoke on the reduction of our workforce and challenges we have been

- facing.
- c. We continue working with the state while they prepare budgets for next year.
- d. Congratulations to the Laboratory Department for a great survey from the Joint Commission.

2. COO Report – Andy Davis

- a. At the end of this week, we will be transitioning to our new scrubs company, Echo tech.

3. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski spoke on January Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. We continue working with the state advocating for additional funding.
- d. Thank you all for your time and effort working with our Value Analysis team.

III. UNIVERSITY REPORT – Dean Allison Brashear, MD, MBA

- a. No Report.

IV. CHIEF NURSING OFFICER REPORT – Charlene Ludlow, RN, CIC

- a. The nursing department continues to work on throughput and early discharges.
- b. The nursing team continues working with patients and mobility. We want to keep the patients moving.
- c. Please be sure to remind staff to turn in their linens. The new linen company starts at the end of this week.

V. CHIEF MEDICAL OFFICER REPORT – Samuel D. Cloud, DO

- a. Dr. Cloud reviewed hospital operation updates reviewing volumes, admissions, observations, average length of stay and ALC days, along with inpatient and outpatient surgeries.
- b. Dr. Cloud shared influenza, COVID-19 and RSV case numbers in New York State.
- c. Welcome Troy Woodard, MD new Department Chair of Otolaryngology.
- d. Congratulations to Michael Nagai, MD Chief of Service for Oral & Maxillo-Facial Surgery.

**VI. ASSOCIATE MEDICAL DIRECTORS REPORT – Michael Cummings, MD
Ashvin Tadakamalla, MD and William Flynn, MD**

- a. No Report.

VII. CHIEF MEDICAL INFORMATION OFFICER REPORT – Mandip Panesar, MD

- a. Dr. Panesar mentioned opting out of any portion of the EPIC training, you have until the end of the week.
- b. Elsevier will be used for patient education content when we switch to EPIC in October of this year. Please let Dr. Panesar know of any topics that need to be added.

VIII. ECMC FOUNDATION REPORT – Julie Berrigan, Executive Directors

- a. Julie thanked everyone for their continued support throughout the year. She reviewed the upcoming events the Foundation will be sponsoring. These events include: The Gift Gathering event, Auction Party, Springfest Gala, Golf Classis, and the Subaru Chase Run.

IX. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD

- a. There are two extractions.

X. PROFESSIONAL DEVELOPMENT AND WELLNESS COMMITTEE REPORT – Matthew Ruggieri, MD

- a. No Report.

XI. CONSENT CALENDAR

MEETING MINUTES/MOTIONS		PAGE #	
1.	MINUTES of the Previous MEC Meeting: January 26, 2026	6-10	Receive and File
2.	Credentials Committee: February 5, 2026	12-24	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	Extractions		
	MD Staff Update		
	New Privilege Surgery/Bariatric		
3.	HIM – No Report		
4.	Graduate Medical Education Committee – Minutes of December 16, 2025	27-31	Receive and File
5.	P & T Committee – Minutes of February 3, 2026	33-69	Receive and File
	Addition to Formulary		
	Addition of Droperidol to Override list	44	Receive and File
	Policy Updates		
	Adverse Drug Reactions Policy	67-69	Receive and File
	Ordering and Considerations for Chemotherapeutic and Biotherapeutic Agents	58-62	Receive and File
	Authorization for the Automatic Clarification of PRN Orders	63-66	Receive and File
6.	Professional Dev. & Wellness Committee – No Report		
7.	Resource Management Committee – Minutes of January 2026	72-75	Receive and File
8.	SEC Committee – No Report		
9.	OR Committee – No Report		
10.	HAI Committee – Minutes of January 20, 2026	77-80	Receive and File
11.	New Business –		
	New Appointment list Chiefs of Service	82-83	Receive and File
	Committee Assignments 2026	85-88	Receive and File
	Radiology Job Description	90-97	Receive and File

MEETING MINUTES/MOTIONS		PAGE #	
Dietary Manual		99	Receive and File
OPPE Metrics		101-103	Receive and File

MOTION to APPROVE all items in the CONSENT CALENDAR was made and seconded. Motion to approve all items in the Consent Calendar is carried.

UNANIMOUSLY APPROVED

XII. NEW BUSINESS – Michael Manka, MD

Motion to approve the following items (included in monthly packet):

- Appointment Approval
- Committee Composition
- Radiology Job Description
- Dietary Manual
- OPPE Metrics

MOTION TO APPROVE all items was made and seconded. Motion to approve all items is carried

UNANIMOUSLY APPROVED.

MOTION TO APPROVE Reference Lab Testing and Blood Products presented by Keith Krabill, MD was made and seconded. Motion to approve item is carried.

UNANIMOUSLY APPROVED

XIII. EXECUTIVE SESSION

1. **MOTION MADE AND CARRIED** at 12:13 pm to move to the Executive Session. The following items were discussed and motion(s) made:
2. **MOTION MADE AND CARRIED**, all-in favor to receive and file:
 - a. Board Quality P/I meeting minutes of January 13, 2026
 - b. Chiefs of Service meeting minutes of January 8, 2026
 - c. Leadership Council Report for January 2026
3. Cheryl Carpenter spoke on the application fees/dues for Medical Dental staff providers. This included a conversation about clinical privileges without appointment.

MOTION TO APPROVE change to application fee/dues for Medical Dental staff providers. Motion to approve item is carried.

UNANIMOUSLY APPROVED

Cheryl also introduced a new procedure on evaluation and adding a new procedure/technique to medical staff privileges.

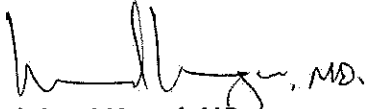
4. Phyllis Murawski, RN shared the Quality and Patient Safety Report. Phyllis shared a survey update that indicated the NYSDOH/CMS resurvey from May of 2025 showing no findings, the Joint Commission 4-day Lab Survey was completed with minimal findings, and the EMTLA visit was completed with no findings.

Surveys still pending include NYSDOH Radiology survey, Transplant UNOS Survey (expected in 2026), the Joint Commission follow up 2-day hospital survey and the CARF survey for the Rehabilitation Unit.

XIV. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be on Monday, March 23, 2026, at 11:30 am via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. The meeting was adjourned at 12:43 pm.

Respectfully submitted,



Michael Nagai, MD

Secretary
Medical Executive Committee

Erie County Medical Center Corporation

(A Component Unit of the County of Erie)

Financial Report
December 31, 2025

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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 years ended December 31, 2025 and 2024, 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, 2025 and 2024, 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) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). 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. The financial statements of ECMC Foundation, Inc. and the Grider Initiative, Inc. were not audited in accordance with *Government Auditing Standards*.

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 and *Government Auditing Standards* 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 and *Government Auditing Standards*, 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 Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated [DATE], on our consideration of the Corporation’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation’s internal control over financial reporting and compliance.

Cleveland, Ohio
[DATE]

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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, 2025. 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

Over the last several years, the Corporation, along with hospitals across New York State faced significant financial and operational challenges. During 2025, these challenges persisted including ongoing inflationary pressures driving up labor, supply, and pharmaceutical costs at a rate that exceeded reimbursement rate growth. Additionally, throughput constraints remained a critical concern, largely due to ongoing difficulties in safely discharging patients to appropriate post-acute and community-based settings. Limited community post-acute alternative levels of care and long-term care capacity, workforce shortages across the healthcare continuum, and behavioral health placement barriers further strained hospital operations. 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, served as the region's community hospital and trauma center, and helped 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, worked collaboratively to advance the mission of the Corporation and its service to the greater Western New York area. This was achieved by strengthening patient experience, enhancing physician engagement and investing in medical technology to maintain and enhance our commitment to clinical excellence, innovation and equitable care delivery reinforcing our role as a provider of choice within our community.

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

**Management’s Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis

The following outlines the patient volume encounters (not expressed in thousands):

	2021	2022	2023	2024	2025	% Growth 2024-2025
Inpatients	18,903	17,412	17,643	18,105	17,957	-0.8%
Observation cases	1,966	2,360	2,892	3,452	3,956	14.6%
Surgeries	13,803	12,478	13,321	13,672	13,467	-1.5%
Emergency	68,384	59,064	63,715	63,917	67,326	5.3%
Outpatients	280,611	274,402	297,168	299,098	308,970	3.3%
Dialysis	26,116	24,961	25,159	25,771	26,937	4.5%
Transplants	146	148	151	143	116	-18.9%

ECMCC's inpatient volumes ended the year with 0.8% or 148 fewer discharges. The significant increase in observation cases from 2024 of 14.6% and continued high length of stay of 8.9 days, resulted from the challenges to safely discharge patients to appropriate post-acute level of care settings drove down the discharges. The average daily census of Alternative Level of Care (ALC) patients rose to 53 by December 2025, a level higher than what was experienced during the pandemic. While new surgeons were recruited and added to service delivery at ECMCC during 2025, total surgeries declined by 1.5% as a result of overall physician turnover and the throughput challenges identified above. Emergency department visits rose by 5.3%, a growth rate which has been suppressed by the increased average length of stay and lack of available bed capacity. In total, outpatient visits, grew 3.3% driven by an increase in clinic visit growth. The Corporation experienced a decrease in transplant surgeries (kidney and pancreas) from 2024 to 2025 as other facilities nationally and regionally began adapting to changes in organ allocation and reimbursement methodologies incentivizing them to begin accepting more medically complex patients.

The COVID-19 pandemic officially ended on May 11, 2023. While the public emergency concluded, the Corporation continues to receive 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, 2025, the Corporation has received \$33.8 million from FEMA to cover eligible COVID-19-related expenses. These payments have been received from 2022 through 2025.

Rising costs due to inflation and workforce shortages continue to affect both the healthcare industry and the Corporation. ECMCC has implemented a series of operational improvements aimed at mitigating cost escalations and increasing payor reimbursement. To remain competitive and positioned for long-term sustainability, in October of 2024 the Corporation committed to make a multi-year \$79.3 million investment in modernizing its digital infrastructure implementing a new electronic health record system (EHR), EPIC, and a new Enterprise Resource Planning System (ERP), Infor FSM. The new platforms represent a strategic investment that will strengthen clinical excellence, operational performance, financial sustainability, and patient engagement. EPIC is the nation’s leading integrated EHR platform, used by many of the country’s top-performing academic medical centers and health systems. Transitioning to EPIC will replace fragmented legacy systems with a unified, community-wide shared interoperable solution that supports inpatient, outpatient, emergency, surgical, revenue cycle, and population health functions within a single platform.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis (Continued)

To sustain mission-critical services, ECMCC continued to work closely with the New York State Department of Health's various grant and operational assistance programs to address cash flow funding needs. In addition, in collaboration with The State University at Buffalo the Corporation was awarded a grant through the New York State Department of Health Safety Net Transformation program to support the implementation of the community-wide shared electronic health record system, to purchase a new 1.5T MRI machine, to expand primary care services on the East Side of Buffalo through the development of a new community health and learning center and investments through the State University at Buffalo to invest in physician scholarships, training, recruitment and retention efforts. The projects supported by this award will be completed and funded over the next three to four years.

ECMCC's notable achievements in 2025 include:

- ECMCC Chief Executive Officer, Thomas J. Quatroche, recognized by City & State New York, the state's premier media organization dedicated to covering New York's local and state politics and policy, as one of the New York's 2025 Trailblazers in Health Care. According to City and State, the "list features advocates, experts and analysts and a wide range of medical professionals who are committed to improving the health of New Yorkers. It puts a spotlight on scores of exceptional individuals who are improving patient outcomes in New York and beyond."
- The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), congratulated Erie County Medical Center Corporation on achieving a three-year Comprehensive Center with Obesity Medicine Qualifications accreditation. A MBSAQIP accreditation for Erie County Medical Center Corporation formally acknowledges your commitment to providing and supporting quality improvement and patient safety efforts for metabolic and bariatric surgery patients. As an accredited program you have demonstrated that your center meets the needs of your patients by providing multidisciplinary, high-quality, patient-centered care.
- The Joint Commission granted ECMCC three-year Comprehensive Accreditation.
- ECMCC reverified as a Level 1 Trauma Center through 3/11/28 by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS).
- America's Essential Hospitals awarded ECMCC a 2025 Gage Award honorable mention for population health at a June 12th luncheon at VITAL2025, the organization's annual conference, in Atlanta. AEH recognized ECMCC for its remote patient monitoring program to mitigate barriers to treatment for patients with hypertension.
- ECMCC's Hypertension Remote Patient Program was highlighted in the HANYS book Connecting with Communities: Community Health Initiatives Across New York State, which was posted on the HANYS community health webpage and released to their statewide membership and distributed at the HANYS Annual Membership Conference June 18-20 in Saratoga Springs
- ECMCC Laboratory Services received another two-year accreditation for ECMCC's Transfusion Services following bi-annual on-site assessment by the Association for the Advancement of Blood and Biotherapies (AABB).
- Terrace View Long-Term Care Facility recognized on Newsweek's Best Nursing Homes 2026 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 sixth consecutive year Terrace View has received this recognition.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis (Continued)

- ECMCC Internal Medicine Center & ECMCC Family Health Center both achieved “Silver +” for Target BP, and both centers also achieved participants status awards for diabetes, for the work completed in 2024 by the American Heart Association/American Medical Association.
- ECMCC announced it has again achieved a Five-Star Distinction in Total Hip Replacement (2023-26) from Healthgrades.
- The Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) granted Three-Year Accreditation to the cancer program at Erie County Medical Center. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.
- URAC Accreditation Committee granted ECMCC’s Specialty Pharmacy full Accreditation. Utilization Review Accreditation Commission (URAC) is an independent, nonprofit organization that sets quality standards and accredits various healthcare entities like health plans, pharmacies, and telehealth providers, ensuring they meet rigorous benchmarks for patient safety, effectiveness, and transparency, acting as a “gold standard” for quality beyond basic regulation. The organization commended ECMCC for its commitment to promoting quality health services by obtaining URAC accreditation.
- ECMCC named to the inaugural Forbes Top Hospital 2026 list, ECMCC again receives national third-party recognition for delivering high-quality healthcare services to the residents of Western New York.
- Purchased and installed Medical Microinstruments, Inc. Symani® Surgical System, a first-of-its-kind robotic technology that uniquely addresses the scale and complexities of microsurgery. Surgeons at ECMCC will now be able to use microsurgical techniques with robotic precision to perform reconstruction of small blood and lymphatic vessels to help restore quality of life for more patients. Nationally, the Symani® Surgical System at ECMCC is the sixth robotic surgical system in clinical use.

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

**Management’s Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis (Continued)

Financial Metric Analysis

The drivers of ECMCC’s performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2024 (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
	2025	2024	2023	Average 2024
Operating margin	-5.7%	-2.0%	-14.2%	-13.7%
Operating cash flow margin	0.8%	4.6%	-6.0%	-7.6%
Debt service coverage	1.1	1.7	2.7	-1.9
Operating days cash on hand	21.2	32.8	14.1	38.4
Days cash on hand including designated funds	95.5	114.0	90.5	61.7
Days in accounts receivable	58.7	52.3	66.0	42.0
Average age of plant	19.2	17.3	15.4	19.5

The operational performance ratios for 2025 generally reflect unfavorable changes from the Corporation’s 2024 performance ratios but favorable comparisons to the NYS Healthcare Public Benefit Corporations’ ratios. Notably, the operating margin for 2025 decreased to -5.7%, compared to -2.0% in 2024 but can be compared to -13.7% incurred by comparable NYS PBCs. This decline is largely driven by challenges related to patient throughput, increases in observation cases that have much lower reimbursement rates than acute discharges, along with expense increases related to staffing and inflation. Grants received during the current year 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. Operating days cash on hand decreased 11.6 or 35.4% days due to the 2025 operating losses, coupled with a significant anticipated repayment of Disproportionate Share Hospital (DSH) reimbursement overpayments received in 2024 and investments in new software projects. These changes were partially offset by the receipt of NYS and FEMA grant awards. Days in accounts receivable increased by 6.4 days (12.2%) due to increased aggressiveness by the insurance plans including delays in payment, increases in initial denial activity with payment resolution occurring months later, and downgrading of billed diagnoses. The average age of plant increased by 1.9 years (11.0%) as a result of limited targeted capital investment aimed at balancing cash flow needs while maintaining essential community services and not impacting the quality of care.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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:

	2025	2024	2023	2025-2024	
				\$ Change	% Change
Assets					
Current assets, excluding assets whose use is limited	\$ 217,905	\$ 203,094	\$ 189,816	\$ 14,811	7.3
Assets whose use is limited	181,665	191,601	170,621	(9,936)	(5.2)
Capital assets, net	297,460	282,632	313,039	14,828	5.2
Net pension asset	-	-	-	-	-
Other assets	7,710	9,978	8,906	(2,268)	(22.7)
Total assets	704,740	687,305	682,382	17,435	2.5
Deferred outflows of resources	92,578	151,740	159,464	(59,162)	(39.0)
Total assets and deferred outflows of resources	\$ 797,318	\$ 839,045	\$ 841,846	\$ (41,727)	(5.0)
Liabilities					
Current liabilities	\$ 418,924	\$ 339,603	\$ 302,347	\$ 79,321	23.4
Noncurrent liabilities	637,236	637,616	730,926	(380)	(0.1)
Total liabilities	1,056,160	977,219	1,033,273	78,941	8.1
Deferred inflows of resources	35,701	142,978	84,740	(107,277)	(75.0)
Net Position					
Net investment in capital assets	71,350	46,303	58,654	25,047	54.1
Restricted	38,938	46,938	29,012	(8,000)	(17.0)
Unrestricted	(404,831)	(374,393)	(363,833)	(30,438)	(8.1)
Total net position	(294,543)	(281,152)	(276,167)	(13,391)	(4.8)
Total liabilities, deferred inflows of resources and net position	\$ 797,318	\$ 839,045	\$ 841,846	\$ (41,727)	(5.0)

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Statements of Net Position (Continued)

Comparison of December 31, 2025 to December 31, 2024

Overall, total assets and deferred outflows of resources decreased \$41,727 from 2024 to 2025.

The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, increased by \$14,811 due to the following:

- Cash, cash equivalents and investments decreased by \$24,296 due to operating losses, a decrease in the net cash received from DSH payments, and an increase in required post-employment related NYS Retirement Plan employer contributions.
- Patient accounts receivable, net, increased by \$11,883 due to increased aggressiveness by the insurance plans resulting in delays in payment, increases in initial claim denial activity, and downgrading of billed diagnoses.
- Other receivables increased by \$27,134 which is due to a \$28,898 increase in Medicaid DSH and Upper Payment Limit (UPL) program receivables as a result of timing of payments, a decrease of \$2,086 in due from third party payors and a \$322 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, decreased by a net of \$9,936, which is due to a decrease in assets designated for capital and technology projects of \$9,732, decrease in reserve account funding for actuarial liabilities and other limited use assets of \$2,796, and gains on investments of \$3,571.
- Capital assets, net, increased by \$14,828 primarily due to implementation costs of the EPIC EHR and Infor FSM ERP projects of \$25,951, offset by ongoing depreciation expense on all capital assets. Investments in capital assets are summarized in a following section.
- Deferred outflows of resources decreased \$59,162 due to combined decreases in differences between expected and actual actuarial experience and in changes in assumptions related to the pension and other post-employment benefits deferred outflows of resources.

Overall, total liabilities and deferred inflows decreased \$28,336 and net position decreased \$13,391 from 2024 to 2025.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits increased by \$5,797 due to timing of payments to vendors and employees at year-end along with increases in wage rates for employees.
- Accrued other liabilities decreased by \$9,823 primarily due to the decrease in Medicaid DSH of \$9,743 resulting from the DSH repayment of \$23.0 million.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

- Unearned revenue increased by \$72,337 due to an increase in deferred revenue related to Medicaid DSH of \$67,994, resulting from payments received prior to December 31, 2025, which historically were not received until the following year. Additionally, there is an increase in grants restricted for certain expenditures related to receipts of grant funds in advance of the costs being incurred.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2025.
- Deferred inflows of resources decreased \$107,277 largely as a result of decreases in differences between projected and actual investment earnings on pension plan investments.
- The long-term portion of self-insured obligations decreased by \$2,562 due to decreases in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims and payments made on those claims based on continued favorable experience. The current portion of these self-insured obligations decreased by \$451.
- Net pension liability, including current portion, increased \$20,263 due to differences between expected and actual experience and assumptions used to value the plan as of December 31, 2025.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$1,750 primarily as a result of unfavorable impact of a change in actuarial assumptions used to value the plan as of December 31, 2025.
- Net position decreased by \$13,391 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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 DSH 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.
- 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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Statements of Revenues, Expenses and Changes in Net Position

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

	2025	2024	2023	2025-2024	
				\$ Change	% Change
Net patient service revenue	\$ 698,822	\$ 656,228	\$ 603,720	\$ 42,594	6.5
Disproportionate share (DSH) revenue	112,738	164,953	107,105	(52,215)	(31.7)
Other operating revenue	98,971	72,133	46,639	26,838	37.2
Total operating revenues	910,531	893,314	757,464	17,217	1.9
Operating expenses:					
Payroll and employee benefits	534,560	463,302	440,770	71,258	15.4
Professional fees	115,564	112,289	110,577	3,275	2.9
Purchased services	78,665	72,027	81,712	6,638	9.2
Supplies	170,758	153,120	132,197	17,638	11.5
Other operating expenses	29,462	26,769	30,529	2,693	10.1
Depreciation and amortization	45,866	47,115	49,812	(1,249)	(2.7)
Total operating expenses	974,875	874,622	845,597	100,253	11.5
Operating (loss) income before pension and OPEB (benefit) expense, amortization components	(64,344)	18,692	(88,133)	(83,036)	444.2
Pension (benefit) expense, amortization component	(6,736)	30,347	39,752	(37,083)	(122.2)
OPEB (benefit) expense, amortization component	(5,683)	6,072	(20,424)	(11,755)	(193.6)
Operating loss	(51,925)	(17,727)	(107,461)	(34,198)	(192.9)
Non-operating revenues (expenses):					
Investment gain (loss)	11,105	7,411	6,283	3,694	49.8
Grant revenue and capital contribution	40,757	17,352	107,230	23,405	134.9
Interest expense	(13,328)	(12,021)	(12,264)	(1,307)	(10.9)
Total change in net position	(13,391)	(4,985)	(6,212)	(8,406)	(168.6)
Net position—beginning of year	(281,152)	(276,167)	(269,955)	(4,985)	(1.8)
Net position—end of year	\$ (294,543)	\$ (281,152)	\$ (276,167)	\$ (13,391)	(4.8)

Comparison of December 31, 2025 to December 31, 2024

Overall, total operating revenues increased by \$17,217 or 1.9% in 2025 with changes attributable to the following:

- Net patient service revenue increased \$42,594, or 6.5%, in 2025 as a result of a combination of an increase in contracted reimbursement rates, increases in case severity, increases in Medicare rates and other revenue cycle improvements. Provisions for bad debts increased by \$9,165 due to reserves related increased levels of uninsured patients stemming from the significant increase in ALC patients inhouse and discharged throughout the year.
- DSH revenue decreased by \$52,215, or 31.7%, in 2025 as a result of adjustments to prior year estimates as cost report years are finalized, an overall decrease in uncompensated care costs and an increase in the Indigent Care Adjustment payments that directly offset DSH revenue. This was partially offset by an increase in the nursing home upper payment limit payments of \$4,025. The upper payment limit increase is due to a CMS increase in the pool size as requested in the New York State Plan Amendment.
- Other operating revenue increased \$26,838, or 37.2% primarily due to growth in specialty pharmacy operations of \$17,822 and an increase in other operating grant revenue of \$7,860.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Total operating expenses including pension benefit and other post-employment benefit expenses increased \$51,415 or 5.6% in 2025. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$71,258 or 15.4%. Salaries and employee benefit expense as a percent of net patient service revenue increased by 5.9%, from 70.6% in 2024 to 76.5% in 2025.
 - Salaries have increased as a result of contracted rate and step increases and an increase in full time equivalents (FTEs) coupled with 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.
 - Pension expense decreased by \$29,945 as a result of changes in actuarial assumptions used to value the plan including investment returns and other demographic assumptions offset by a minor decrease in our proportionate share of that expense. While total actuarial pension expense has decreased due to these factors, in 2025, total employer NYS Pension Plan contributions increased by \$7,556 or 18.4%.
 - OPEB benefit decreased \$6,030 or 49.3% as a result of unfavorable differences between projected and actual experience of net claims cost.
- Purchased services have increased \$6,638 as a result of a non-recurring benefit during 2024 of \$4,692 due to a contract settlement with a vendor. Also included within the change in purchased services expense from 2024 is a reduction in total temporary agency fees of \$813.
- Supplies expense increased by \$17,638 or 11.5% as a result of significant growth in volume within the specialty pharmacy operations, pharmaceutical cost increases related to drug shortages and continued cost inflation on medical supplies, partially offset by decreases in supplies needed due to lower inpatient volume including the decline in total surgeries.

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Capital Assets, Net

At December 31, 2025, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$297,460 compared to \$282,632 at December 31, 2024, representing an increase of \$14,828 or 5.2%.

During 2025, the Corporation invested \$63,596 in various capital assets (\$37,601), leases (\$10,980) and SBITAs (\$15,015). Noteworthy investments in capital assets include costs associate with implementing a new EHR (\$22,698), financial, supply management and budgeting system, INFOR and Strata Jazz (\$2,560), and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include various IT Hardware (\$4,005), an automated medication management system (\$3,268), investments in a new robotic surgical system (\$1,414) and other necessary medical and non medical equipment. Noteworthy additions to SBITAs include a new payroll timekeeping system (\$2,745) IT networking software (\$2,846) and other medical and non-medical software. GASB Statement No. 87, Leases, establishes the foundational principle that leases are the 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 \$25,764 and \$22,797 in 2025 and 2024, 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 \$25,263 in 2025 and \$22,322 in 2024.

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. As of the date of this report, the Corporation has come to a tentative agreement with AFSCME for the period from January 1, 2027 through December 31, 2031.

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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.

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

**Statements of Net Position
December 31, 2025 and 2024
(Dollars in Thousands)**

	2025	2024
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	\$ 39,993	\$ 34,586
Investments	13,122	42,825
Assets whose use is limited	87,984	84,714
Patient accounts receivable, net	105,591	93,708
Other receivables	40,027	12,893
Supplies, prepaids and other	19,172	19,082
Total current assets	305,889	287,808
Assets whose use is limited	93,681	106,887
Capital assets, net	297,460	282,632
Other assets, net	7,710	9,978
Total assets	398,851	399,497
Deferred outflows of resources:		
Pension	72,607	121,188
Other post employment benefits	11,771	21,151
Other	8,200	9,401
Total deferred outflows of resources	92,578	151,740
Total assets and deferred outflows of resources	\$ 797,318	\$ 839,045
Liabilities, Deferred Inflows of Resources and Net Position		
Current liabilities:		
Current portion of long-term debt	\$ 13,215	\$ 12,755
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	16,912	15,147
Accounts payable	70,271	64,579
Accrued salaries, wages and employee benefits	44,606	44,501
Net pension liability	48,695	41,138
Other post employment benefits	13,996	12,767
Accrued other liabilities	47,735	57,559
Unearned revenue	153,494	81,157
Total current liabilities	418,924	339,603
Long-term debt, net	166,158	179,372
Long-term lease and SBITA liability, net	29,717	27,805
Net pension liability, net of current portion	126,892	114,186
Self-insured obligations	42,278	44,840
Other post employment benefits, net of current portion	266,350	265,829
Other	5,841	5,584
Total liabilities	1,056,160	977,219
Deferred inflows of resources:		
Pension	20,058	95,637
Other post employment benefits	14,474	45,778
Leases	1,169	1,563
Total deferred inflows of resources	35,701	142,978
Net Position:		
Net investment in capital assets	71,350	46,303
Restricted:		
Expendable	38,938	46,938
Unrestricted	(404,831)	(374,393)
Total net position	(294,543)	(281,152)
Total liabilities, deferred inflows of resources and net position	\$ 797,318	\$ 839,045

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$21,828 and \$12,663 for 2025 and 2024, respectively	\$ 698,822	\$ 656,228
Disproportionate share revenue (DSH)	112,738	164,953
Other operating revenue	98,971	72,133
Total operating revenues	910,531	893,314
Operating expenses:		
Payroll and employee benefits	534,560	463,302
Professional fees	115,564	112,289
Purchased services	78,665	72,027
Supplies	170,758	153,120
Other operating expenses	29,462	26,769
Depreciation and amortization	45,866	47,115
Total operating expenses	974,875	874,622
Operating (loss) income before pension (benefit) expense and OPEB (benefit) expense, amortization components	(64,344)	18,692
Pension (benefit) expense, amortization component	(6,736)	30,347
OPEB (benefit) expense, amortization component	(5,683)	6,072
Operating loss	(51,925)	(17,727)
Nonoperating revenues (expenses):		
Investment gain	11,105	7,411
Grant revenue	39,876	17,333
Interest expense	(13,328)	(12,021)
Total nonoperating revenues	37,653	12,723
Loss before capital contributions	(14,272)	(5,004)
Capital contributions	881	19
Total change in net position	(13,391)	(4,985)
Net position—beginning of year	(281,152)	(276,167)
Net position—end of year	\$ (294,543)	\$ (281,152)

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 658,648	\$ 691,467
Payments to employees for salaries and benefits	(550,700)	(422,231)
Payments to vendors for supplies and other	(395,509)	(345,921)
Other receipts	284,046	171,416
Net cash (used in) provided by operating activities	(3,515)	94,731
Cash flows from capital and related financing activities:		
Purchases of capital assets	(37,220)	(12,551)
Payments on long-term debt	(12,754)	(12,255)
Interest paid on long-term debt	(9,109)	(9,797)
Payments on leases and SBITAs	(18,824)	(15,676)
Interest paid on leases and SBITAs	(1,701)	(2,224)
Net cash used in capital and related financing activities	(79,608)	(52,503)
Cash flows from noncapital financing activities:		
Grant funding	40,757	17,333
Net cash provided by noncapital financing activities	40,757	17,333
Cash flows from investing activities:		
Sales (purchases) of assets whose use is limited, net	9,936	(20,980)
Investment gain	11,498	7,411
Sales (purchases) of investments	26,339	(32,179)
Net cash used in investing activities	47,773	(45,748)
Net change in cash and cash equivalents	5,407	13,813
Cash and cash equivalents:		
Beginning	34,586	20,773
Ending	\$ 39,993	\$ 34,586

Noncash capital and related financing activities:
Included in accounts payable at December 31, 2025 and 2024, was \$3,573 and \$624, 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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Reconciliation of operating loss to net cash		
(used in) provided by operating activities:		
Operating loss	\$ (51,925)	\$ (17,727)
Adjustments to reconcile operating loss to net cash		
(used in) provided by operating activities:		
Depreciation and amortization	45,866	47,115
Provision for bad debts	21,828	12,663
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(33,711)	(3,982)
Other receivables	(27,134)	27,715
Supplies, prepaids and other	2,178	(4,754)
Deferred outflows of resources	59,162	7,724
Accounts payable	1,495	9,313
Accrued liabilities	(4,628)	20,436
Unearned revenue	72,337	5,355
Estimated third-party payor settlements	(1,157)	(1,157)
Self-insured obligations	(2,562)	(7,281)
Net pension liability	20,263	(43,612)
OPEB	1,750	(15,315)
Deferred inflows of resources	(107,277)	58,238
Net cash (used in) provided by operating activities	\$ (3,515)	\$ 94,731

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, 2025 and 2024
(Dollars in Thousands)

	2025			2024		
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total
Assets						
Current assets:						
Cash and cash equivalents	\$ -	\$ 268	\$ 268	\$ 2,239	\$ 269	\$ 2,509
Investments	-	-	-	-	-	-
Other receivables	-	-	-	1,235	-	1,235
Supplies, prepaids and other	-	-	-	13	-	13
Total current assets	-	268	268	3,487	269	3,757
Other receivables	-	-	-	-	-	-
Endowment and other investments	-	9,887	9,887	4,005	9,898	13,903
Equipment and vehicles, net	-	-	-	-	-	-
	-	9,887	9,887	4,005	9,898	13,903
Total assets	\$ -	\$ 10,155	\$ 10,155	\$ 7,492	\$ 10,167	\$ 17,660
Liabilities and Net Position						
Current liabilities:						
Accounts payable	\$ -	\$ -	\$ -	\$ 257	\$ -	\$ 257
Funds held in custody for others	-	-	-	897	-	897
Total current liabilities	-	-	-	1,154	-	1,154
Long-term liabilities:						
Related party	-	-	-	-	-	-
Unearned revenue	-	-	-	309	-	309
Total liabilities	-	-	-	1,463	-	1,463
Net Position						
Restricted:						
Nonexpendable	-	10,000	10,000	50	10,000	10,050
Expendable	-	155	155	3,078	167	3,246
Unrestricted	-	-	-	2,901	-	2,901
Total net position	-	10,155	10,155	6,029	10,167	16,197
Total liabilities and net position	\$ -	\$ 10,155	\$ 10,155	\$ 7,492	\$ 10,167	\$ 17,660

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, 2025 and 2024
(Dollars in Thousands)

	2025			2024		
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total
Operating revenues:						
Grants, contributions and special events	\$ -	\$ -	\$ -	\$ 3,754	\$ -	\$ 3,754
Total operating revenues	-	-	-	3,754	-	3,754
Operating expenses:						
Program services and grants	-	450	450	697	500	1,197
Fundraising	-	-	-	1,815	-	1,815
Other operating expenses	-	1	1	941	1	941
Total operating expenses	-	451	451	3,453	501	3,953
Operating income (loss)	-	(451)	(451)	301	(501)	(199)
Nonoperating revenue:						
Investment income (loss)	-	439	439	61	436	497
Change in net position	-	(12)	(12)	362	(65)	298
Net position—beginning of year	-	10,167	10,167	5,667	10,232	15,899
Net position—end of year	\$ -	\$ 10,155	\$ 10,155	\$ 6,029	\$ 10,167	\$ 16,197

See notes to the financial statements.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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, 2025, \$765 was owed from GLIN, whereas \$393 was owed to GLIN as of December 31, 2024. Contributions to GLIN 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 two discretely presented component units. The two 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 1. Organization (Continued)

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.

Preferred Physician Care, P.C. (dba, Premier Health Partners): This entity is owned by the medical director of the Hospital and was formed for the purchase and operation of physician practices in the community and provides physician and advanced practice providers services to the Hospital.

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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 \$789 and \$3,508 in total operating revenues for the years ended December 31, 2025 and 2024, 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, 2025 and 2024 was approximately \$62,185 and \$72,469, 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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

	2025	2024
DSH and Upper Payment Limit (UPL) reimbursement (Note 5)	\$ 28,898	\$ -
Due from affiliated organizations and joint ventures	437	867
Due from third-party payors	5,287	7,374
Other	5,405	4,652
	<u>\$ 40,027</u>	<u>\$ 12,893</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, 2025 and 2024, is \$6,650 and \$7,650, 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, 2025 and 2024 is \$334 and \$485, respectively.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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, 2025 and 2024, the Corporation's share of the net assets of Collaborative Care amounted to \$859 and \$1,351, 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, 2025 and 2024, the Corporation's share of the net assets of GLIN amounted to \$4,641 and \$6,283, 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. The amounts will be recognized as revenue is earned or when eligibility requirements have been met.

Pensions: For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, pension expense, information about the fiduciary net position of the New York State and Local Retirement System (NYSLRS) and additions to/deductions from the NYSLRS' fiduciary net position have been determined on the same basis as they are reported by the NYSLRS. The NYSLRS uses the economic resources measurement focus and the full accrual basis of accounting. Contributions are recorded as contributions are due pursuant to legal requirements. Benefit payments are recognized as expense when due and payable in accordance with the benefit terms.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Other postemployment benefit costs (OPEB): For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to healthcare costs, and OPEB expense information about the fiduciary net position of the plan and additions to/deductions from the plan's fiduciary net position have been determined on the same basis as they are reported by the plan. The plan uses the economic resources measurement focus and the full accrual basis of accounting. For this purpose, the plan recognizes benefit payments when due and payable in accordance with the benefit terms.

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:

	2025	2024
Accrued compensated absences, beginning of year	\$ 18,130	\$ 17,496
Compensated absences earned	26,667	24,733
Compensated absences paid out	(25,150)	(24,099)
Accrued compensated absences, end of year	<u>\$ 19,647</u>	<u>\$ 18,130</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.

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

**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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. Generally, it is the Corporation's policy to consider restricted resources to have been spent first when an expenditure is incurred for which both restricted and unrestricted resources are available.

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 \$3,649 and \$3,944 for the years ended December 31, 2025 and 2024, respectively. Additionally, the Corporation provided approximately \$6,904 and \$4,245 in discounts to self-pay patients for the years ended December 31, 2025 and 2024, 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 3.72% 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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.

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, 2025, the Corporation adopted 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. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

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

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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 assets 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.

In December 2025, GASB issued Statement No. 105, *Subsequent events*. This Statement defines subsequent events as transactions or other events that occur after the date of the financial statements but before the date the financial statements are available to be issued. This Statement describes the date the financial statements are available to be issued as the date at which (1) the financial statements are complete in a form and format that complies with generally accepted accounting principles and (2) approvals necessary for issuance have been obtained. That definition modifies the subsequent events time frame throughout the GASB literature. This Statement also requires the date through which subsequent events have been evaluated to be disclosed. This Statement clarifies the subsequent events that constitute recognized and nonrecognized events and establishes specific note disclosure requirements for nonrecognized events. The requirements of this Statement are effective for fiscal years beginning after June 15, 2026, and all reporting periods thereafter. 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 [DATE], the date the financial statements were available to be issued.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 3. Federal Emergency Management Agency (FEMA)

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, financial relief was provided through FEMA's Disaster Relief Fund. During the years ended December 31, 2025 and 2024, the Corporation recognized grant revenue received from FEMA to cover eligible COVID-19 related expenses in the amount of \$9,876 and \$17,333, respectively.

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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:

	2025	2024
Gross charges	\$ 2,054,143	\$ 1,852,746
Less:		
Discounts and allowances	1,333,493	1,183,855
Provision for bad debts	21,828	12,663
	\$ 698,822	\$ 656,228

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

	2025		2024	
	Amount	%	Amount	%
Medicare*	\$ 298,397	42.7%	\$ 250,023	38.1%
Commercial and other third-party payors	190,778	27.3%	166,026	25.3%
Medicaid*	176,103	25.2%	208,681	31.8%
No-fault	24,459	3.5%	26,249	4.0%
Self-pay	9,085	1.3%	5,249	0.8%
	\$ 698,822	100.0%	\$ 656,228	100.0%

*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:

	2025	2024
Gross accounts receivable	\$ 332,946	\$ 307,107
Less:		
Discounts and allowances	165,170	140,930
Allowance for bad debts	62,185	72,469
	\$ 105,591	\$ 93,708

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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, 2025 and 2024, the Corporation has recorded a liability of \$11,537 and \$13,604, respectively, 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:

	2025	2024
Medicare*	37.2%	33.6%
Medicaid*	28.2%	26.0%
Commercial and other third-party payors	26.9%	32.6%
No-fault	7.0%	7.4%
Self-pay	0.7%	0.4%
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 2025 and 2024, DSH funding recorded by the Corporation totaled \$112,738 and \$164,953, 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 \$93,435 and \$149,675 was recognized in 2025 and 2024, respectively. In addition, during 2025 and 2024, the Corporation recognized \$19,303 and \$15,278, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2025-2026, as determined by the DOH, using cost report year 2023 data.

**Erie County Medical Center Corporation
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Note 5. Disproportionate Share (DSH) Revenue (Continued)

CMS has indicated that cost reports dating back to the 2023 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:

	2025	2024
Cash and cash equivalents	\$ 39,993	\$ 34,586
Investments	13,122	42,825
Assets whose use is limited—current	87,984	84,714
Assets whose use is limited—noncurrent	93,681	106,887
	<u>\$ 234,780</u>	<u>\$ 269,012</u>
Designated:		
Self-insured obligations	\$ 50,870	\$ 53,666
Capital	50,200	59,930
Other	45,806	44,327
	<u>146,876</u>	<u>157,923</u>
Restricted:		
Debt service	26,331	24,560
Self-insured obligations	8,458	9,118
	<u>34,789</u>	<u>33,678</u>
Total assets whose use is limited	181,665	191,601
Less portion required for current liabilities	(87,984)	(84,714)
	<u>\$ 93,681</u>	<u>\$ 106,887</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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

**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, 2025, 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, 2025 and 2024, totaled \$44,386 and \$37,133, 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 which would require investments in government bonds carrying the explicit guarantee of the U.S. government. Investments in corporate bonds, short-term fixed income and government bonds would be required to be 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, 2025 and 2024.

**Erie County Medical Center Corporation
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**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.

The Corporation's investment securities are invested in various mutual funds, index funds and exchange-traded funds as summarized below:

	2025			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 39,993	\$ -	\$ -	\$ 39,993
Investments and assets whose use is limited:				
Money market securities	115,347	-	-	115,347
Investment securities:				
Small/Mid cap equities	4,391	-	-	4,391
Growth equities	1,675	-	-	1,675
Core equities	13,685	-	-	13,685
International equities	12,095	-	-	12,095
Fixed income funds	47,594	-	-	47,594
Total investments and assets whose use is limited	194,787	-	-	194,787
Total	\$ 234,780	\$ -	\$ -	\$ 234,780

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

	2024			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 34,586	\$ -	\$ -	\$ 34,586
Investments and assets whose use is limited:				
Money market securities	163,669	-	-	163,669
Investment 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
Fixed income funds	44,367	-	-	44,367
Total investments and assets whose use is limited	234,426	-	-	234,426
Total	\$ 269,012	\$ -	\$ -	\$ 269,012

Note 7. Capital Assets, Net

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

	2025			
	Beginning Balance	Additions	Disposals/Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,221	\$ 12	\$ -	\$ 41,233
Buildings and improvements	549,452	1,699	-	551,151
Fixed/major moveable equipment	165,046	9,344	-	174,390
Total capital assets—being depreciated	755,719	11,055	-	766,774
Less accumulated depreciation	(523,225)	(28,681)	-	(551,906)
Total capital assets—being depreciated, net	232,494	(17,626)	-	214,868
Capital assets—not being depreciated:				
Construction in progress	5,019	29,114	(2,568)	31,565
Capital assets, net, excluding lease and SBITA assets	\$ 237,513	\$ 11,488	\$ (2,568)	\$ 246,433
Lease and SBITA assets, net (Note 8)				\$ 51,027
Total capital assets, net, as reported in statements of net position				\$ 297,460

**Erie County Medical Center Corporation
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Note 7. Capital Assets, Net (Continued)

	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)				<u>\$ 45,119</u>
Total capital assets, net, as reported in statements of net position				<u>\$ 282,632</u>

Construction in progress at December 31, 2025 and 2024, includes costs associated with various mechanical and electrical projects along with implementation of a new electronic health record and enterprise resource planning systems.

Depreciation expense amounted to \$28,681 and \$30,264 for the years ended December 31, 2025 and 2024, 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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:

	2025				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 12,199	\$ 490	\$ 223	\$ -	\$ 12,912
Equipment	42,540	10,257	(23)	21,774	31,000
Total lease assets being amortized	54,739	10,747	200	21,774	43,912
Less accumulated amortization:					
Real estate	3,753	1,158	-	-	4,911
Equipment	28,189	4,439	-	19,391	13,237
Total accumulated amortization	31,942	5,597	-	19,391	18,148
Lease assets, net	22,797	5,150	200	2,383	25,764
Subscription-based information technology assets	50,180	9,069	5,725	889	64,085
Less accumulated amortization	27,858	11,483	-	519	38,822
Subscription-based information technology assets, net	22,322	(2,414)	5,725	370	25,263
Lease and SBITA assets, net of accumulated amortization	\$ 45,119	\$ 2,736	\$ 5,925	\$ 2,753	\$ 51,027
	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

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)

As of December 31, 2025, the principal and interest requirements to maturity for the lease liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2026	\$ 6,376	\$ 1,134	\$ 7,510
2027	4,992	820	5,812
2028	3,830	562	4,392
2029	2,827	374	3,201
2030	2,295	219	2,514
2031-2035	3,834	367	4,201
2036-2040	264	2	266
	<u>\$ 24,418</u>	<u>\$ 3,478</u>	<u>\$ 27,896</u>

As of December 31, 2025, the principal and interest requirements to maturity for the SBITA liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2026	\$ 10,536	\$ 1,199	\$ 11,735
2027	7,029	664	7,693
2028	2,761	296	3,057
2029	1,278	114	1,392
2030	342	27	369
2031-2035	265	43	308
	<u>\$ 22,211</u>	<u>\$ 2,343</u>	<u>\$ 24,554</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 \$550 and \$822 at December 31, 2025 and 2024, respectively, deferred inflows of resources of \$1,169 and \$1,563 at December 31, 2025 and 2024, respectively, and lease revenue of \$932 and \$833 during the years ended December 31, 2025 and 2024, respectively.

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Note 9. Accrued Other Liabilities

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

	2025	2024
Due to Erie County	\$ 5,046	\$ 4,006
DSH and Upper Payment Limit (UPL) (Note 5)	-	9,743
Payor advances	11,537	13,604
Medical malpractice claims	2,155	2,133
Estimated third-party payor settlements	5,983	5,643
Asset retirement obligations	4,360	2,356
Workers compensation claims	6,192	6,665
Other	12,462	13,409
Total	<u>\$ 47,735</u>	<u>\$ 57,559</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 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 \$4,360 and \$2,356 at December 31, 2025 and 2024, 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, 2025 and 2024.

Note 10. Indebtedness

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

	2025				
	Beginning Balance	Additions	Payments	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 52,580	\$ -	\$ (4,635)	\$ 47,945	\$ 4,895
Direct placement:					
Erie County—2017 loan payable	84,525	-	(2,920)	81,605	2,997
Erie County—2017 loan payable	44,805	-	(4,386)	40,419	4,503
Erie County—2017 capitalized interest assumption obligation	7,036	-	(242)	6,794	249
Finance obligations	3,181	-	(571)	2,610	571
Total debt	<u>\$ 192,127</u>	<u>\$ -</u>	<u>\$ (12,754)</u>	<u>\$ 179,373</u>	<u>\$ 13,215</u>

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**Notes to the Financial Statements
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Note 10. Indebtedness (Continued)

	2024				
	Beginning Balance	Additions	Payments	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>

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2025 are as follows:

Years ending December 31:	
2026	\$ 13,215
2027	13,697
2028	14,198
2029	14,395
2030	14,895
2031-2035	69,032
2036-2040	39,941
Total	<u>\$ 179,373</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 \$4,895 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.

**Erie County Medical Center Corporation
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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 \$459 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 \$38 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 \$299 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. This obligation was fully satisfied in September 2025.

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 a revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2026. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. The line of credit is fully secured by collateral with an aggregate value of not less than \$10,000. Collateral pledged includes designated securities as defined by the pledge agreement. There was \$10,000 of outstanding borrowings against the line at both December 31, 2025 and 2024. The Corporation was in compliance with all financial and non-financial covenants as of December 31, 2025 and 2024.

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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 528,000 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, 2025 and 2024, the Corporation reported a liability of \$175,587 and \$155,324, 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 1st each year and rolled forward to March 31st. 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 2025 and 2024, which was 1.0241% and 1.0549%, respectively.

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Note 11. Pension Plan (Continued)

(a) Actuarial Assumptions

The total pension liability for the March 31, 2025 measurement date was determined using an actuarial valuation as of April 1, 2024, with update procedures used to roll-forward the total pension liability to March 31, 2025. The actuarial valuations used the following actuarial assumptions:

Inflation	2.9%
Salary increases	4.3%, 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, 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

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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	2025	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	25.0%	3.5%
International equity	14.0%	6.6%
Private equity	15.0%	7.3%
Real estate	12.0%	4.9%
Fixed income	22.0%	2.0%
Credit	4.0%	5.4%
Real assets	4.0%	5.6%
Opportunistic/absolute return strategy portfolio	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

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 portfolio	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 11. Pension Plan (Continued)

(c) Discount Rate

The discount rate used to measure the total pension liability as of December 31, 2025 and 2024 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, 2025 and 2024, 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:

	2025		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 508,170	\$ 175,587	\$ (102,121)
	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)

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 11. Pension Plan (Continued)

(d) Deferred Outflows and Inflows of Resources

At December 31, 2025 and 2024, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2025	2024
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 43,582	\$ 50,030
Changes in assumptions	7,364	58,725
Net difference between projected and actual investment earnings on pension plan investments	13,776	-
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	7,885	12,433
Total	\$ 72,607	\$ 121,188
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 2,056	\$ 4,235
Net difference between projected and actual investment earnings on pension plan investments	-	75,875
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	18,002	15,527
Total	\$ 20,058	\$ 95,637

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:	
2026	26,119
2027	42,668
2028	(15,745)
2029	(493)
	\$ 52,549

Annual Pension Expense

The Corporation's annual pension expense for calendar years ended 2025 and 2024, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$34,392 and \$64,435, respectively.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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 2025 and 2024, 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, 2025 and 2024, of \$280,345 and \$278,596, respectively, was determined by an actuarial valuation as of January 1, 2025 and 2024, respectively. The measurement date of the obligation is December 31, 2025 and 2024.

(a) Actuarial Assumptions

The total OPEB liability in the December 31, 2025, 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	8.5% for 2025, 4.0% ultimate trend rate in 2075
Medicare Plans	10.5% for 2025, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	10.0% for 2025, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	6.5% for 2025, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

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

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 12. Other Post-Employment Benefits (OPEB) (Continued)

(b) Changes in the OPEB Liability

	2025	2024
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 278,596	\$ 293,911
Service cost	2,250	3,153
Interest cost	11,130	9,983
Change of benefit terms	-	6,176
Difference between expected and actual experience	(1,121)	14,200
Change in assumptions	3,469	(36,699)
Actual benefit payments	(13,978)	(12,128)
Projected OPEB obligation at the end of year	<u>\$ 280,346</u>	<u>\$ 278,596</u>

(c) Discount Rate

The discount rate used to measure the total OPEB liability was 4.8% and 4.1%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2025 and 2024, 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 4.8%, 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 (3.8%) or one percentage point higher (5.8%) than the current rate.

	2025		
	1% Decrease (3.8%)	Discount Rate (4.8%)	1% Increase (5.8%)
The Corporation's total OPEB liability	\$ 316,282	\$ 280,346	\$ 250,524

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

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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.

	2025		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 247,796	\$ 280,346	\$ 319,620

	2024		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 244,305	\$ 278,596	\$ 320,448

(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at December 31, 2025 and 2024:

	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 6,022	\$ (1,288)
Changes in assumptions	5,749	(13,186)
Total	\$ 11,771	\$ (14,474)

	2024	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 9,881	\$ (7,662)
Changes in assumptions	11,270	(38,116)
Total	\$ 21,151	\$ (45,778)

**Erie County Medical Center Corporation
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(Dollars in Thousands)**

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

The net deferred outflows and inflows of resources at December 31, 2025, will be recognized as follows:

	<u>Amount</u>
Years ending December 31:	
2026	(2,350)
2027	(353)
	<u>\$ (2,703)</u>

(e) Annual OPEB Benefit

The Corporation's annual OPEB benefit for the years ended December 31, 2025 and 2024, was \$6,196 and \$12,226, 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, 2025, the Corporation received grant payments under this program in the amount of \$30,000 and recognized 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 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.

**Erie County Medical Center Corporation
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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, 2025 and 2024, are as follows:

The Corporation earned revenue totaling \$4,238 and \$3,969 for the years ended December 31, 2025 and 2024, 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 \$4,825 and \$3,737 at December 31, 2025 and 2024, 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, effective November 19, 2025, 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, 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, 2025 and 2024. 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 \$6,035 and \$5,806 as of December 31, 2025 and 2024, 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, 2025 and 2024, \$2,424 and \$3,312, 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 15. Self-Insured Obligations (Continued)

The Corporation has accrued \$30,825 and \$30,978 at December 31, 2025 and 2024, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.5% and 2.0% for 2025 and 2024, respectively 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 \$19,800 and \$22,660 at December 31, 2025 and 2024, respectively, for workers' compensation related exposures. Such amounts have been discounted at 3.25% and 1.75% for 2025 and 2024, respectively, 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 \$3,413 and \$1,166 in 2025 and 2024, 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:

	2025				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,978	\$ 1,998	\$ (2,151)	\$ 30,825	\$ 2,155
Workers' compensation	22,660	2,318	(5,178)	19,800	6,192
	<u>\$ 53,638</u>	<u>\$ 4,316</u>	<u>\$ (7,329)</u>	<u>\$ 50,625</u>	<u>\$ 8,347</u>
	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>

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

**Erie County Medical Center Corporation
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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, 2025 and 2024, 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, 2025, approximately \$4,600 has been spent on remediating and improving the land.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 17. Blended Component Unit Disclosures

The following is condensed combining information for the Corporation and the Corporation's blended component units, as described in Note 1, as of and for the years ending December 31, 2025 and 2024, respectively:

	2025			
	Erie County Medical Center Corporation	Total Blended Component Units	Eliminations	Total
Condensed statements of net position:				
Current assets	\$ 310,986	\$ 3,477	\$ (8,574)	\$ 305,889
Capital assets, net	291,749	5,711	-	297,460
Other assets	100,930	920	(459)	101,391
Deferred outflows of resources	92,578	-	-	92,578
Total assets and deferred outflows of resources	<u>\$ 796,243</u>	<u>\$ 10,108</u>	<u>\$ (9,033)</u>	<u>\$ 797,318</u>
Current liabilities	417,849	9,649	(8,574)	418,924
Noncurrent liabilities	637,236	-	-	637,236
Deferred inflows	35,701	-	-	35,701
Total liabilities and deferred inflows	<u>1,090,786</u>	<u>9,649</u>	<u>(8,574)</u>	<u>1,091,861</u>
Total net position	<u>(294,543)</u>	<u>459</u>	<u>(459)</u>	<u>(294,543)</u>
Total liabilities, deferred inflows and net position	<u>\$ 796,243</u>	<u>\$ 10,108</u>	<u>\$ (9,033)</u>	<u>\$ 797,318</u>
Condensed statements of revenues, expenses and change in net position:				
Net patient service revenue	\$ 696,220	\$ 2,602	\$ -	\$ 698,822
Disproportionate share revenue (DSH)	112,738	-	-	112,738
Other operating revenue	99,206	22,348	(22,583)	98,971
Total revenue	<u>908,164</u>	<u>24,950</u>	<u>(22,583)</u>	<u>910,531</u>
Operating expenses, excluding depreciation and amortization	926,402	24,927	(22,320)	929,009
Depreciation and amortization	45,730	136	-	45,866
Total operating expenses	<u>972,132</u>	<u>25,063</u>	<u>(22,320)</u>	<u>974,875</u>
Operating loss before pension and OPBE benefit, amortization components	(63,968)	(113)	(263)	(64,344)
Pension benefit, amortization component	(6,736)	-	-	(6,736)
OPEB benefit, amortization component	(5,683)	-	-	(5,683)
Operating loss	<u>(51,549)</u>	<u>(113)</u>	<u>(263)</u>	<u>(51,925)</u>
Non-operating revenues and expenses:				
Investment gain	11,105	-	-	11,105
Grant revenue	39,876	-	-	39,876
Contributions to component units	(50)	50	-	-
Interest expense	(13,328)	(263)	263	(13,328)
Capital contributions	881	-	-	881
Change in interest in component units	(326)	-	326	-
Net non-operating revenues and expenses	<u>38,158</u>	<u>(213)</u>	<u>589</u>	<u>38,534</u>
Total change in net position	<u>(13,391)</u>	<u>(326)</u>	<u>326</u>	<u>(13,391)</u>
Beginning net position	<u>(281,152)</u>	<u>785</u>	<u>(785)</u>	<u>(281,152)</u>
Ending net position	<u>\$ (294,543)</u>	<u>\$ 459</u>	<u>\$ (459)</u>	<u>\$ (294,543)</u>

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 17. Blended Component Unit Disclosures (Continued)

	2024			
	Erie County Medical Center Corporation	Total Blended Component Units	Eliminations	Total
Condensed statements of net position:				
Current assets	\$ 293,518	\$ 1,584	\$ (7,294)	\$ 287,808
Capital assets, net	277,043	5,589	-	282,632
Other assets	116,803	920	(858)	116,865
Deferred outflows of resources	151,740	-	-	151,740
Total assets and deferred outflows of resources	<u>\$ 839,104</u>	<u>\$ 8,093</u>	<u>\$ (8,152)</u>	<u>\$ 839,045</u>
Current liabilities	339,662	7,308	(7,367)	339,603
Noncurrent liabilities	637,616	-	-	637,616
Deferred inflows	142,978	-	-	142,978
Total liabilities and deferred inflows	<u>1,120,256</u>	<u>7,308</u>	<u>(7,367)</u>	<u>1,120,197</u>
Total net position	<u>(281,152)</u>	<u>785</u>	<u>(785)</u>	<u>(281,152)</u>
Total liabilities, deferred inflows and net position	<u>\$ 839,104</u>	<u>\$ 8,093</u>	<u>\$ (8,152)</u>	<u>\$ 839,045</u>
Condensed statements of revenues, expenses and change in net position:				
Net patient service revenue	\$ 656,228	\$ -	\$ -	\$ 656,228
Disproportionate share revenue (DSH)	164,953	-	-	164,953
Other operating revenue	72,246	10,461	(10,574)	72,133
Total revenue	<u>893,427</u>	<u>10,461</u>	<u>(10,574)</u>	<u>893,314</u>
Operating expenses, excluding depreciation and amortization	827,229	10,566	(10,288)	827,507
Depreciation and amortization	47,007	108	-	47,115
Total operating expenses	<u>874,236</u>	<u>10,674</u>	<u>(10,288)</u>	<u>874,622</u>
Operating income (loss) before pension and OPEB expense, amortization components	19,191	(213)	(286)	18,692
Pension expense, amortization component	30,347	-	-	30,347
OPEB expense, amortization component	6,072	-	-	6,072
Operating loss	<u>(17,228)</u>	<u>(213)</u>	<u>(286)</u>	<u>(17,727)</u>
Non-operating revenues and expenses:				
Investment gain	7,411	-	-	7,411
Grant revenue	17,333	-	-	17,333
Interest expense	(12,021)	(286)	286	(12,021)
Capital contributions	19	-	-	19
Change in interest in component units	(499)	-	499	-
Net non-operating revenues and expenses	<u>12,243</u>	<u>(286)</u>	<u>785</u>	<u>12,742</u>
Total change in net position	<u>(4,985)</u>	<u>(499)</u>	<u>499</u>	<u>(4,985)</u>
Beginning net position	<u>(276,167)</u>	<u>1,284</u>	<u>(1,284)</u>	<u>(276,167)</u>
Ending net position	<u>\$ (281,152)</u>	<u>\$ 785</u>	<u>\$ (785)</u>	<u>\$ (281,152)</u>

Required Supplementary Information

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**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, 2025
(Dollars in Thousands)**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Contractually required contribution	\$ 41,128	\$ 34,131	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722
Contributions in relation to the contractually required contribution	41,128	34,131	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722
Contribution deficiency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ECMCC covered-employee payroll	\$ 329,275	\$ 295,295	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691
Contributions as a percentage of covered-employee payroll	12.5%	11.6%	10.2%	13.1%	12.8%	12.6%	13.0%	13.3%	13.7%	16.0%

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, 2025
(Dollars in Thousands)

	2025	2024	2023	2022	2021	2020	2019	2018	2017
ECMCC proportion of the net pension liability (asset)	1.0241%	1.0549%	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%
ECMCC proportionate share of the net pension liability (asset)	\$ 175,587	\$ 155,324	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544
ECMCC covered-employee payroll	329,275	295,295	245,606	273,555	249,490	246,772	235,284	216,044	183,540
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	53.3%	52.6%	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%
Plan fiduciary net position as a percentage of the total pension liability	93.1%	93.9%	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%

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

2025: ERS salary scale was updated based on ten years of experience for fiscal years ending 2016 through 2025.

In addition, the retiree mortality assumption was updated based on 10 years of NYSLRS experience from April 1, 2015 through March 31, 2025.

Finally, the beneficiary mortality was updated to SOA's PUB-2016 mortality rates.

2024: There were no significant changes in assumptions

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Total OPEB liability:		
Service cost	\$ 2,250	\$ 3,153
Interest cost	11,130	9,983
Change of Benefit Terms	-	6,176
Differences between expected and actual experience	(1,121)	14,200
Changes of assumptions	3,469	(36,699)
Benefit payments	(13,978)	(12,128)
	<hr/>	<hr/>
Net change in total OPEB liability	1,750	(15,315)
Total OPEB liability—beginning	278,596	293,911
	<hr/>	<hr/>
Total OPEB liability—ending	\$ 280,346	\$ 278,596
	<hr/> <hr/>	<hr/> <hr/>
Covered employee payroll	\$ 83,664	\$ 85,437
Total OPEB liability as a percentage of covered employee payroll	335.09%	326.08%
Discount rate	4.8%	4.1%

Change in Benefit Terms

There were no significant changes in benefits during 2025 and 2024.

Changes of Assumptions

2025: The discount rate was increased from 4.1% to 4.8% as well as the annual rate of increase in healthcare costs was revised to the Society of Actuaries long-term healthcare costs trends model v2025_1b. Finally, the rates of retirement were updated based on an updated experience study.

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

**Report on Internal Control Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed
in Accordance With Government Auditing Standards**

Independent Auditor's Report

Board of Directors
Erie County Medical Center Corporation

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities and the aggregate discretely presented component units of Erie Medical Center Corporation (the Corporation), as of and for the year ended December 31, 2025, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated [DATE].

The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal controls over financial reporting or instances of reportable noncompliance associated with ECMC Foundation, Inc. and the Grider Initiative, Inc.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the basic financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Cleveland, Ohio

[DATE]

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**2025 ANNUAL REPORT OF
ERIE COUNTY MEDICAL CENTER CORPORATION**

(AS REQUIRED BY N.Y. PUBLIC AUTHORITIES LAW)



**Respectfully Submitted by the Corporation
March 31, 2026**

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- Compensation Schedule**

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- Corporation Expenditures in Excess of \$100,000**

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- Enabling Legislation**
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MESSAGE FROM THE LEADERSHIP OF ECMC CORPORATION

2025 was a year that saw significant challenges throughout the healthcare industry locally, in New York State and across the country. The combination of inadequate reimbursements – both governmental and private – soaring expenses, like pharmaceutical and supply costs and wage inflation, have had a profound impact on hospitals from coast to coast, particularly public safety net hospitals. Compounding this dynamic, especially for ECMC, is the increasing daily census of Alternative Level of Care (ALC) patients (averaging almost 60 ALC patients most recently – for context, before the pandemic our daily ALC census was ordinarily around 10-15) and an increase in insurance company-driven changes in patient status from admission to observation. These patients are at ECMC for 21 days or more, require the same amount of care, and we are reimbursed by the payers well under 50% of the revenue received per admission. And then additional impacts on healthcare were manifested through federal legislation, notably HR1.

Despite these challenges, throughout 2025, ECMC experienced continued growth and improvements to access and quality 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.

Operationally, 2025 statistics varied including modest increases in 2025 versus 2024 in Emergency and Outpatient visits, coupled with declines in total General Surgeries and Discharges. Discharges were specifically impacted by a dramatic increase of 14.6% in observation status cases as well as the increase in ALC patients. Despite these increases, the hospital's acute average length of stay was managed well and remained unchanged from 2024 to 2025.

Even with the aforementioned challenges that are not unique to ECMC, we are fortunate to have such dedicated and exceptional caregivers who provide kind, compassionate care to their patients every day. They are the firm foundation of ECMC. The caring culture they have created and maintained on our Grider Street health campus and at outlying sites, has fortified our recruitment efforts. ECMC has had tremendous success recruiting nurses in the past year, eliminating the use of all agency nurses at the end of 2025, which is highly unique in the overall national healthcare landscape. During the year, we have brought on 778 new hires that include 225 new RNs, 74 LPNs and 91 CNAs. We hear routinely that many of our new employees are attracted to ECMC based on their knowledge of our inclusive, supportive and compassionate workforce and supportive culture. We continue to elevate our surrounding community through extensive hiring from our own 14215 zip code, resulting in 14215 residents comprising the highest proportion of ECMC's employees. As ECMC also continues to work to increase access and address physician shortages in our community, 106 new physicians were onboarded during the year.

Following the tragic August 22nd tour bus accident on the NYS Thruway, 21 of the 54 injured occupants on the bus were transported to ECMC, four of them via Mercy Flight. Sadly, five individuals died at the scene of the accident. Within minutes of the news of the crash, we activated our Incident Command Center and called an external Code Triage for all staff in the hospital. Having trained routinely for Mass Casualty Incidents, most recently this past July, all of the necessary measures were activated, so that our caregivers would be ready to receive the injured tourists. As the day progressed, the patients were being cared for in various areas of the

hospital. Our ECMC Family proved throughout this tragic event how vitally important ECMC is to our community, particularly responding to a Mass Casualty Incident.

Among our many clinical accomplishments, accreditations and national recognition in 2025, the Joint Commission granted ECMC a three-year Comprehensive Accreditation. ECMC was also reverified as a Level 1 Trauma Center by the Committee on Trauma of the American College of Surgeons (ACS). By receiving the ACS's reverification, ECMC is deemed a Surgical Quality Partner of the ACS, which means ECMC is "...dedicated to surgical quality and is committed to maintaining the highest standards in surgical care." This reverification by the American College of Surgeons is another affirmation from a highly regarded national organization of ECMC's best-in-class, high-quality healthcare services. The Joint Commission also granted ECMC three-year Accreditation for Behavioral Health Opioid Treatment.

In addition, the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) has granted another Three-Year Accreditation to the cancer program at Erie County Medical Center. To earn CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. The CoC Accreditation Program demonstrates ECMC's focus on patients through various cancer-related programs that focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, and end-of-life care.

The Utilization Review Accreditation Commission (URAC) Accreditation Committee granted ECMC's Specialty Pharmacy full Accreditation, effective Jan 1, 2026 – Jan 1, 2028. URAC is an independent, nonprofit organization that sets quality standards and accredits various healthcare entities like health plans, pharmacies, and telehealth providers, ensuring they meet rigorous benchmarks for patient safety, effectiveness, and transparency, acting as a "gold standard" for quality beyond basic regulation. The organization commended ECMC for its commitment to promoting quality health services by obtaining URAC accreditation.

The Association for Advancement of Blood & Biotherapies, the national nonprofit professional, scientific and administrative association for individuals and institutions engaged in blood banking and transfusion medicine, accredited ECMC's transfusion activities effective July 1, 2025 – June 30, 2027.

ECMC's Laboratory Services received another two-year accreditation for ECMC's Transfusion Services following bi-annual on-site assessment by the Association for the Advancement of Blood and Biotherapies.

The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), congratulated ECMC on achieving a three-year Comprehensive Center with Obesity Medicine Qualifications accreditation. A MBSAQIP accreditation for ECMC formally acknowledges our commitment to providing and supporting quality improvement and patient safety efforts for metabolic and bariatric surgery patients. As an accredited program, ECMC demonstrated that we meet the needs of our patients by providing multidisciplinary, high-quality, patient-centered care.

Terrace View Long-Term Care Facility was again recognized on Newsweek's Best Nursing Homes 2026 list. This prestigious award, which Terrace View has received in six consecutive years. Of the approximate 600 skilled nursing facilities that operate in New York State, 93 received this recognition for 2026. Terrace View was ranked 45th of the 74 long-term care facilities in New York State with 150+ beds.

ECMC was again recognized by Healthgrades as a Five-Star Recipient for Total Hip Replacement for four consecutive years (2023-2026). This highly regarded national survey affirms that some of the best orthopedic care for patients in the nation is available at ECMC. As the #1 platform for finding a doctor and a leader in healthcare transparency, Healthgrades helps millions of consumers each month find and schedule appointments with their healthcare professional of choice and prepare for their appointments with best-in-class, treatment-focused content.

ECMC is first hospital in Western New York to install Medical Microinstruments, Inc.'s Symani® Surgical System, a first-of-its-kind robotic technology that uniquely addresses the scale and complexities of microsurgery. Surgeons at ECMC are now able to use microsurgical techniques with robotic precision to perform reconstruction of small blood and lymphatic vessels to help restore quality of life for more patients. The Symani® Surgical System is the sixth robotic surgical system now available at ECMC. ECMC's robotic surgery program has grown significantly over the last few years excelling the recruitment of physicians from across the country who have been trained on these systems. Most importantly, the expansion of our robotic surgery program will improve the quality of life for the patient populations that have suffered in the past from a lack of options.

We were pleased to receive a \$10.9 million grant for ECMC's Behavioral Health service via the NYS DOH's Statewide Health Care Facility Transformation Program IV. This critically important funding will support the expansion of ECMC's inpatient psychiatric service and upgrading our Comprehensive Psychiatric Emergency Program (CPEP). The grant supports our continuing efforts to expand services to meet the increasing demand for care and to provide appropriate care as the needs of the community evolve. The expansion of the inpatient psychiatric service will include a new 24-bed unit and renovations to CPEP to better serve patients dealing with various levels of Behavioral Healthcare needs.

Further related to Behavioral Health, ECMC joined colleagues from around Erie County to announce the Crisis to Care Collaborative, which brought together multiple organizations and agencies to collectively address Behavioral Health crises throughout our community. Together, the partners are working to lay the groundwork for a more coordinated, effective approach in helping anyone experiencing a behavioral health crisis. Various public, private, healthcare, and non-profit sector leaders from across Western New York gathered in May 2025 to launch the initiative—an innovative effort aimed at improving the response to people experiencing a mental health emergency.

In August, ECMC opened our new Breast Health Center, which provides a full continuum of care, from education and screening to reconstruction and oncology treatment in one centralized location. The new Breast Health Center offers mammography patients the gold standard in 3D imaging using Hologic Dimensions equipment as well as the Hologic bone density (DEXA) system. Breast ultrasound, also playing a critical role in mammography, is performed on a state-of-the-art Toshiba Sequoia unit. These services are offered daily and in one convenient suite

allowing the patient to move comfortably between modalities. The Center, the first bricks and mortar mammography suite in the Delevan-Grider neighborhood, supports the immediate needs of the neighborhood's residents, which is listed as "highest need" on the City's priority needs ranking map. Since opening, 411 women have been screened in the Center, 78% of whom are minority women.

We were very appreciative that Governor Kathy Hochul announced that ECMC and The State University of New York at Buffalo (UB) will receive funding over the next several years from our joint application to the state's Healthcare Safety Net Transformation Program. This award, one of 6 awarded in October 2025, was predicated on our joint application that focused on the shared commitment between ECMC and UB to provide a healthcare model that can achieve more integrated care, better workforce recruitment and retention, and enhanced financial sustainability. We are very thankful that New York State will support ECMC's and UB's collaborative efforts, which are focused on three areas:

- Improve patient experience through a new state-of-the-art electronic medical record system (EPIC), which has been coordinated in collaboration with UB, ECMC, and Kaleida Health to implement a community-wide shared electronic medical record system.
- Develop a Community Healthcare Pavilion and Learning Center on ECMC's Grider Street health campus that will bring together primary care, outpatient care, and diagnostic care in a patient-centered community environment in addition to new clinical learning and care simulation space. Care will be delivered by physicians who are part of the UBMD Physicians' Group, working in alignment with ECMC's mission to expand access to care for the community of Buffalo's East Side. The collaborative learning center will provide state-of-the-art space for training and educating physicians, residents, nurses, and other clinicians, linked to the current training assets provided through UB.
- Strengthen the primary care workforce by investing in physician training, recruitment and retention efforts to address the primary care needs of patients who live in Buffalo to create a physician pipeline to improve access to primary care on the ECMC campus and surrounding community.

Governor Hochul also announced \$20.7 million to support SNUG Street Outreach programs statewide, including \$2.8M for ECMC's SNUG program, that work to reduce gun violence and save lives in 14 communities across New York State. These grants to community-based organizations and hospitals fund outreach workers, hospital responders, social workers and case managers who are credible messengers and work with individuals at risk of gun violence, connecting them with support and services to change behavior and increase opportunities. Further, ECMC's BRAVE Trauma Recovery Center successfully completed and submitted our Office of Victim Services Grant and was awarded \$581,577.06 per year for three years. Our total new funding is \$1,744,731.18.

Premier Health Partners, PC, (PHP) a physician-led organization specializing in primary care, orthopedics and endocrinology located in four locations in the Northtowns and Southtowns, was launched in 2025. PHP brings together compassionate care and clinical excellence to serve the residents of Western New York. In partnership with ECMC, the new entity is committed to advancing wellness through trusted relationships, innovation, and inclusive, patient-centered care, bringing clinical excellence into the heart of communities across Western New York – making care more accessible, inclusive, and responsive to real lives.

As we always focus on quality, we were proud that America's Essential Hospitals (AEH) awarded ECMC a 2025 Gage Award honorable mention for population health at VITAL2025, the organization's annual conference. AEH recognized ECMC for its remote patient monitoring program to mitigate barriers to treatment for patients with hypertension.


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 and an A+ rating. Since 2020, ECMC has utilized over \$43.9 million in MWBE services on a variety of projects throughout our institution. And in the state's 2024-2025 fiscal year, ECMC was responsible for \$3.9 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 2025, we again exceeded 50% participation in charitable giving to the Annual Giving Campaign. With \$445,356 in total support in 2025, 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.

We also continue to recognize and support our nurses, and in 2025 the ECMC Foundation Nursing Education and Professional Development Fund supported 66 nursing scholarships and 21 nursing certifications. Since 2020 through 2025, 319 nursing scholarships and 163 nursing certifications have been granted. And to help prepare future nurses here at ECMC, from 2020 through 2025, we have hosted over 7,000 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 of training here.

ECMC's 108-year historical legacy on the Grider Street Health Campus has been filled with significant groundbreaking clinical achievements and overcoming external challenges to maintain the foundation of the institution, especially fulfilling our commitment to providing the highest quality care to every patient seeking our services, no matter their condition or circumstances. Despite challenges in healthcare, ECMC, thanks to our remarkably talented and dedicated caregivers – at every level of the institution – has never faltered in serving our community and providing every patient the highest quality of care delivered with compassion. We remain committed to that core principle, and we are resolute in our determination to maintain the level of high-quality healthcare services that has regularly been recognized by national third-party sources. While many challenges remain before us, we are confident we will continue to strengthen ECMC's longstanding position as our region's community hospital, providing hope and healing to the residents of Western New York.

Sincerely,


Thomas J. Quatroche Jr., PhD Eugenio Russi Michael A. Manka Jr., MD
President & Chief Executive Officer Chair, Board of Directors President, Medical Staff

CERTIFICATION

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™



2025 Accomplishments

- ECMC CEO Tom Quatroche recognized by City & State New York, the state's premier media organization dedicated to covering New York's local and state politics and policy, as one of the **NYS's 2025 Trailblazers in Health Care**. According to City and State, the "list features advocates, experts and analysts and a wide range of medical professionals who are committed to improving the health of New Yorkers. [It] puts a spotlight on scores of exceptional individuals who are improving patient outcomes in New York and beyond."
- 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. As a testament to the success of this unique program, a proposal outlining the program – ECMC's Healthcare Explorers Erie County Medical Center's Healthcare Explorers Program: High School Internship Opens Doors to Diverse Careers in Healthcare – was submitted for consideration as a presentation during this year's **America's Essential Hospitals' annual meeting (VITAL2025)** in Atlanta in June. The proposal was accepted for a 30-minute oral presentation under the Executive Leadership track VITAL2025, which is a very high-profile position at the annual meeting.
- Governor Kathy Hochul announced \$20.7 million to **support SNUG Street Outreach programs**, including \$2.8M for ECMC's SNUG program, that work to reduce gun violence and save lives in 14 communities across New York State. These grants to community-based organizations and hospitals fund outreach workers, hospital responders, social workers and case managers who are credible messengers and work with individuals at risk of gun violence, connecting them with support and services to change behavior and increase opportunities.
- Amanda Farrell's (BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst) abstract, **Optimizing Diabetes Management in Primary Care**, selected by the Program Planning Committee to present as a poster presentation at the **American Academy of Ambulatory Care Nursing's (AAACN) 2025 Annual Conference**, May 20-24, 2025, in San Diego.
- ECMC's Katie Fik, MSN, RN, CWON and Martha Metz, MS, RN, CPHQ were selected to present in Dallas, TX at the national convention for NPIAP (**National Pressure Injury Advisory Panel**) in late February. Their selected poster highlighted developing an algorithm for identification of hypoperfusion injuries in critically ill patients through an interdisciplinary team.
- The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), congratulated Erie County Medical Center Corporation on achieving a three-year **Comprehensive Center with Obesity Medicine Qualifications accreditation**. A MBSAQIP accreditation for Erie County Medical Center Corporation formally acknowledges your commitment to providing and supporting quality improvement and patient safety efforts for metabolic and bariatric surgery patients. As an accredited program you have demonstrated that your center meets the needs of your patients by providing multidisciplinary, high-quality, patient-centered care.

- Erie County Medical Center Corporation, comprising both Erie County Medical Center and Terrace View Long Term Care Facility, and **Aetna**, a CVS Health business, announced a multi-year agreement that brings ECMC providers and facilities in network for **Medicare Advantage health plan** members. This agreement took effect on April 1, 2025, and includes Erie County Medical Center's affiliated physicians, technicians and therapists. ECMC also participates in the Aetna Commercial health plan provider network.
- **Joint Commission** granted ECMC three-year Accreditation for Behavioral Health Opioid Treatment.
- Many clinicians from ECMC's Department of Dentistry/Division of Oral Oncology & Maxillofacial Prosthetics played a vital role at **American Academy of Oral Medicine Annual Conference** in mid-May in Las Vegas. This year's conference was held in conjunction with the European Academy of Oral Medicine to learn about updates in the practice of oral medicine, treatment of oral cancer, and the link between oral health and systemic health. Dr. Jennifer Frustino (ECMC's Associate Chief of Dental Service, Director of Oncology Research, and AAOM Co-chair of the Scientific Sessions Committee) facilitated multiple lectures given by international experts on oral health, including a lecture by Dr. Amanda Colebeck (ECMC's Program Director of Maxillofacial Prosthetics Fellowship) on Maxillofacial Rehabilitation of the Oral Cancer Patient. Dr. Frustino also presented a poster on the results of an NIH-funded study on the interaction of HPV and HIV infection. Dr. Elizabeth Kapral (ECMC's Director of Special Needs Dentistry and AAOM Chair of the Academic Fellowship Committee) presented the Academic Fellowship exam and was awarded a Certificate of Merit for dedication to the Academy. Dr. Erica Hartmann (ECMC's Associate General Practice Residency Director) challenged the Academic Fellowship Exam this year. Dr. Elizabeth Hatton (ECMC's Maxillofacial Prosthodontics Fellow) presented a poster on a novel digital/analog workflow for fabrication of maxillofacial prosthetics.
- ECMC CEO Tom Quatroche joined colleagues from around Erie County to announce the **Crisis to Care Collaborative**, which brought together multiple organizations and agencies to collectively address behavioral health crises throughout Western New York. Together, the partners are working to laying the groundwork for a more coordinated, effective approach in helping anyone experiencing a behavioral health crisis.
- ECMC is grateful to Univera Healthcare for receiving their **Health Equity Innovation Award**, which supports our Dentistry and Oral Oncology outreach programs. Thanks to this key support, ECMC's caregivers are able to provide essential health screenings at community-based events away from our Grider Street health campus including: primary care, smoking cessation, dentistry, and oncology.
- ECMC **reverified as a Level 1 Trauma Center** through 3/11/28 by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the **American College of Surgeons (ACS)**.
- **America's Essential Hospitals** awarded ECMC a 2025 Gage Award honorable mention for population health at a June 12th luncheon at VITAL2025, the organization's annual conference, in Atlanta. AEH recognized ECMC for its remote patient monitoring program to mitigate barriers to treatment for patients with hypertension.

- Charlene Ludlow MS, RN, CIC, Senior VP of Nursing participated a **NYSDOH-sponsored Stakeholder Summit on NYS's Nursing Workforce** in Albany, NY on Monday, June 9th. Charlene joined four nursing leadership colleagues from across the state in a panel discussion during the summit that focused on Nursing Education and Training. This comprehensive panel discussion explores innovative strategies for addressing nursing workforce challenges through targeted education and training initiatives. The discussion covers critical workforce development strategies including effective recruitment through enhanced preceptor programs, the development of nursing faculty pipelines to address educational capacity constraints, and innovative nurse residency programs designed for specialized settings like long-term care and home health. Panelists examine how educational approaches must adapt to meet the learning preferences of today's nursing graduates while addressing the unique requirements of various healthcare environments.
- ECMC's **Hypertension Remote Patient Program** was highlighted in the HANYS book *Connecting with Communities: Community Health Initiatives Across New York State*, which was posted on the HANYS community health webpage and released to their statewide membership and distributed at the HANYS Annual Membership Conference June 18-20 in Saratoga Springs.
- Erin Conley, ECMC's Manager of HR Operations & Emily Beauchamp MHA, ECMC's Assistant Director of Population Health were chosen to make a **presentation on ECMC's Healthcare Explorers program in the Executive Leadership Lessons Track during America's Essential Hospitals' annual conference VITAL2025** on June 12th in Atlanta. This program, which has engaged more than 240 students from 50+ schools in WNY, offers high school students a unique, immersive summer experience to explore diverse health care careers and helps students discover the full spectrum of health care professions while enhancing their resumes and building valuable networks.
- In partnership with HANYS, the **American Hospital Association presented its 2025 New York State Grassroots Champion Award to Thomas Quatroche Jr., PhD, president and CEO of Erie County Medical Center**, in recognition of his effective and persistent advocacy for New York hospitals and health systems. The award was presented to Dr. Quatroche on Thursday, June 19th during the HANYS Annual Conference in Saratoga Springs, NY. "Tom has made it a point to be visible in Washington to meet with lawmakers. He takes the time to educate lawmakers on the critical role hospitals and health systems play in their communities and helps them understand the impact federal policy has on patients," said HANYS President Bea Grause, RN, JD. "Tom works in close partnership with HANYS and the AHA to ensure he is advancing the field through advocacy on a bipartisan basis. As a leader of a safety-net hospital, he knows how important it is to advocate for his community to ensure access to care is there 24/7. We congratulate him on this deserved recognition." AHA's Grassroots Champion Award recognizes hospital leaders who most effectively educate elected officials on how major issues affect the hospital's vital role in the community, have done an exemplary job in broadening the base of community support for the hospital and are tireless advocates for hospitals and patients. The award is presented annually to one individual from each state.

- ECMC has been awarded **funding from HRSA for the Special Needs Dental Program**. Funding is for 1 year at \$450,000 with a recommendation to fund an additional four years at \$450,000 each subject to availability.
- The BRAVE Trauma Recovery Center successfully completed and submitted our **Office of Victim Services Grant** several months ago. We were awarded \$581,577.06 per year for three years. Our total new funding is \$1,744,731.18.
- The **Association for Advancement of Blood & Biotherapies (AABB)**, the national nonprofit professional, scientific and administrative association for individuals and institutions engaged in blood banking and transfusion medicine, accredited ECMC's transfusion activities effective July 1, 2025 – June 30, 2027.
- ECMC Laboratory Services received another two-year accreditation for ECMC's Transfusion Services following bi-annual on-site assessment by the **Association for the Advancement of Blood and Biotherapies (AABB)**.
- ECMC selected as a pilot site for the **Caring for Caregivers (C4C) initiative**, led by HANYS and Rush University Medical Center with generous support from the Health Foundation for Western and Central New York. As part of this opportunity, our organization will also receive \$25,000 in funding to support this important work. ECMC's application was recognized for demonstrating strong organizational readiness, a clear commitment to Age-Friendly care, and a thoughtful approach to supporting caregivers. This initiative will allow ECMC to advance our efforts in caregiver identification, assessment, and referral, further strengthening the care we provide to our community.
- ECMC received a \$10.9 million grant for its Behavioral Health service via the NYS DOH's **Statewide Health Care Facility Transformation Program IV**. This critically important funding will support the expansion of ECMC's inpatient psychiatric service and upgrading our Comprehensive Psychiatric Emergency Program (CPEP). The grant supports our continuing efforts to expand services to meet the increasing demand for care and continue our efforts to provide appropriate care as the needs of the community evolve. The expansion of the inpatient psychiatric service will include a new 24-bed unit and include renovations to CPEP to better serve patients dealing with various levels of Behavioral Healthcare needs.
- The **Joint Commission** granted ECMC three-year Comprehensive Accreditation.
- Terrace View Long-Term Care Facility recognized on **Newsweek's Best Nursing Homes** 2026 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 sixth consecutive year Terrace View has received this recognition.
- **ECMC Internal Medicine Center & ECMC Family Health Center both achieved "Silver +" for Target BP**, and both centers also achieved participants status awards for diabetes, for the work completed in 2024 by the **American Heart Association/American Medical Association**.

- Members of ECMC's Department of Dentistry, Oral Oncology and Maxillofacial Prosthetics participated recently in the **American Academy of Maxillofacial Prosthetics Annual Meeting** in New Orleans. ECMC's Maxillofacial Prosthetics Fellowship Program Director Dr. Amanda Colebeck, DDS, MS, FACP was invited by the meeting organizers to speak to the attendees on the workflows used at ECMC for the fabrication of speech aid and palatal lift prosthetics for the restoration of speech, swallowing and patients' improved quality of life.
- ECMC announced it has again achieved a Five-Star Distinction in Total Hip Replacement (2023-26) from **Healthgrades**.
- **The Commission on Cancer (CoC)**, a quality program of the American College of Surgeons (ACS) granted Three-Year Accreditation to the cancer program at Erie County Medical Center. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.
- Received official notification on November 14th, that **ECMC's SNUG grant** has been refunded for \$2,864,635 by the NYS Division of Criminal Justice Services (DCJS) for the period January 1, 2026 to December 31, 2026.
- **URAC Accreditation Committee** granted ECMC's Specialty Pharmacy full Accreditation, effective Jan 1, 2026 – Jan 1, 2028. Utilization Review Accreditation Commission (URAC) is an independent, nonprofit organization that sets quality standards and accredits various healthcare entities like health plans, pharmacies, and telehealth providers, ensuring they meet rigorous benchmarks for patient safety, effectiveness, and transparency, acting as a "gold standard" for quality beyond basic regulation. The organization commended ECMC for its commitment to promoting quality health services by obtaining URAC accreditation.
- Purchased and installed Medical Microinstruments, Inc. **Symani® Surgical System**, a first-of-its-kind robotic technology that uniquely addresses the scale and complexities of microsurgery. Surgeons at ECMCC will now be able to use microsurgical techniques with robotic precision to perform reconstruction of small blood and lymphatic vessels to help restore quality of life for more patients. The Symani® Surgical System is the sixth robotic surgical system now available at ECMCC.
- Thank you for participating in the licensing process in which New York State Office of Mental Health (OMH) conducted a review of Erie County Medical Center CPEP. **This process resulted in OMH's determination that the CPEP Crisis Intervention program is in substantial compliance with applicable regulations and requirements.** Therefore, OMH reissued an operating certificate in the Outpatient Facilities Class to Erie County Medical Center in accordance with Article 31 of the Mental Hygiene Law and Title 14 of the Codes, Rules and Regulations of the State of New York (NYCRR). This certification is effective on January 1, 2026, and renewable on December 31, 2028.
- ECMC is thrilled that our new website earned an Institutional Website category Gold Award in the recent **Healthcare Digital Marketing Awards**, which is a prestigious national awards program that recognizes excellence in healthcare and medical marketing. Developed, designed and executed in close collaboration with our talented and excellent partners at The Martin Group, the new ECMC website reflects the high-quality, patient-centered care that is our hallmark. This year, entries poured in from nearly five hundred healthcare and medical institutions nationwide, and the HDM Awards judging panel (comprised of esteemed healthcare marketers, creative directors, and marketing professionals) meticulously evaluated the submissions to identify the best in the industry.

- ECMC named to the inaugural **Forbes Top Hospital 2026** list, ECMC again receives national third-party recognition for delivering high-quality healthcare services to the residents of Western New York.

2025 PERFORMANCE GOALS/OUTCOMES

ECMC Strategic Plan Priorities and Goals

1. **Patient Throughput Optimization** – Improve the efficient flow of patients across acute care and ambulatory settings by streamlining processes, reducing delays, and ensuring timely access to care while maintaining high standards of quality and patient experience.
2. **Quality Excellence** – Strengthen the delivery of safe, evidence-based care by advancing clinical standards, improving outcomes, and promoting continuous quality improvement across all hospital and ambulatory care settings.
3. **Post-Acute Strategy** – Strengthen coordination and continuity of care beyond hospitalization by developing partnerships and care pathways that support effective transitions, improve patient outcomes, and reduce avoidable readmissions across post-acute settings.
4. **Capacity & Efficiency** – Optimize the use of clinical space, staffing, and operational resources to increase access to care, improve patient flow, and support the timely delivery of high-quality services across the organization.
5. **Move to Value** – Advance the transition to value-based care by aligning clinical, operational, and financial strategies to improve patient outcomes, enhance care coordination, and deliver high-quality care in the most efficient and cost-effective manner.
6. **Service Line Development** – Strengthen and expand key clinical service lines by aligning resources, expertise, and strategic investments to enhance patient access, improve outcomes, and support the organization’s long-term growth and sustainability.

Progress Against Strategic Plan Priorities and Goals

1. Exceptional Quality and Experience

- VITAL 2025: Presented ECMC’s Population Health & Ambulatory Services *Advancing Hypertension Control in Disparate Populations* and won the 2025 Gage Award Honorable Mention for the Population Health track. This recognition affirms our commitment to caring for the vulnerable populations who rely on us most. Through our remote patient monitoring program, we’re breaking down barriers by bringing blood pressure management into patients’ homes and expanding access to care. Over 900 patients have enrolled, with hypertension control rates rising from 24% to 73%—demonstrating the program’s impact on reducing disparities and improving health outcomes. This award reflects our team’s dedication to delivering effective care where it’s needed most.
- Co-hosted the American Diabetes Association State of Diabetes in November 2025.

- 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.
- Population Health attended the American Academy of Ambulatory Care Nursing (AAACN) 2025 Conference in San Diego, CA, and presented on *Optimizing Diabetes Management in Primary Care*. This initiative focused on developing and implementing a comprehensive, team-based diabetes management protocol designed to improve glycemic control, streamline care delivery, and address social determinants of health, including transportation barriers and health literacy. Interventions included personalized education, medication counseling, lifestyle modification support, proactive outreach, and coordinated care. From 2021 to 2024, the proportion of patients achieving glycemic control increased from 49.9% to 66.8%, with the average A1C decreasing to 7.3%.
- Obtained Patient Centered Medical Home (PCMH) Recognition for the Internal Medicine Center, the ECMC Family Health Center, and Grider Family Health Center.
- Launched the start of ECMC's first comprehensive Lymphedema Program, expanding access to specialized diagnosis, therapy, and long-term management for patients with cancer-related and chronic lymphatic conditions, improving functional outcomes and quality of life for patients across Western New York.
- Established ECMC's Rhinology, Sinus, and Skull Base Surgery Program with the recruitment of Dr. Matthew Kabalan, expanding access to advanced surgical care for patients with complex sinus disease and skull base conditions while strengthening ECMC's specialized ENT services for the community.
- ECMC received accreditation renewal for the Commission on Cancer (COC) accreditation program.
- The American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited the Erie County Medical Center Corporation a three-year Comprehensive Center with Obesity Medicine Qualifications accreditation.
- The Joint Commission granted a three-year Accreditation for Behavioral Health Opioid treatment.
- Level 1 Trauma Center was reverified by the American College of Surgeons.
- The Association for Advancement of Blood & Biotherapies (AABB) accredited ECMC's transfusion activities for 3 years.

- The Joint Commission granted ECMC a three- year accreditation.
- New York State Office of Mental Health (OMH) reissued an operating certificate in the Outpatient Facilities Class for our CPEP Crisis Intervention program for 3 years.

2. Cultural Identity

- 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.
- The Spirituality in Healthcare program, facilitated by the Office of Diversity, Equity, and Inclusion in partnership with the Spiritual Care Department, is an educational initiative designed for staff who work closely with patients. The program increases awareness of diverse cultural, religious, and spiritual perspectives, particularly as they relate to end-of-life care, dietary practices, medical decision-making, and family roles. Through lectures and engaging dialogue, participants gain insight into how beliefs and traditions can shape patient preferences and experiences. This program fosters cultural humility, strengthens communication, and supports respectful, patient-centered care across all backgrounds.

3. Campus Transformation

Main Hospital – New Mammography Suite. [ECMC's Breast Health Center offers mammography patients the gold standard in 3D imaging using Hologic Dimensions equipment as well as the Hologic bone density (DEXA) system. Breast ultrasound also plays a critical role in mammography and as is performed in the clinic using a state-of-the-art Toshiba Sequoia unit. These services are offered daily and in one convenient suite allowing the patient to move comfortably between modalities.]

- Lab Building – Analytical Specimen Equipment Replacement.
- Main Hospital – Main Kitchen Walk-in Freezer/Cooler Replacement.

4. Performance Improvement

- IT accomplishments:
 - Epic 2025 major accomplishments include:
 - ECMC notified of NYS Transformation Grant award, will provide ECMC funding for its Epic and Infor projects, expected in 2026.
 - OneEpic implementation on schedule and on-budget, go-live scheduled for 10/24/26.

- 15 analysts trained and certified in various areas of Epic to support ECMC (inpatient, ambulatory, lab, pharmacy, interface, reporting and business intelligence, and others).
 - Validation of ECMC localization configurations and completion of change summits and impact assessments.
- 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.
- Other Key Accomplishments:
 - Infor ERP kickoff in June 2025, on schedule for 7/1/26 go-live.
 - E-Signature for registration go-live (April 2025) and GI/Cysto bedside consents go-live (September 2025).
 - Fuji PACS go-live (February 2025), first major clinical system fully integrated with KH and GLMI. Allows caregivers to see historical imaging for ECMC patients from partner systems, reducing duplicate imaging and improving patient care.
 - Provation (EndoPro replacement) implemented Q2 2025.
 - ReadySet implemented Q3 2025.
 - Meditech regulatory upgrade Q3 2025.
 - Experian Self-scheduling pilot rollout to Employee Health Q4 2025.
 - Altera regulatory upgrade Q4 2025.
- Expanded the Comprehensive Transition of Care (CTOC) program from pilot to all medical services, significantly increasing patient eligibility and strengthening efforts to reduce 30-day readmissions and improve hospital throughput.
- Implemented Retinavue (in office diabetic eye screening) in the primary care clinics to increase diabetic eye screening compliance and close care gaps.
- The Center for Gastroenterology, the GI Lab, and the Population Health Team partnered to address barriers for patients getting screening colonoscopies. The baseline no-show rate was over 50%. Today, the no-show rate is only 12%.
- The Radiology Department and the Population Health Department partnered together to address disparities for black women in the community and breast cancer screening. At the onset of the program, compliance for mammography was significantly higher for white women, than for black women. Today, the disparity no longer exists, and black women have a higher compliance rate for breast cancer screening at ECMC.
- The Cardiothoracic Center partnered with the Population Health team to increase low dose cat scans for lung cancer screening from approximately 150 annually to over 500 annually. The program continues to expand.
- 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.
 - **Bed Huddles:**
The implementation of daily bed huddles, seven days per week, has strengthened real-time communication across clinical and operational teams and significantly improved patient throughput. By proactively reviewing census, anticipated discharges, pending admissions, and potential barriers to placement each day, teams are able to align resources, prioritize bed turnover, and reduce delays in patient movement.
- Expanded state-of-the-art surgical capabilities with a sixth surgical robot (Symani Surgical System) added this past year to surgical services (along with existing DaVinci, Rosa and Mako systems). Additionally, 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.
- 2025 Added 778 new hires that includes 196 new RNs, 74 LPNs and 91 CNAs.
 - **New Hires:**
Orientation efforts in 2025 demonstrated strong outcomes across all service lines, with successful completion rates of 100% in the ICUs (31 RNs) and ED (19 RNs), 98.2% in Behavioral Health (56 RNs), and 92.7% in Medical-Surgical units (115 RNs). In total, 221 RNs were successfully oriented, with minor discrepancies attributable to internal promotions rather than unsuccessful completions.
- Recruited 136 new physicians to the ECMC Medical Staff, including new surgeons in
surgeons in Ortho, Neuro, GI, Urology.
- Quality Accomplishments:
 - Implementation of organizational wide Quality and Patient Safety plan.
 - Patient Safety Indicator for Hospital Acquired Pressure Ulcers decreased by 50% from 2024 to 2025.
 - **Beacon awards:**
Both Medical ICUs were awarded the Gold Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN), representing the highest level of national recognition for unit-based nursing excellence. This achievement marks a significant advancement in quality, improving from their previous Silver designation and reflecting sustained gains in patient outcomes, team engagement, and healthy work environment standards.

- **Level 1 Trauma verification:**
Re-verification by the **American College of Surgeons** as a **Level I Trauma Center**, reaffirming ECMC's role as one of the largest trauma centers in New York State and our commitment to providing life-saving care to patients across the region.

5. Population Health Capabilities

- Conducted over a dozen cancer screening and prevention events in vulnerable communities throughout the city with a variety of partners.
- ECMC's Population Health's *Advancing Hypertension Control in Disparate Populations* abstract was accepted for America's Essential Hospital's VITAL2025 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 74 outreach (reaching over 10,000 community members) 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).
- Expanded remote patient monitoring program to ECMC's Center for Cardiovascular Care for both Hypertension and Congestive Heart Failure (CHF).
- Launched a comprehensive diabetic program, including remote patient monitoring capabilities.
- Partnered with Independent Health to complete several transformation programs at ECMC and earn the organization over \$2,000,000.
- Purchase of the new Symani Robot. This technology is designed to provide enhanced precision and control used in soft tissue surgeries including reconstruction, lymphedema and nerve repair.
- Upgrade to all laparoscopic and arthroscopic equipment which provides enhance precision and visualization for better patient outcomes.
- Opening of a state-of-the-art mammography unit.

- Developing a Sinus surgery program.
- Expansion of Pre-Admission Testing department. Optimizing patients for their surgical procedures and decreasing cancellations.
- Upgraded technology for numerous services including ultrasound, microscope, navigation, sinus and neuro.
- Improvements and expansion of instrument and tray tracking system. Allows us to locate equipment and monitor expiration of sterile trays.
- Pain Management expansion with arrival of new providers. Purchase of new equipment to support additional volume

6. Community Needs

- ECMC exceeded its MWBE goal of 30% reaching 48% during the timeframe of April 2024 - March 2025. ECMC exceeded its SDVOB goal of 6%, reaching 17% during the timeframe of April 2024 - March 2025.
- Exceeded spend and vendor goal for the Buffalo Purchasing Initiative for 2025.
- ECMC held its 5th Annual Community Vendor Fair resulting in \$25k of local economic impact.
- ECMC held its 2nd Annual Veterans Event result in \$7k of local economic impact.
- ECMC was a panelist at the Small Business Development Center Contract Readiness Program in February 2025.
- ECMC participated in the following events in 2025: City of Buffalo Roundtable March 2025, Inclusive Procurement and Sustainability in May 2025, Procure Local Supplier Showcase in September 2025, Buffalo Niagara MWBE Conference Expo in October 2025 and the MWBE Forum in Albany, November 2025
- 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 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.

- The Population Health team onboarded a Medical Director of Health Equity and a Health Equity Clinical Coordinator to support the community in addressing health inequities and disparities.

7. Great Lakes Health Collaboration

- Continued partnership and investment in Great Lakes Integrated Network
- Continued successful collaborative value-analysis program.
- Continued successful partnership with Kaleida Health, GLIN, Highmark, and ECMC to improve quality of care for patients across all health systems.

8. Strengthen Relationship with Academic Partners

- Recruited 60 new physicians, 35 Allied Health Professionals, including UBMD Surgeons, neurologists, internal and family medicine providers as well as additional sub-specialists.
- Credentialing and privileging transformation – implemented a fully electronic credentialing platform in collaboration with Kaleida Health and UAHS.
 - Efficiencies include one application process for all facilities with aligned credentialing dates.
 - Return on investment includes increased efficiency, accuracy, and provider satisfaction.
- Dr. Troy Woodard, UB ENT Department Chair, joined ECMC and will spend significant time on the campus working to strengthen the academic presence of ENT.
- Developed a Medical/Dental Staff Residency Coordinator position to assist in onboarding, wellness initiatives, compliance and to act as a liaison to the UB GME program, overall. There has been a good response from Chief Residents and program directors. ECMC has embraced the Medical Student Immersion Program with good results as well.
- ECMC’s Population Health team partnered with the University at Buffalo “Veggie Van” research program to bring fresh fruits and vegetables to the 14215-zip code.

2026 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 2025

Epic Software	Began December 2024
Generator Replacement Project	Began March 2025
Infor Software	Began April 2025
Strata Software	Began September 2025
Retail and Specialty Pharmacy Relocation	Began November 2025

REAL PROPERTY ACQUISITIONS

Address of Location Purchased	Name of Seller	Purchase Price
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, 2025

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.

Jennifer C. Persico, Esq.

Reverend Kinzer M. Pointer

Michael A. Seaman

Philip Stegemann, MD

Benjamin Swanekamp

BOARD OF DIRECTORS REGULAR AND ANNUAL MEETINGS

Tuesday, January 28, 2025 (Annual and Regular Meeting)

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

Excused: Ronald Bennett, Christian Johnson, James Lawicki, Jennifer Persico

Also

Present: Donna Brown*, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee*, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Stacy Roeder, Jonathan Swiatkowski

Tuesday, February 25, 2025

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

Excused: Michael Hoffert, Jennifer Persico

Also

Present: Donna Brown*, Samuel Cloud, MD, Anthony J. Colucci, III*, Peter Cutler*, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Stacy Roeder, Jonathan Swiatkowski

Tuesday, March 25, 2025

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

Excused: Michael Hoffert, James Lawicki, Christopher O'Brien, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown*, Samuel Cloud, MD, Anthony J. Colucci, III, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski

Tuesday, April 29, 2025

Present: Ronald Bennett*, Reverend Mark Blue, Jonathan Dandes, Darby Fishkin, Sharon Hanson, Christopher O'Brien, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Hon. John O'Donnell, Jennifer Persico, Philip Stegemann, MD

Also

Present: Jennifer Barry, Julie Berrigan, Donna Brown*, Jillian Brown, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Lisa Radigan, Jonathan Swiatkowski, Charles Vicanti, Shaunda Wright, Kimberly Wilkins, MD

Tuesday, May 27, 2025

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

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Christopher O'Brien, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown*, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski, Cristina Batt*, Amy Nickson*

Tuesday, June 24, 2025

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

Excused: Darby Fishkin, Christian Johnson, Jennifer Persico, Michael Seaman, Philip Stegemann, MD

Also

Present: Julie Berrigan, Donna Brown*, Samuel Cloud, MD, John Cumbo, Peter Cutler*, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jonathan Swiatkowski

Tuesday, July 22, 2025

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

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown*, Samuel Cloud, MD, John Cumbo*, Peter Cutler*, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jonathan Swiatkowski

Tuesday, September 24, 2025

Present: Reverend Mark Blue, Darby Fishkin, Sharon Hanson, Michael Hoffert, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegemann, MD, Benjamin Swanekamp

Excused: Ronald Bennett, Jonathan Dandes, Christian Johnson, James Lawicki, Christopher O'Brien, Jennifer Persico

Also

Present: Julie Berrigan, Donna Brown, Samuel Cloud, MD, John Cumbo, Peter Cutler*, Andrew Davis, Cassandra Davis, Joseph Giglia, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Jonathan Swiatkowski

Tuesday, October 28, 2025

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

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

Also

Present: Julie Berrigan, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Julie Kline, Charlene Ludlow, Michael Manka, MD, Jonathan Swiatkowski

Tuesday, December 2, 2025

Present: Ronald Bennett*, Reverend Mark Blue, 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, Philip Stegemann, MD, Benjamin Swanekamp

Excused: Jonathan Dandes, Jennifer Persico

Also

Present: Donna Brown*, Julie Berrigan, Samuel Cloud, MD, John Cumbo, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Julie Kline, Charlene Ludlow, Michael Manka, MD, Jonathan Swiatkowski

**ECMC BOARD OF DIRECTORS
STANDING COMMITTEE APPOINTMENTS
2025**

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

**ECMC BOARD OF DIRECTORS
STANDING COMMITTEE APPOINTMENTS
2025**

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

**ECMC BOARD OF DIRECTORS
STANDING COMMITTEE APPOINTMENTS
2025**

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

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

Criteria	Agree	Somewhat Agree	Somewhat Disagree	Disagree
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

Julie Kline
Chief Human Resources Officer

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
Vice President of Communications and External Affairs

Phyllis Murawski
Chief Quality Officer

John Cumbo
Chief Information Officer

Julie Berrigan
Executive Director, ECMC Foundation

ECMC CORPORATION MEDICAL-DENTAL STAFF OFFICERS

Michael A. Manka Jr., MD
President

Jennifer Pugh, MD, MBA, FACEP
Immediate Past President

Ashvin Tadakamalla, MD
President-Elect

Siva Yedlapati, MD
Treasurer

Michael Nagai, MD
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: 4,219

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 Corporation's net investment as of December 31, 2025 and 2024 is approximately \$79 thousand and \$70 thousand, 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: 0

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, 2025 and 2024 is approximately \$929 thousand and \$935 thousand, 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 Corporation's net investment as of December 31, 2025 and 2024 is approximately (\$143) thousand 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: 233

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, 2025 and 2024 is (\$541) and (\$210) 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, 2025

*PRELIMINARY DRAFT
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for Review and Discussion Purposes Only*

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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 years ended December 31, 2025 and 2024, 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, 2025 and 2024, 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) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). 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. The financial statements of ECMC Foundation, Inc. and the Grider Initiative, Inc. were not audited in accordance with *Government Auditing Standards*.

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 and *Government Auditing Standards* 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 and *Government Auditing Standards*, 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 Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated [DATE], on our consideration of the Corporation’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation’s internal control over financial reporting and compliance.

Cleveland, Ohio
[DATE]

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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, 2025. 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

Over the last several years, the Corporation, along with hospitals across New York State faced significant financial and operational challenges. During 2025, these challenges persisted including ongoing inflationary pressures driving up labor, supply, and pharmaceutical costs at a rate that exceeded reimbursement rate growth. Additionally, throughput constraints remained a critical concern, largely due to ongoing difficulties in safely discharging patients to appropriate post-acute and community-based settings. Limited community post-acute alternative levels of care and long-term care capacity, workforce shortages across the healthcare continuum, and behavioral health placement barriers further strained hospital operations. 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, served as the region's community hospital and trauma center, and helped 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, worked collaboratively to advance the mission of the Corporation and its service to the greater Western New York area. This was achieved by strengthening patient experience, enhancing physician engagement and investing in medical technology to maintain and enhance our commitment to clinical excellence, innovation and equitable care delivery reinforcing our role as a provider of choice within our community.

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

**Management’s Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis

The following outlines the patient volume encounters (not expressed in thousands):

	2021	2022	2023	2024	2025	% Growth 2024-2025
Inpatients	18,903	17,412	17,643	18,105	17,957	-0.8%
Observation cases	1,966	2,360	2,892	3,452	3,956	14.6%
Surgeries	13,803	12,478	13,321	13,672	13,467	-1.5%
Emergency	68,384	59,064	63,715	63,917	67,326	5.3%
Outpatients	280,611	274,402	297,168	299,098	308,970	3.3%
Dialysis	26,116	24,961	25,159	25,771	26,937	4.5%
Transplants	146	148	151	143	116	-18.9%

ECMCC's inpatient volumes ended the year with 0.8% or 148 fewer discharges. The significant increase in observation cases from 2024 of 14.6% and continued high length of stay of 8.9 days, resulted from the challenges to safely discharge patients to appropriate post-acute level of care settings drove down the discharges. The average daily census of Alternative Level of Care (ALC) patients rose to 53 by December 2025, a level higher than what was experienced during the pandemic. While new surgeons were recruited and added to service delivery at ECMCC during 2025, total surgeries declined by 1.5% as a result of overall physician turnover and the throughput challenges identified above. Emergency department visits rose by 5.3%, a growth rate which has been suppressed by the increased average length of stay and lack of available bed capacity. In total, outpatient visits, grew 3.3% driven by an increase in clinic visit growth. The Corporation experienced a decrease in transplant surgeries (kidney and pancreas) from 2024 to 2025 as other facilities nationally and regionally began adapting to changes in organ allocation and reimbursement methodologies incentivizing them to begin accepting more medically complex patients.

The COVID-19 pandemic officially ended on May 11, 2023. While the public emergency concluded, the Corporation continues to receive 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, 2025, the Corporation has received \$33.8 million from FEMA to cover eligible COVID-19-related expenses. These payments have been received from 2022 through 2025.

Rising costs due to inflation and workforce shortages continue to affect both the healthcare industry and the Corporation. ECMCC has implemented a series of operational improvements aimed at mitigating cost escalations and increasing payor reimbursement. To remain competitive and positioned for long-term sustainability, in October of 2024 the Corporation committed to make a multi-year \$79.3 million investment in modernizing its digital infrastructure implementing a new electronic health record system (EHR), EPIC, and a new Enterprise Resource Planning System (ERP), Infor FSM. The new platforms represent a strategic investment that will strengthen clinical excellence, operational performance, financial sustainability, and patient engagement. EPIC is the nation’s leading integrated EHR platform, used by many of the country’s top-performing academic medical centers and health systems. Transitioning to EPIC will replace fragmented legacy systems with a unified, community-wide shared interoperable solution that supports inpatient, outpatient, emergency, surgical, revenue cycle, and population health functions within a single platform.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis (Continued)

To sustain mission-critical services, ECMCC continued to work closely with the New York State Department of Health's various grant and operational assistance programs to address cash flow funding needs. In addition, in collaboration with The State University at Buffalo the Corporation was awarded a grant through the New York State Department of Health Safety Net Transformation program to support the implementation of the community-wide shared electronic health record system, to purchase a new 1.5T MRI machine, to expand primary care services on the East Side of Buffalo through the development of a new community health and learning center and investments through the State University at Buffalo to invest in physician scholarships, training, recruitment and retention efforts. The projects supported by this award will be completed and funded over the next three to four years.

ECMCC's notable achievements in 2025 include:

- ECMCC Chief Executive Officer, Thomas J. Quatroche, recognized by City & State New York, the state's premier media organization dedicated to covering New York's local and state politics and policy, as one of the New York's 2025 Trailblazers in Health Care. According to City and State, the "list features advocates, experts and analysts and a wide range of medical professionals who are committed to improving the health of New Yorkers. It puts a spotlight on scores of exceptional individuals who are improving patient outcomes in New York and beyond."
- The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), congratulated Erie County Medical Center Corporation on achieving a three-year Comprehensive Center with Obesity Medicine Qualifications accreditation. A MBSAQIP accreditation for Erie County Medical Center Corporation formally acknowledges your commitment to providing and supporting quality improvement and patient safety efforts for metabolic and bariatric surgery patients. As an accredited program you have demonstrated that your center meets the needs of your patients by providing multidisciplinary, high-quality, patient-centered care.
- The Joint Commission granted ECMCC three-year Comprehensive Accreditation.
- ECMCC reverified as a Level 1 Trauma Center through 3/11/28 by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS).
- America's Essential Hospitals awarded ECMCC a 2025 Gage Award honorable mention for population health at a June 12th luncheon at VITAL2025, the organization's annual conference, in Atlanta. AEH recognized ECMCC for its remote patient monitoring program to mitigate barriers to treatment for patients with hypertension.
- ECMCC's Hypertension Remote Patient Program was highlighted in the HANYS book Connecting with Communities: Community Health Initiatives Across New York State, which was posted on the HANYS community health webpage and released to their statewide membership and distributed at the HANYS Annual Membership Conference June 18-20 in Saratoga Springs
- ECMCC Laboratory Services received another two-year accreditation for ECMCC's Transfusion Services following bi-annual on-site assessment by the Association for the Advancement of Blood and Biotherapies (AABB).
- Terrace View Long-Term Care Facility recognized on Newsweek's Best Nursing Homes 2026 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 sixth consecutive year Terrace View has received this recognition.

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

**Management’s Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Operations Analysis (Continued)

- ECMCC Internal Medicine Center & ECMCC Family Health Center both achieved “Silver +” for Target BP, and both centers also achieved participants status awards for diabetes, for the work completed in 2024 by the American Heart Association/American Medical Association.
- ECMCC announced it has again achieved a Five-Star Distinction in Total Hip Replacement (2023-26) from Healthgrades.
- The Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) granted Three-Year Accreditation to the cancer program at Erie County Medical Center. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.
- URAC Accreditation Committee granted ECMCC’s Specialty Pharmacy full Accreditation. Utilization Review Accreditation Commission (URAC) is an independent, nonprofit organization that sets quality standards and accredits various healthcare entities like health plans, pharmacies, and telehealth providers, ensuring they meet rigorous benchmarks for patient safety, effectiveness, and transparency, acting as a “gold standard” for quality beyond basic regulation. The organization commended ECMCC for its commitment to promoting quality health services by obtaining URAC accreditation.
- ECMCC named to the inaugural Forbes Top Hospital 2026 list, ECMCC again receives national third-party recognition for delivering high-quality healthcare services to the residents of Western New York.
- Purchased and installed Medical Microinstruments, Inc. Symani® Surgical System, a first-of-its-kind robotic technology that uniquely addresses the scale and complexities of microsurgery. Surgeons at ECMCC will now be able to use microsurgical techniques with robotic precision to perform reconstruction of small blood and lymphatic vessels to help restore quality of life for more patients. Nationally, the Symani® Surgical System at ECMCC is the sixth robotic surgical system in clinical use.

Financial Metric Analysis

The drivers of ECMCC’s performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2024 (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
	2025	2024	2023	Average 2024
Operating margin	-5.7%	-2.0%	-14.2%	-13.7%
Operating cash flow margin	0.8%	4.6%	-6.0%	-7.6%
Debt service coverage	1.1	1.7	2.7	-1.9
Operating days cash on hand	21.2	32.8	14.1	38.4
Days cash on hand including designated funds	95.5	114.0	90.5	61.7
Days in accounts receivable	58.7	52.3	66.0	42.0
Average age of plant	19.2	17.3	15.4	19.5

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

**Management's Discussion and Analysis
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Financial Metric Analysis (Continued)

The operational performance ratios for 2025 generally reflect unfavorable changes from the Corporation's 2024 performance ratios but favorable comparisons to the NYS Healthcare Public Benefit Corporations' ratios. Notably, the operating margin for 2025 decreased to -5.7%, compared to -2.0% in 2024 but can be compared to -13.7% incurred by comparable NYS PBCs. This decline is largely driven by challenges related to patient throughput, increases in observation cases that have much lower reimbursement rates than acute discharges, along with expense increases related to staffing and inflation. Grants received during the current year 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. Operating days cash on hand decreased 11.6 or 35.4% days due to the 2025 operating losses, coupled with a significant anticipated repayment of Disproportionate Share Hospital (DSH) reimbursement overpayments received in 2024 and investments in new software projects. These changes were partially offset by the receipt of NYS and FEMA grant awards. Days in accounts receivable increased by 6.4 days (12.2%) due to increased aggressiveness by the insurance plans including delays in payment, increases in initial denial activity with payment resolution occurring months later, and downgrading of billed diagnoses. The average age of plant increased by 1.9 years (11.0%) as a result of limited targeted capital investment aimed at balancing cash flow needs while maintaining essential community services and not impacting the quality of care.

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Statements of Net Position (Continued)

Condensed Statements of Net Position are as follows:

	2025	2024	2023	2025-2024	
				\$ Change	% Change
Assets					
Current assets, excluding assets whose use is limited	\$ 217,905	\$ 203,094	\$ 189,816	\$ 14,811	7.3
Assets whose use is limited	181,665	191,601	170,621	(9,936)	(5.2)
Capital assets, net	297,460	282,632	313,039	14,828	5.2
Net pension asset	-	-	-	-	-
Other assets	7,710	9,978	8,906	(2,268)	(22.7)
Total assets	704,740	687,305	682,382	17,435	2.5
Deferred outflows of resources	92,578	151,740	159,464	(59,162)	(39.0)
Total assets and deferred outflows of resources	\$ 797,318	\$ 839,045	\$ 841,846	\$ (41,727)	(5.0)
Liabilities					
Current liabilities	\$ 418,924	\$ 339,603	\$ 302,347	\$ 79,321	23.4
Noncurrent liabilities	637,236	637,616	730,926	(380)	(0.1)
Total liabilities	1,056,160	977,219	1,033,273	78,941	8.1
Deferred inflows of resources	35,701	142,978	84,740	(107,277)	(75.0)
Net Position					
Net investment in capital assets	71,350	46,303	58,654	25,047	54.1
Restricted	38,938	46,938	29,012	(8,000)	(17.0)
Unrestricted	(404,831)	(374,393)	(363,833)	(30,438)	(8.1)
Total net position	(294,543)	(281,152)	(276,167)	(13,391)	(4.8)
Total liabilities, deferred inflows of resources and net position	\$ 797,318	\$ 839,045	\$ 841,846	\$ (41,727)	(5.0)

Comparison of December 31, 2025 to December 31, 2024

Overall, total assets and deferred outflows of resources decreased \$41,727 from 2024 to 2025.

The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, increased by \$14,811 due to the following:

- Cash, cash equivalents and investments decreased by \$24,296 due to operating losses, a decrease in the net cash received from DSH payments, and an increase in required post-employment related NYS Retirement Plan employer contributions.
- Patient accounts receivable, net, increased by \$11,883 due to increased aggressiveness by the insurance plans resulting in delays in payment, increases in initial claim denial activity, and downgrading of billed diagnoses.
- Other receivables increased by \$27,134 which is due to a \$28,898 increase in Medicaid DSH and Upper Payment Limit (UPL) program receivables as a result of timing of payments, a decrease of \$2,086 in due from third party payors and a \$322 increase in other receivables.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Statements of Net Position (Continued)

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

- Assets whose use is limited, including current portion, decreased by a net of \$9,936, which is due to a decrease in assets designated for capital and technology projects of \$9,732, decrease in reserve account funding for actuarial liabilities and other limited use assets of \$2,796, and gains on investments of \$3,571.
- Capital assets, net, increased by \$14,828 primarily due to implementation costs of the EPIC EHR and Infor FSM ERP projects of \$25,951, offset by ongoing depreciation expense on all capital assets. Investments in capital assets are summarized in a following section.
- Deferred outflows of resources decreased \$59,162 due to combined decreases in differences between expected and actual actuarial experience and in changes in assumptions related to the pension and other post-employment benefits deferred outflows of resources.

Overall, total liabilities and deferred inflows decreased \$28,336 and net position decreased \$13,391 from 2024 to 2025.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits increased by \$5,797 due to timing of payments to vendors and employees at year-end along with increases in wage rates for employees.
- Accrued other liabilities decreased by \$9,823 primarily due to the decrease in Medicaid DSH of \$9,743 resulting from the DSH repayment of \$23.0 million.
- Unearned revenue increased by \$72,337 due to an increase in deferred revenue related to Medicaid DSH of \$67,994, resulting from payments received prior to December 31, 2025, which historically were not received until the following year. Additionally, there is an increase in grants restricted for certain expenditures related to receipts of grant funds in advance of the costs being incurred.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2025.
- Deferred inflows of resources decreased \$107,277 largely as a result of decreases in differences between projected and actual investment earnings on pension plan investments.
- The long-term portion of self-insured obligations decreased by \$2,562 due to decreases in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims and payments made on those claims based on continued favorable experience. The current portion of these self-insured obligations decreased by \$451.
- Net pension liability, including current portion, increased \$20,263 due to differences between expected and actual experience and assumptions used to value the plan as of December 31, 2025.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$1,750 primarily as a result of unfavorable impact of a change in actuarial assumptions used to value the plan as of December 31, 2025.
- Net position decreased by \$13,391 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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 DSH 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.
- 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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

Statements of Revenues, Expenses and Changes in Net Position

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

	2025	2024	2023	2025-2024	
				\$ Change	% Change
Net patient service revenue	\$ 698,822	\$ 656,228	\$ 603,720	\$ 42,594	6.5
Disproportionate share (DSH) revenue	112,738	164,953	107,105	(52,215)	(31.7)
Other operating revenue	98,971	72,133	46,639	26,838	37.2
Total operating revenues	910,531	893,314	757,464	17,217	1.9
Operating expenses:					
Payroll and employee benefits	534,560	463,302	440,770	71,258	15.4
Professional fees	115,564	112,289	110,577	3,275	2.9
Purchased services	78,665	72,027	81,712	6,638	9.2
Supplies	170,758	153,120	132,197	17,638	11.5
Other operating expenses	29,462	26,769	30,529	2,693	10.1
Depreciation and amortization	45,866	47,115	49,812	(1,249)	(2.7)
Total operating expenses	974,875	874,622	845,597	100,253	11.5
Operating (loss) income before pension and OPEB (benefit) expense, amortization components	(64,344)	18,692	(88,133)	(83,036)	444.2
Pension (benefit) expense, amortization component	(6,736)	30,347	39,752	(37,083)	(122.2)
OPEB (benefit) expense, amortization component	(5,683)	6,072	(20,424)	(11,755)	(193.6)
Operating loss	(51,925)	(17,727)	(107,461)	(34,198)	(192.9)
Non-operating revenues (expenses):					
Investment gain (loss)	11,105	7,411	6,283	3,694	49.8
Grant revenue and capital contribution	40,757	17,352	107,230	23,405	134.9
Interest expense	(13,328)	(12,021)	(12,264)	(1,307)	(10.9)
Total change in net position	(13,391)	(4,985)	(6,212)	(8,406)	(168.6)
Net position—beginning of year	(281,152)	(276,167)	(269,955)	(4,985)	(1.8)
Net position—end of year	\$ (294,543)	\$ (281,152)	\$ (276,167)	\$ (13,391)	(4.8)

Comparison of December 31, 2025 to December 31, 2024

Overall, total operating revenues increased by \$17,217 or 1.9% in 2025 with changes attributable to the following:

- Net patient service revenue increased \$42,594, or 6.5%, in 2025 as a result of a combination of an increase in contracted reimbursement rates, increases in case severity, increases in Medicare rates and other revenue cycle improvements. Provisions for bad debts increased by \$9,165 due to reserves related increased levels of uninsured patients stemming from the significant increase in ALC patients inhouse and discharged throughout the year.
- DSH revenue decreased by \$52,215, or 31.7%, in 2025 as a result of adjustments to prior year estimates as cost report years are finalized, an overall decrease in uncompensated care costs and an increase in the Indigent Care Adjustment payments that directly offset DSH revenue. This was partially offset by an increase in the nursing home upper payment limit payments of \$4,025. The upper payment limit increase is due to a CMS increase in the pool size as requested in the New York State Plan Amendment.
- Other operating revenue increased \$26,838, or 37.2% primarily due to growth in specialty pharmacy operations of \$17,822 and an increase in other operating grant revenue of \$7,860.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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

Total operating expenses including pension benefit and other post-employment benefit expenses increased \$51,415 or 5.6% in 2025. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$71,258 or 15.4%. Salaries and employee benefit expense as a percent of net patient service revenue increased by 5.9%, from 70.6% in 2024 to 76.5% in 2025.
 - Salaries have increased as a result of contracted rate and step increases and an increase in full time equivalents (FTEs) coupled with 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.
 - Pension expense decreased by \$29,945 as a result of changes in actuarial assumptions used to value the plan including investment returns and other demographic assumptions offset by a minor decrease in our proportionate share of that expense. While total actuarial pension expense has decreased due to these factors, in 2025, total employer NYS Pension Plan contributions increased by \$7,556 or 18.4%.
 - OPEB benefit decreased \$6,030 or 49.3% as a result of unfavorable differences between projected and actual experience of net claims cost.
- Purchased services have increased \$6,638 as a result of a non-recurring benefit during 2024 of \$4,692 due to a contract settlement with a vendor. Also included within the change in purchased services expense from 2024 is a reduction in total temporary agency fees of \$813.
- Supplies expense increased by \$17,638 or 11.5% as a result of significant growth in volume within the specialty pharmacy operations, pharmaceutical cost increases related to drug shortages and continued cost inflation on medical supplies, partially offset by decreases in supplies needed due to lower inpatient volume including the decline in total surgeries.

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.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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.

Capital Assets, Net

At December 31, 2025, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$297,460 compared to \$282,632 at December 31, 2024, representing an increase of \$14,828 or 5.2%.

During 2025, the Corporation invested \$63,596 in various capital assets (\$37,601), leases (\$10,980) and SBITAs (\$15,015). Noteworthy investments in capital assets include costs associate with implementing a new EHR (\$22,698), financial, supply management and budgeting system, INFOR and Strata Jazz (\$2,560), and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include various IT Hardware (\$4,005), an automated medication management system (\$3,268), investments in a new robotic surgical system (\$1,414) and other necessary medical and non medical equipment. Noteworthy additions to SBITAs include a new payroll timekeeping system (\$2,745) IT networking software (\$2,846) and other medical and non-medical software. GASB Statement No. 87, Leases, establishes the foundational principle that leases are the 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 \$25,764 and \$22,797 in 2025 and 2024, 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 \$25,263 in 2025 and \$22,322 in 2024.

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

**Management's Discussion and Analysis
December 31, 2025
(Dollars in Thousands)**

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. As of the date of this report, the Corporation has come to a tentative agreement with AFSCME for the period from January 1, 2027 through December 31, 2031.

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	\$ 39,993	\$ 34,586
Investments	13,122	42,825
Assets whose use is limited	87,984	84,714
Patient accounts receivable, net	105,591	93,708
Other receivables	40,027	12,893
Supplies, prepaids and other	19,172	19,082
Total current assets	305,889	287,808
Assets whose use is limited	93,681	106,887
Capital assets, net	297,460	282,632
Other assets, net	7,710	9,978
Total assets	704,740	687,305
Deferred outflows of resources:		
Pension	72,607	121,188
Other post employment benefits	11,771	21,151
Other	8,200	9,401
Total deferred outflows of resources	92,578	151,740
Total assets and deferred outflows of resources	\$ 797,318	\$ 839,045
Liabilities, Deferred Inflows of Resources and Net Position		
Current liabilities:		
Current portion of long-term debt	\$ 13,215	\$ 12,755
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	16,912	15,147
Accounts payable	70,271	64,579
Accrued salaries, wages and employee benefits	44,606	44,501
Net pension liability	48,695	41,138
Other post employment benefits	13,996	12,767
Accrued other liabilities	47,735	57,559
Unearned revenue	153,494	81,157
Total current liabilities	418,924	339,603
Long-term debt, net	166,158	179,372
Long-term lease and SBITA liability, net	29,717	27,805
Net pension liability, net of current portion	126,892	114,186
Self-insured obligations	42,278	44,840
Other post employment benefits, net of current portion	266,350	265,829
Other	5,841	5,584
Total liabilities	1,056,160	977,219
Deferred inflows of resources:		
Pension	20,058	95,637
Other post employment benefits	14,474	45,778
Leases	1,169	1,563
Total deferred inflows of resources	35,701	142,978
Net Position:		
Net investment in capital assets	71,350	46,303
Restricted:		
Expendable	38,938	46,938
Unrestricted	(404,831)	(374,393)
Total net position	(294,543)	(281,152)
Total liabilities, deferred inflows of resources and net position	\$ 797,318	\$ 839,045

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$21,828 and \$12,663 for 2025 and 2024, respectively	\$ 698,822	\$ 656,228
Disproportionate share revenue (DSH)	112,738	164,953
Other operating revenue	98,971	72,133
Total operating revenues	910,531	893,314
Operating expenses:		
Payroll and employee benefits	534,560	463,302
Professional fees	115,564	112,289
Purchased services	78,665	72,027
Supplies	170,758	153,120
Other operating expenses	29,462	26,769
Depreciation and amortization	45,866	47,115
Total operating expenses	974,875	874,622
Operating (loss) income before pension (benefit) expense and OPEB (benefit) expense, amortization components	(64,344)	18,692
Pension (benefit) expense, amortization component	(6,736)	30,347
OPEB (benefit) expense, amortization component	(5,683)	6,072
Operating loss	(51,925)	(17,727)
Nonoperating revenues (expenses):		
Investment gain	11,105	7,411
Grant revenue	39,876	17,333
Interest expense	(13,328)	(12,021)
Total nonoperating revenues	37,653	12,723
Loss before capital contributions	(14,272)	(5,004)
Capital contributions	881	19
Total change in net position	(13,391)	(4,985)
Net position—beginning of year	(281,152)	(276,167)
Net position—end of year	\$ (294,543)	\$ (281,152)

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 658,648	\$ 691,467
Payments to employees for salaries and benefits	(550,700)	(422,231)
Payments to vendors for supplies and other	(395,509)	(345,921)
Other receipts	284,046	171,416
Net cash (used in) provided by operating activities	(3,515)	94,731
Cash flows from capital and related financing activities:		
Purchases of capital assets	(37,220)	(12,551)
Payments on long-term debt	(12,754)	(12,255)
Interest paid on long-term debt	(9,109)	(9,797)
Payments on leases and SBITAs	(18,824)	(15,676)
Interest paid on leases and SBITAs	(1,701)	(2,224)
Net cash used in capital and related financing activities	(79,608)	(52,503)
Cash flows from noncapital financing activities:		
Grant funding	40,757	17,333
Net cash provided by noncapital financing activities	40,757	17,333
Cash flows from investing activities:		
Sales (purchases) of assets whose use is limited, net	9,936	(20,980)
Investment gain	11,498	7,411
Sales (purchases) of investments	26,339	(32,179)
Net cash provided by (used in) investing activities	47,773	(45,748)
Net change in cash and cash equivalents	5,407	13,813
Cash and cash equivalents:		
Beginning	34,586	20,773
Ending	\$ 39,993	\$ 34,586

Noncash capital and related financing activities:

Included in accounts payable at December 31, 2025 and 2024, was \$3,573 and \$624, 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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Reconciliation of operating loss to net cash (used in) provided by operating activities:		
Operating loss	\$ (51,925)	\$ (17,727)
Adjustments to reconcile operating loss to net cash (used in) provided by operating activities:		
Depreciation and amortization	45,866	47,115
Provision for bad debts	21,828	12,663
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(33,711)	(3,982)
Other receivables	(27,134)	27,715
Supplies, prepaids and other	2,178	(4,754)
Deferred outflows of resources	59,162	7,724
Accounts payable	1,495	9,313
Accrued liabilities	(4,628)	20,436
Unearned revenue	72,337	5,355
Estimated third-party payor settlements	(1,157)	(1,157)
Self-insured obligations	(2,562)	(7,281)
Net pension liability	20,263	(43,612)
OPEB	1,750	(15,315)
Deferred inflows of resources	(107,277)	58,238
Net cash (used in) provided by operating activities	\$ (3,515)	\$ 94,731

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, 2025 and 2024
(Dollars in Thousands)

	2025			2024		
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total
Assets						
Current assets:						
Cash and cash equivalents	\$ 2,111	\$ 268	\$ 2,379	\$ 2,240	\$ 269	\$ 2,509
Other receivables	1,031	-	1,031	1,235	-	1,235
Supplies, prepaids and other	22	-	22	13	-	13
Total current assets	3,164	268	3,432	3,488	269	3,757
Endowment and other investments	3,997	9,887	13,884	4,005	9,898	13,903
Total assets	\$ 7,161	\$ 10,155	\$ 17,316	\$ 7,493	\$ 10,167	\$ 17,660
Liabilities and Net Position						
Current liabilities:						
Accounts payable	\$ 6	\$ -	\$ 6	\$ 257	\$ -	\$ 257
Funds held in custody for others	628	-	628	897	-	897
Total current liabilities	634	-	634	1,154	-	1,154
Long-term liabilities:						
Unearned revenue	217	-	217	310	-	310
Total liabilities	851	-	851	1,464	-	1,464
Net Position						
Restricted:						
Nonexpendable	50	10,000	10,050	50	10,000	10,050
Expendable	2,416	155	2,571	3,078	167	3,245
Unrestricted	3,844	-	3,844	2,901	-	2,901
Total net position	6,310	10,155	16,465	6,029	10,167	16,196
Total liabilities and net position	\$ 7,161	\$ 10,155	\$ 17,316	\$ 7,493	\$ 10,167	\$ 17,660

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, 2025 and 2024
(Dollars in Thousands)

	2025			2024		
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Aggregate Total
Operating revenues:						
Grants, contributions and special events	\$ 3,685	\$ -	\$ 3,685	\$ 3,754	\$ -	\$ 3,754
Total operating revenues	3,685	-	3,685	3,754	-	3,754
Operating expenses:						
Program services and grants	956	450	1,406	697	500	1,197
Fundraising	1,776	-	1,776	1,815	-	1,815
Other operating expenses	804	1	805	941	1	942
Total operating expenses	3,536	451	3,987	3,453	501	3,954
Operating income (loss)	149	(451)	(302)	301	(501)	(200)
Nonoperating revenue:						
Investment income (loss)	132	439	571	61	436	497
Change in net position	281	(12)	269	362	(65)	297
Net position—beginning of year	6,029	10,167	16,196	5,667	10,232	15,899
Net position—end of year	\$ 6,310	\$ 10,155	\$ 16,465	\$ 6,029	\$ 10,167	\$ 16,196

See notes to the financial statements.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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, 2025, \$765 was owed from GLIN, whereas \$393 was owed to GLIN as of December 31, 2024. Contributions to GLIN 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 two discretely presented component units. The two 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 1. Organization (Continued)

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.

Preferred Physician Care, P.C. (dba, Premier Health Partners): This entity is owned by the medical director of the Hospital and was formed for the purchase and operation of physician practices in the community and provides physician and advanced practice providers services to the Hospital.

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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 \$789 and \$3,508 in total operating revenues for the years ended December 31, 2025 and 2024, 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, 2025 and 2024 was approximately \$62,185 and \$72,469, 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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

	2025	2024
DSH and Upper Payment Limit (UPL) reimbursement (Note 5)	\$ 28,898	\$ -
Due from affiliated organizations and joint ventures	437	867
Due from third-party payors	5,287	7,374
Other	5,405	4,652
	<u>\$ 40,027</u>	<u>\$ 12,893</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, 2025 and 2024, is \$6,650 and \$7,650, 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, 2025 and 2024 is \$334 and \$485, respectively.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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, 2025 and 2024, the Corporation's share of the net assets of Collaborative Care amounted to \$859 and \$1,351, 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, 2025 and 2024, the Corporation's share of the net assets of GLIN amounted to \$4,641 and \$6,283, 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. The amounts will be recognized as revenue is earned or when eligibility requirements have been met.

Pensions: For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, pension expense, information about the fiduciary net position of the New York State and Local Retirement System (NYSLRS) and additions to/deductions from the NYSLRS' fiduciary net position have been determined on the same basis as they are reported by the NYSLRS. The NYSLRS uses the economic resources measurement focus and the full accrual basis of accounting. Contributions are recorded as contributions are due pursuant to legal requirements. Benefit payments are recognized as expense when due and payable in accordance with the benefit terms.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Other postemployment benefit costs (OPEB): For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to healthcare costs, and OPEB expense information about the fiduciary net position of the plan and additions to/deductions from the plan's fiduciary net position have been determined on the same basis as they are reported by the plan. The plan uses the economic resources measurement focus and the full accrual basis of accounting. For this purpose, the plan recognizes benefit payments when due and payable in accordance with the benefit terms.

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:

	2025	2024
Accrued compensated absences, beginning of year	\$ 18,130	\$ 17,496
Compensated absences earned	26,667	24,733
Compensated absences paid out	(25,150)	(24,099)
Accrued compensated absences, end of year	<u>\$ 19,647</u>	<u>\$ 18,130</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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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. Generally, it is the Corporation's policy to consider restricted resources to have been spent first when an expenditure is incurred for which both restricted and unrestricted resources are available.

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 \$3,649 and \$3,944 for the years ended December 31, 2025 and 2024, respectively. Additionally, the Corporation provided approximately \$6,904 and \$4,245 in discounts to self-pay patients for the years ended December 31, 2025 and 2024, 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 3.72% 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

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.

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, 2025, the Corporation adopted 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. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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 assets 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

In December 2025, GASB issued Statement No. 105, *Subsequent events*. This Statement defines subsequent events as transactions or other events that occur after the date of the financial statements but before the date the financial statements are available to be issued. This Statement describes the date the financial statements are available to be issued as the date at which (1) the financial statements are complete in a form and format that complies with generally accepted accounting principles and (2) approvals necessary for issuance have been obtained. That definition modifies the subsequent events time frame throughout the GASB literature. This Statement also requires the date through which subsequent events have been evaluated to be disclosed. This Statement clarifies the subsequent events that constitute recognized and nonrecognized events and establishes specific note disclosure requirements for nonrecognized events. The requirements of this Statement are effective for fiscal years beginning after June 15, 2026, and all reporting periods thereafter. 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 [DATE], the date the financial statements were available to be issued.

Note 3. Federal Emergency Management Agency (FEMA)

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, financial relief was provided through FEMA's Disaster Relief Fund. During the years ended December 31, 2025 and 2024, the Corporation recognized grant revenue received from FEMA to cover eligible COVID-19 related expenses in the amount of \$9,876 and \$17,333, respectively.

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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

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.

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:

	2025	2024
Gross charges	\$ 2,054,143	\$ 1,852,746
Less:		
Discounts and allowances	1,333,493	1,183,855
Provision for bad debts	21,828	12,663
	<u>\$ 698,822</u>	<u>\$ 656,228</u>

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

	2025		2024	
	Amount	%	Amount	%
Medicare*	\$ 298,397	42.7%	\$ 250,023	38.1%
Commercial and other third-party payors	190,778	27.3%	166,026	25.3%
Medicaid*	176,103	25.2%	208,681	31.8%
No-fault	24,459	3.5%	26,249	4.0%
Self-pay	9,085	1.3%	5,249	0.8%
	<u>\$ 698,822</u>	<u>100.0%</u>	<u>\$ 656,228</u>	<u>100.0%</u>

*Medicare and Medicaid include Managed Care plans.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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

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:

	2025	2024
Gross accounts receivable	\$ 332,946	\$ 307,107
Less:		
Discounts and allowances	165,170	140,930
Allowance for bad debts	62,185	72,469
	<u>\$ 105,591</u>	<u>\$ 93,708</u>

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, 2025 and 2024, the Corporation has recorded a liability of \$11,537 and \$13,604, respectively, 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:

	2025	2024
Medicare*	37.2%	33.6%
Medicaid*	28.2%	26.0%
Commercial and other third-party payors	26.9%	32.6%
No-fault	7.0%	7.4%
Self-pay	0.7%	0.4%
Total	<u>100.0%</u>	<u>100.0%</u>

*Medicare and Medicaid include Managed Care plans.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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 2025 and 2024, DSH funding recorded by the Corporation totaled \$112,738 and \$164,953, 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 \$93,435 and \$149,675 was recognized in 2025 and 2024, respectively. In addition, during 2025 and 2024, the Corporation recognized \$19,303 and \$15,278, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2025-2026, as determined by the DOH, using cost report year 2023 data.

CMS has indicated that cost reports dating back to the 2023 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
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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:

	2025	2024
Cash and cash equivalents	\$ 39,993	\$ 34,586
Investments	13,122	42,825
Assets whose use is limited—current	87,984	84,714
Assets whose use is limited—noncurrent	93,681	106,887
	<u>\$ 234,780</u>	<u>\$ 269,012</u>
Designated:		
Self-insured obligations	\$ 50,870	\$ 53,666
Capital	50,200	59,930
Other	45,806	44,327
	<u>146,876</u>	<u>157,923</u>
Restricted:		
Debt service	26,331	24,560
Self-insured obligations	8,458	9,118
	<u>34,789</u>	<u>33,678</u>
Total assets whose use is limited	181,665	191,601
Less portion required for current liabilities	(87,984)	(84,714)
	<u>\$ 93,681</u>	<u>\$ 106,887</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.

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, 2025, 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, 2025 and 2024, totaled \$44,386 and \$37,133, respectively, 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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

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 which would require investments in government bonds carrying the explicit guarantee of the U.S. government. Investments in corporate bonds, short-term fixed income and government bonds would be required to be 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, 2025 and 2024.

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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

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

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.

The Corporation's investment securities are invested in various mutual funds, index funds and exchange-traded funds as summarized below:

	2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 39,993	\$ -	\$ -	\$ 39,993
Investments and assets whose use is limited:				
Money market securities	115,347	-	-	115,347
Investment securities:				
Small/Mid cap equities	4,391	-	-	4,391
Growth equities	1,675	-	-	1,675
Core equities	13,685	-	-	13,685
International equities	12,095	-	-	12,095
Fixed income funds	47,594	-	-	47,594
Total investments and assets whose use is limited	194,787	-	-	194,787
Total	\$ 234,780	\$ -	\$ -	\$ 234,780
	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 34,586	\$ -	\$ -	\$ 34,586
Investments and assets whose use is limited:				
Money market securities	163,669	-	-	163,669
Investment 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
Fixed income funds	44,367	-	-	44,367
Total investments and assets whose use is limited	234,426	-	-	234,426
Total	\$ 269,012	\$ -	\$ -	\$ 269,012

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 7. Capital Assets, Net

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

	2025			
	Beginning Balance	Additions	Disposals/ Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,221	\$ 12	\$ -	\$ 41,233
Buildings and improvements	549,452	1,699	-	551,151
Fixed/major moveable equipment	165,046	9,344	-	174,390
Total capital assets—being depreciated	755,719	11,055	-	766,774
Less accumulated depreciation	(523,225)	(28,681)	-	(551,906)
Total capital assets—being depreciated, net	232,494	(17,626)	-	214,868
Capital assets—not being depreciated:				
Construction in progress	5,019	29,114	(2,568)	31,565
Capital assets, net, excluding lease and SBITA assets	\$ 237,513	\$ 11,488	\$ (2,568)	\$ 246,433
Lease and SBITA assets, net (Note 8)				\$ 51,027
Total capital assets, net, as reported in statements of net position				\$ 297,460
	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

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 7. Capital Assets, Net (Continued)

Construction in progress at December 31, 2025 and 2024, includes costs associated with various mechanical and electrical projects along with implementation of a new electronic health record and enterprise resource planning systems.

Depreciation expense amounted to \$28,681 and \$30,264 for the years ended December 31, 2025 and 2024, 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.

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:

	2025				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 12,199	\$ 490	\$ 223	\$ -	\$ 12,912
Equipment	42,540	10,257	(23)	21,774	31,000
Total lease assets being amortized	54,739	10,747	200	21,774	43,912
Less accumulated amortization:					
Real estate	3,753	1,158	-	-	4,911
Equipment	28,189	4,439	-	19,391	13,237
Total accumulated amortization	31,942	5,597	-	19,391	18,148
Lease assets, net	22,797	5,150	200	2,383	25,764
Subscription-based information technology assets	50,180	9,069	5,725	889	64,085
Less accumulated amortization	27,858	11,483	-	519	38,822
Subscription-based information technology assets, net	22,322	(2,414)	5,725	370	25,263
Lease and SBITA assets, net of accumulated amortization	\$ 45,119	\$ 2,736	\$ 5,925	\$ 2,753	\$ 51,027

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
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Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)

	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

As of December 31, 2025, the principal and interest requirements to maturity for the lease liability are as follows:

Years ending December 31:	Principal	Interest	Total
2026	\$ 6,376	\$ 1,134	\$ 7,510
2027	4,992	820	5,812
2028	3,830	562	4,392
2029	2,827	374	3,201
2030	2,295	219	2,514
2031-2035	3,834	367	4,201
2036-2040	264	2	266
	<u>\$ 24,418</u>	<u>\$ 3,478</u>	<u>\$ 27,896</u>

As of December 31, 2025, the principal and interest requirements to maturity for the SBITA liability are as follows:

Years ending December 31:	Principal	Interest	Total
2026	\$ 10,536	\$ 1,199	\$ 11,735
2027	7,029	664	7,693
2028	2,761	296	3,057
2029	1,278	114	1,392
2030	342	27	369
2031-2035	265	43	308
	<u>\$ 22,211</u>	<u>\$ 2,343</u>	<u>\$ 24,554</u>

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)

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 \$550 and \$822 at December 31, 2025 and 2024, respectively, deferred inflows of resources of \$1,169 and \$1,563 at December 31, 2025 and 2024, respectively, and lease revenue of \$932 and \$833 during the years ended December 31, 2025 and 2024, respectively.

Note 9. Accrued Other Liabilities

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

	2025	2024
Due to Erie County	\$ 5,046	\$ 4,006
DSH and Upper Payment Limit (UPL) (Note 5)	-	9,743
Payor advances	11,537	13,604
Medical malpractice claims	2,155	2,133
Estimated third-party payor settlements	5,983	5,643
Asset retirement obligations	4,360	2,356
Workers compensation claims	6,192	6,665
Other	12,462	13,409
Total	<u>\$ 47,735</u>	<u>\$ 57,559</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 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 \$4,360 and \$2,356 at December 31, 2025 and 2024, 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, 2025 and 2024.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 10. Indebtedness

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

	2025				
	Beginning Balance	Additions	Payments	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 52,580	\$ -	\$ (4,635)	\$ 47,945	\$ 4,895
Direct placement:					
Erie County—2017 loan payable	84,525	-	(2,920)	81,605	2,997
Erie County—2017 loan payable	44,805	-	(4,386)	40,419	4,503
Erie County—2017 capitalized interest assumption obligation	7,036	-	(242)	6,794	249
Finance obligations	3,181	-	(571)	2,610	571
Total debt	<u>\$ 192,127</u>	<u>\$ -</u>	<u>\$ (12,754)</u>	<u>\$ 179,373</u>	<u>\$ 13,215</u>

	2024				
	Beginning Balance	Additions	Payments	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>

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2025 are as follows:

Years ending December 31:	
2026	\$ 13,215
2027	13,697
2028	14,198
2029	14,395
2030	14,895
2031-2035	69,032
2036-2040	39,941
Total	<u>\$ 179,373</u>

**Erie County Medical Center Corporation
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Note 10. Indebtedness (Continued)

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 \$4,895 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.

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 \$459 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 \$38 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 \$299 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. This obligation was fully satisfied in September 2025.

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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 10. Indebtedness (Continued)

During 2021, the Corporation signed an agreement for a revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2026. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. The line of credit is fully secured by collateral with an aggregate value of not less than \$10,000. Collateral pledged includes designated securities as defined by the pledge agreement. There was \$10,000 of outstanding borrowings against the line at both December 31, 2025 and 2024. The Corporation was in compliance with all financial and non-financial covenants as of December 31, 2025 and 2024.

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 528,000 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

Note 11. Pension Plan (Continued)

At December 31, 2025 and 2024, the Corporation reported a liability of \$175,587 and \$155,324, 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 1st each year and rolled forward to March 31st. 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 2025 and 2024, which was 1.0241% and 1.0549%, respectively.

(a) Actuarial assumptions

The total pension liability for the March 31, 2025 measurement date was determined using an actuarial valuation as of April 1, 2024, with update procedures used to roll-forward the total pension liability to March 31, 2025. The actuarial valuations used the following actuarial assumptions:

Inflation		2.9%
Salary increases		4.3%, 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, 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	

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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(Dollars in Thousands)**

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	2025	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	25.0%	3.5%
International equity	14.0%	6.6%
Private equity	15.0%	7.3%
Real estate	12.0%	4.9%
Fixed income	22.0%	2.0%
Credit	4.0%	5.4%
Real assets	4.0%	5.6%
Opportunistic/absolute return strategy portfolio	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

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 portfolio	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 11. Pension Plan (Continued)

(c) Discount rate

The discount rate used to measure the total pension liability as of December 31, 2025 and 2024 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, 2025 and 2024, 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:

	2025		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 508,170	\$ 175,587	\$ (102,121)

	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)

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 11. Pension Plan (Continued)

(d) Deferred outflows and inflows of resources

At December 31, 2025 and 2024, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2025	2024
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 43,582	\$ 50,030
Changes in assumptions	7,364	58,725
Net difference between projected and actual investment earnings on pension plan investments	13,776	-
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	7,885	12,433
Total	\$ 72,607	\$ 121,188
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 2,056	\$ 4,235
Net difference between projected and actual investment earnings on pension plan investments	-	75,875
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	18,002	15,527
Total	\$ 20,058	\$ 95,637

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:	
2026	\$ 26,119
2027	42,668
2028	(15,745)
2029	(493)
	\$ 52,549

(e) Annual pension expense

The Corporation's annual pension expense for calendar years ended 2025 and 2024, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$34,392 and \$64,435, respectively.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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 2025 and 2024, 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, 2025 and 2024, of \$280,345 and \$278,596, respectively, was determined by an actuarial valuation as of January 1, 2025 and 2024, respectively. The measurement date of the obligation is December 31, 2025 and 2024.

(a) Actuarial assumptions

The total OPEB liability in the December 31, 2025, 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	8.5% for 2025, 4.0% ultimate trend rate in 2075
Medicare Plans	10.5% for 2025, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	10.0% for 2025, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	6.5% for 2025, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

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

**Erie County Medical Center Corporation
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Note 12. Other Post-Employment Benefits (OPEB) (Continued)

(b) Changes in the OPEB liability

	2025	2024
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 278,596	\$ 293,911
Service cost	2,250	3,153
Interest cost	11,130	9,983
Change of benefit terms	-	6,176
Difference between expected and actual experience	(1,121)	14,200
Change in assumptions	3,469	(36,699)
Actual benefit payments	(13,978)	(12,128)
Projected OPEB obligation at the end of year	<u>\$ 280,346</u>	<u>\$ 278,596</u>

(c) Discount rate

The discount rate used to measure the total OPEB liability was 4.8% and 4.1%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2025 and 2024, 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 4.8%, 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 (3.8%) or one percentage point higher (5.8%) than the current rate.

	2025		
	1% Decrease (3.8%)	Discount Rate (4.8%)	1% Increase (5.8%)
The Corporation's total OPEB liability	\$ 316,282	\$ 280,346	\$ 250,524

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

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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.

	2025		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 247,796	\$ 280,346	\$ 319,620

	2024		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 244,305	\$ 278,596	\$ 320,448

(d) Deferred outflows and inflows of resources

The following are components of deferred outflows and inflows at December 31, 2025 and 2024:

	2025	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 6,022	\$ (1,288)
Changes in assumptions	5,749	(13,186)
Total	\$ 11,771	\$ (14,474)

	2024	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 9,881	\$ (7,662)
Changes in assumptions	11,270	(38,116)
Total	\$ 21,151	\$ (45,778)

The net deferred outflows and inflows of resources at December 31, 2025, will be recognized as follows:

Years ending December 31:	
2026	\$ (2,350)
2027	(353)
	\$ (2,703)

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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Note 12. Other Post-Employment Benefits (OPEB) (Continued)

(e) Annual OPEB benefit

The Corporation's annual OPEB benefit for the years ended December 31, 2025 and 2024, was \$6,196 and \$12,226, 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, 2025, the Corporation received grant payments under this program in the amount of \$30,000 and recognized 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 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 Notes 2 and 10.

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, 2025 and 2024, are as follows:

The Corporation earned revenue totaling \$4,238 and \$3,969 for the years ended December 31, 2025 and 2024, 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 \$4,825 and \$3,737 at December 31, 2025 and 2024, 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.

**Erie County Medical Center Corporation
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**Notes to the Financial Statements
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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, effective November 19, 2025, 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, 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, 2025 and 2024. 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 \$6,035 and \$5,806 as of December 31, 2025 and 2024, 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, 2025 and 2024, \$2,424 and \$3,312, 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.

The Corporation has accrued \$30,825 and \$30,978 at December 31, 2025 and 2024, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.5% and 2.0% for 2025 and 2024, respectively 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 \$19,800 and \$22,660 at December 31, 2025 and 2024, respectively, for workers' compensation related exposures. Such amounts have been discounted at 3.25% and 1.75% for 2025 and 2024, respectively, 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 \$3,413 and \$1,166 in 2025 and 2024, 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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 15. Self-Insured Obligations (Continued)

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

	2025				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,978	\$ 1,998	\$ (2,151)	\$ 30,825	\$ 2,155
Workers' compensation	22,660	2,318	(5,178)	19,800	6,192
	<u>\$ 53,638</u>	<u>\$ 4,316</u>	<u>\$ (7,329)</u>	<u>\$ 50,625</u>	<u>\$ 8,347</u>

	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>

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.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 16. Commitments and Contingencies (Continued)

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, 2025 and 2024, 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, 2025, approximately \$4,600 has been spent on remediating and improving the land.

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 17. Blended Component Unit Disclosures

The following is condensed combining information for the Corporation and the Corporation's blended component units, as described in Note 1, as of and for the years ending December 31, 2025 and 2024, respectively:

	2025			
	Erie County Medical Center Corporation	Total Blended Component Units	Eliminations	Total
Condensed statements of net position:				
Current assets	\$ 310,986	\$ 3,477	\$ (8,574)	\$ 305,889
Capital assets, net	291,749	5,711	-	297,460
Other assets	100,930	920	(459)	101,391
Deferred outflows of resources	92,578	-	-	92,578
Total assets and deferred outflows of resources	<u>\$ 796,243</u>	<u>\$ 10,108</u>	<u>\$ (9,033)</u>	<u>\$ 797,318</u>
Current liabilities	\$ 417,849	\$ 9,649	\$ (8,574)	\$ 418,924
Noncurrent liabilities	637,236	-	-	637,236
Deferred inflows	35,701	-	-	35,701
Total liabilities and deferred inflows	<u>1,090,786</u>	<u>9,649</u>	<u>(8,574)</u>	<u>1,091,861</u>
Total net position	<u>(294,543)</u>	<u>459</u>	<u>(459)</u>	<u>(294,543)</u>
Total liabilities, deferred inflows and net position	<u>\$ 796,243</u>	<u>\$ 10,108</u>	<u>\$ (9,033)</u>	<u>\$ 797,318</u>
Condensed statements of revenues, expenses and change in net position:				
Net patient service revenue	\$ 696,220	\$ 2,602	\$ -	\$ 698,822
Disproportionate share revenue (DSH)	112,738	-	-	112,738
Other operating revenue	99,206	22,348	(22,583)	98,971
Total revenue	<u>908,164</u>	<u>24,950</u>	<u>(22,583)</u>	<u>910,531</u>
Operating expenses, excluding depreciation and amortization	926,402	24,927	(22,320)	929,009
Depreciation and amortization	45,730	136	-	45,866
Total operating expenses	<u>972,132</u>	<u>25,063</u>	<u>(22,320)</u>	<u>974,875</u>
Operating loss before pension and OPBE benefit, amortization components	(63,968)	(113)	(263)	(64,344)
Pension benefit, amortization component	(6,736)	-	-	(6,736)
OPEB benefit, amortization component	(5,683)	-	-	(5,683)
Operating loss	<u>(51,549)</u>	<u>(113)</u>	<u>(263)</u>	<u>(51,925)</u>
Non-operating revenues and expenses:				
Investment gain	11,105	-	-	11,105
Grant revenue	39,876	-	-	39,876
Contributions to component units	(50)	50	-	-
Interest expense	(13,328)	(263)	263	(13,328)
Capital contributions	881	-	-	881
Change in interest in component units	(326)	-	326	-
Net non-operating revenues and expenses	<u>38,158</u>	<u>(213)</u>	<u>589</u>	<u>38,534</u>
Total change in net position	<u>(13,391)</u>	<u>(326)</u>	<u>326</u>	<u>(13,391)</u>
Beginning net position	<u>(281,152)</u>	<u>785</u>	<u>(785)</u>	<u>(281,152)</u>
Ending net position	<u>\$ (294,543)</u>	<u>\$ 459</u>	<u>\$ (459)</u>	<u>\$ (294,543)</u>

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

**Notes to the Financial Statements
Year Ended December 31, 2025
(Dollars in Thousands)**

Note 17. Blended Component Unit Disclosures (Continued)

	2024			
	Erie County Medical Center Corporation	Total Blended Component Units	Eliminations	Total
Condensed statements of net position:				
Current assets	\$ 293,518	\$ 1,584	\$ (7,294)	\$ 287,808
Capital assets, net	277,043	5,589	-	282,632
Other assets	116,803	920	(858)	116,865
Deferred outflows of resources	151,740	-	-	151,740
Total assets and deferred outflows of resources	<u>\$ 839,104</u>	<u>\$ 8,093</u>	<u>\$ (8,152)</u>	<u>\$ 839,045</u>
Current liabilities	\$ 339,662	\$ 7,308	\$ (7,367)	\$ 339,603
Noncurrent liabilities	637,616	-	-	637,616
Deferred inflows	142,978	-	-	142,978
Total liabilities and deferred inflows	<u>1,120,256</u>	<u>7,308</u>	<u>(7,367)</u>	<u>1,120,197</u>
Total net position	(281,152)	785	(785)	(281,152)
Total liabilities, deferred inflows and net position	<u>\$ 839,104</u>	<u>\$ 8,093</u>	<u>\$ (8,152)</u>	<u>\$ 839,045</u>
Condensed statements of revenues, expenses and change in net position:				
Net patient service revenue	\$ 656,228	\$ -	\$ -	\$ 656,228
Disproportionate share revenue (DSH)	164,953	-	-	164,953
Other operating revenue	72,246	10,461	(10,574)	72,133
Total revenue	<u>893,427</u>	<u>10,461</u>	<u>(10,574)</u>	<u>893,314</u>
Operating expenses, excluding depreciation and amortization	827,229	10,566	(10,288)	827,507
Depreciation and amortization	47,007	108	-	47,115
Total operating expenses	<u>874,236</u>	<u>10,674</u>	<u>(10,288)</u>	<u>874,622</u>
Operating income (loss) before pension and OPEB expense, amortization components	19,191	(213)	(286)	18,692
Pension expense, amortization component	30,347	-	-	30,347
OPEB expense, amortization component	6,072	-	-	6,072
Operating loss	(17,228)	(213)	(286)	(17,727)
Non-operating revenues and expenses:				
Investment gain	7,411	-	-	7,411
Grant revenue	17,333	-	-	17,333
Interest expense	(12,021)	(286)	286	(12,021)
Capital contributions	19	-	-	19
Change in interest in component units	(499)	-	499	-
Net non-operating revenues and expenses	<u>12,243</u>	<u>(286)</u>	<u>785</u>	<u>12,742</u>
Total change in net position	(4,985)	(499)	499	(4,985)
Beginning net position	(276,167)	1,284	(1,284)	(276,167)
Ending net position	<u>\$ (281,152)</u>	<u>\$ 785</u>	<u>\$ (785)</u>	<u>\$ (281,152)</u>

Required Supplementary Information

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**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, 2025
(Dollars in Thousands)**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Contractually required contribution	\$ 41,128	\$ 34,131	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722
Contributions in relation to the contractually required contribution	41,128	34,131	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722
Contribution deficiency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ECMCC covered-employee payroll	\$ 329,275	\$ 295,295	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691

Contributions as a percentage of

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**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, 2025
(Dollars in Thousands)**

	2025	2024	2023	2022	2021	2020	2019	2018	2017
ECMCC proportion of the net pension liability (asset)	1.0241%	1.0549%	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%
ECMCC proportionate share of the net pension liability (asset)	\$ 175,587	\$ 155,324	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544
ECMCC covered-employee payroll	329,275	295,295	245,606	273,555	249,490	246,772	235,284	216,044	183,540
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	53.3%	52.6%	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%
Plan fiduciary net position as a percentage of the total pension liability	93.1%	93.9%	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%

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

2025: ERS salary scale was updated based on ten years of experience for fiscal years ending 2016 through 2025.

In addition, the retiree mortality assumption was updated based on 10 years of NYSLRS experience from April 1, 2015 through March 31, 2025.

Finally, the beneficiary mortality was updated to SOA's PUB-2016 mortality rates.

2024: There were no significant changes in assumptions

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, 2025 and 2024
(Dollars in Thousands)

	2025	2024
Total OPEB liability:		
Service cost	\$ 2,250	\$ 3,153
Interest cost	11,130	9,983
Change of benefit terms	-	6,176
Differences between expected and actual experience	(1,121)	14,200
Changes of assumptions	3,469	(36,699)
Benefit payments	(13,978)	(12,128)
	<hr/>	<hr/>
Net change in total OPEB liability	1,750	(15,315)
Total OPEB liability—beginning	<hr/> 278,596	<hr/> 293,911
Total OPEB liability—ending	<hr/> \$ 280,346	<hr/> \$ 278,596
Covered employee payroll	\$ 83,664	\$ 85,437
Total OPEB liability as a percentage of covered employee payroll	335.09%	326.08%
Discount rate	4.8%	4.1%

Change in benefit terms

There were no significant changes in benefits during 2025 and 2024.

Changes of assumptions

2025: The discount rate was increased from 4.1% to 4.8% as well as the annual rate of increase in healthcare costs was revised to the Society of Actuaries long-term healthcare costs trends model v2025_1b. Finally, the rates of retirement were updated based on an updated experience study.

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

**Report on Internal Control Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed
in Accordance With Government Auditing Standards**

Independent Auditor's Report

Board of Directors
Erie County Medical Center Corporation

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities and the aggregate discretely presented component units of Erie Medical Center Corporation (the Corporation), as of and for the year ended December 31, 2025, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated [DATE].

The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal controls over financial reporting or instances of reportable noncompliance associated with ECMC Foundation, Inc. and the Grider Initiative, Inc.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the basic financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Cleveland, Ohio

[DATE]

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Erie County Medical Center Corporation



2026 Operating and Capital Budgets September 30, 2025

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Management Discussion and Analysis

September 30, 2025

The year ending December 31, 2025 has been a challenging year operationally for ECMCC. Increases in both alternative level of care patients and observation patients have resulted in a decrease in inpatient admissions which when coupled with significant benefit inflation and increased staff to meet NYS minimum staffing requirements, has driven operating losses to levels below the prior year. The 2026 Budget again reflects similar trends and thus has been developed to capture certain growth opportunities along with a focused effort to control expenses. This budget seeks to further the ECMCC Strategic Plan with a focus on short-term improvements strengthening the core business, continuing to provide access to care in our surrounding community and investing in the workforce to meet certain staffing requirements resulting in financial and operational improvement. ECMCC's 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.

Management Discussion and Analysis

The industry is generally seeing slowed 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 structural reimbursement changes 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 2026 goal is to improve operating results through efficiency, targeted revenue improvements, programmatic changes without impacting the critical services we provide and maintaining our exceptional quality outcomes. This will also be completed while simultaneously implementing the EPIC electronic health record. The proposed 2026 operating budget reflects an operating loss of \$35 million, approximately 55% of what the 2025 loss is projected to be. This loss is inclusive of significant additional actuarial benefit costs, EPIC implementation costs and inflationary increases. 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 to manage the patient length of stay and experience, while addressing community admission challenges
- ✓ Maintain select capital and equipment upgrades and implement EPIC
- ✓ Maximize retention of staff, improve staffing efficiency and meet NYS minimum standards

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 2025 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 a slightly 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 with an appropriate level of commitment by current and new physicians, the levels of activity contained within the Budget are achievable

Management Discussion and Analysis

Revenue and Reimbursement

Projected claim 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. It is important to note that no significant Medicaid eligibility related changes within the latest Federal bill (H.R.1.) have been incorporated into the plan for 2026 due to the timing of implementation of the new requirements and the lack of clarity around how New York State will plan for their funding changes.

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 4.4% contained in the budget are reasonable given the increases in actuarially driven benefit costs, volume related supply costs, EPIC implementation costs, and additional depreciation due to the EPIC project partially offset by salary and other expense reduction initiatives.

Non-Operating Revenue

Non-Operating Revenues have been budgeted consistently with the recent historical trends related to investment income. The reduction is the result of an anticipated utilization of available investments in 2026 for the EPIC project and an assumption that interest rates will decline from 2025 levels. Although ECMCC expects to continue to work closely with NYS on future funding needs for 2026 through both the Vital Access Provider Assurance grant program and other NYS grant programs, Management has elected not to include any additional Federal or New York State operational support for planning purposes in the 2026 operating budget.

Management Discussion and Analysis

Cash Flows

2026 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 required funding of employee benefit plans. In an effort to maintain providing as many critical services as possible, despite the significant program and administrative cost management and FTE management, the budget reflects losses which still 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 efficiency plan implementation risks, emergent capital or technology needs, future governmental reimbursement and benefit cost fluctuations, Management acknowledges that it may have to adjust operationally during 2026.

Regulatory Budget Reporting Requirements

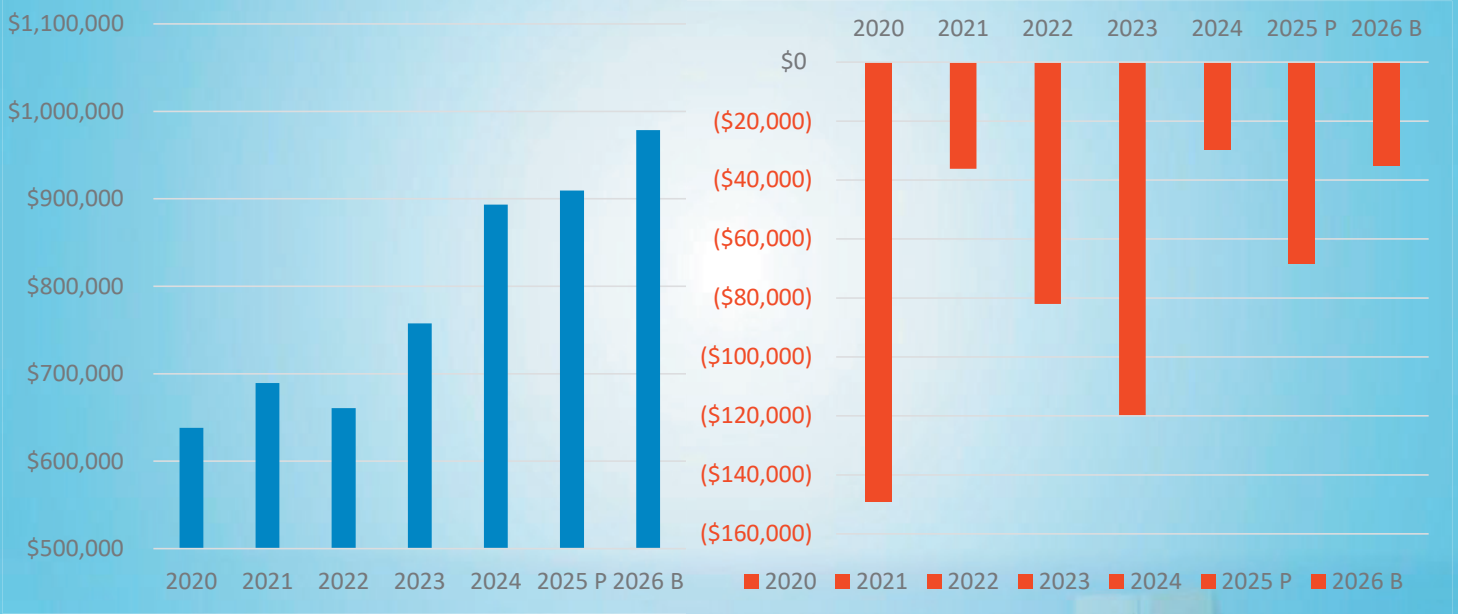
- All requirements have been met
 - NYCRR, Part 203, Chapter V, Title 2
 - This package communicates each of the 18 requirements
- New York State Office Of The State Comptroller
- Authority Budget Office
- PARIS submission and certification

Budget Process

- Executive Leadership Team (ELT) adopt budget schedule and goals
- Using 2025 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:

- 2026 Budgeted margin includes an \$12M increase in actuarial post retirement obligations
- For comparability purposes in this chart, operating margins exclude all investment gains, CARES/ARP/PPP/FEMA and NYS VAPAP grants



Key Financial Ratios

	<u>2023</u>	<u>2024</u>	<u>Projected 2025</u>	<u>Budget 2026</u>
Operating Margin %	-14.2%	-2.0%	-6.9%	-3.6%
Operating EBITDA %	-6.0%	4.6%	-0.7%	2.8%
FTE's	3,684	3,752	3,900	3,700
Days Operating Cash On Hand	14.0	32.8	9.7	9.1
Debt Service Coverage	2.2	1.7	(0.8)	0.1
Salaries, Wages & Benefits % of Revenue	76.2%	76.2%	72.6%	68.2%
Supply Expense % of Revenue	21.9%	23.3%	23.5%	23.8%
Benefit % of Salaries and Wages	35.7%	36.3%	32.5%	37.1%
Days In Accounts Receivable, net	66.0	52.3	52.1	49.0



Statements of Revenues and Expenses

(Thousands)

	<u>2024 Audited</u>	<u>2025 Projection</u>	<u>2026 Budget</u>	<u>Increase (Decrease)</u>	
Net Patient Revenue	\$ 656,228	\$ 706,967	\$ 760,493	\$ 53,526	7.6%
Disproportionate Share / IGT and UPL Payments	164,953	108,279	123,068	14,789	13.7%
Other Operating Revenues	<u>72,133</u>	<u>96,678</u>	<u>98,816</u>	<u>2,138</u>	<u>2.2%</u>
Total Operating Revenues	<u>893,314</u>	<u>911,923</u>	<u>982,377</u>	<u>70,453</u>	<u>7.7%</u>
Operating Expenses					
Salaries and Wages	366,699	387,387	378,320	(9,068)	-2.3%
Employee Benefits	133,022	125,993	140,359	14,366	11.4%
Physician & Resident Fees	112,289	124,939	128,098	3,159	2.5%
Purchased Services	72,027	82,472	96,424	13,952	16.9%
Supplies	153,120	165,785	181,261	15,476	9.3%
Other Expenses	26,769	31,700	30,882	(818)	-2.6%
Depreciation	47,115	45,327	50,258	4,931	10.9%
Interest	<u>12,021</u>	<u>11,304</u>	<u>11,775</u>	<u>472</u>	<u>4.2%</u>
Total Operating Expenses	<u>923,062</u>	<u>974,906</u>	<u>1,017,377</u>	<u>42,470</u>	<u>4.4%</u>
Operating Income	(29,748)	(62,983)	(35,000)	27,983	-44.4%
Grant revenue	<u>17,352</u>	<u>9,876</u>	<u>-</u>	<u>(9,876)</u>	<u>-100.0%</u>
Income/(Loss) from Operations with grants	(12,396)	(53,107)	(35,000)	18,107	-34.1%
Non Operating Revenues	<u>7,411</u>	<u>7,706</u>	<u>287</u>	<u>(7,419)</u>	<u>-96.3%</u>
Excess of Revenues Over Expenses	<u>\$ (4,985)</u>	<u>\$ (45,401)</u>	<u>\$ (34,713)</u>	<u>\$ 10,688</u>	<u>-23.5%</u>



Statements of Net Position

(Thousands)

	<u>2024 Audited</u>	<u>2025 Projection</u>	<u>2026 Budget</u>	<u>Increase (Decrease)</u>	
Assets					
Current Assets					
Cash and Investments	\$ 34,585	\$ 24,616	\$ 24,030	\$ (585)	-2.4%
Patient Accounts Receivable, Net	93,708	100,912	102,116	1,204	1.2%
Other Current Assets	74,801	70,469	70,853	384	0.5%
Total Current Assets	<u>203,094</u>	<u>195,997</u>	<u>196,999</u>	<u>1,002</u>	<u>0.5%</u>
Assets Whose Use Is Limited	191,599	122,022	88,784	(33,238)	70.9%
Property and Equipment, Net	282,632	274,736	266,595	(8,140)	-3.0%
Other Assets	161,718	160,756	154,220	(6,536)	-4.1%
Total Assets	<u>839,042</u>	<u>753,510</u>	<u>706,598</u>	<u>(46,912)</u>	<u>-6.2%</u>
Liabilities and Net Assets					
Current Liabilities					
Current Portion of Long Term Debt	37,901	38,285	25,259	(13,026)	-34.0%
Accounts Payable, Third-Party & Accrued	307,284	280,578	277,201	(3,377)	-1.2%
Total Current Liabilities	<u>345,185</u>	<u>318,864</u>	<u>302,460</u>	<u>(16,404)</u>	<u>-5.1%</u>
Long Term Debt	207,177	199,284	199,025	(259)	-0.1%
Deferred Inflows	142,978	142,962	142,962	-	0.0%
Other Post Employment Benefits	265,829	257,426	265,148	7,723	3.0%
Self Insurance Liabilities	159,026	161,530	158,270	(3,260)	-2.0%
Total Liabilities	<u>1,120,196</u>	<u>1,080,065</u>	<u>1,067,865</u>	<u>(12,200)</u>	<u>-1.1%</u>
Net Position	<u>(281,154)</u>	<u>(326,555)</u>	<u>(361,266)</u>	<u>(34,712)</u>	<u>10.6%</u>
Total Liabilities and Net Assets	<u>\$ 839,042</u>	<u>\$ 753,510</u>	<u>\$ 706,598</u>	<u>\$ (46,912)</u>	<u>-6.2%</u>

Statements of Cash Flow

(Thousands)

	Audited <u>2024</u>	Projected <u>2025</u>	Budget <u>2026</u>	<u>Increase (Decrease)</u>	
					<u>%</u>
Cash Flows From Operating Activities					
Excess of Revenues Over Expenses	\$ (4,985)	\$ (45,401)	\$ (34,713)	\$ 10,688	-24%
Depreciation & Amortization	47,115	45,327	50,258	4,931	11%
Provision for Bad Debt	12,663	15,632	17,102	1,469	9%
(Increase) Decrease in Non-operating revenues	(12,742)	(6,279)	11,488	17,767	-283%
(Increase) Decrease in Patient Accounts Receivable, Net	(3,982)	(22,837)	(18,305)	4,531	-20%
(Increase) Decrease in Current and Other Assets	22,961	5,294	6,152	858	16%
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	33,947	(26,706)	(3,377)	23,329	-87%
Increase (Decrease) in Deferred In-Flows	65,962	(16)	-	16	-100%
Increase (Decrease) in Self Insurance Liabilities	(66,208)	(5,900)	4,463	10,363	-176%
Net Cash Provided By (Used In) Operating Activities	<u>94,731</u>	<u>(40,885)</u>	<u>33,067</u>	<u>73,952</u>	<u>-181%</u>
Cash Flows From Investing Activities					
Other Investing Activities, Net	<u>(45,748)</u>	<u>77,283</u>	<u>33,525</u>	<u>(43,758)</u>	<u>-57%</u>
Net Cash Provided By (Used In) Investing Activities	<u>(45,748)</u>	<u>77,283</u>	<u>33,525</u>	<u>(43,758)</u>	<u>-57%</u>
Cash Flows From Financing Activities					
Additions to Property and Equipment	(12,551)	(37,431)	(42,117)	(4,686)	13%
Non-operating grants	17,333	9,876	-	(9,876)	-100%
Changes in Long Term Debt	<u>(39,952)</u>	<u>(18,812)</u>	<u>(25,061)</u>	<u>(6,249)</u>	<u>33%</u>
Net Cash Provided By (Used In) Financing Activities	<u>(35,170)</u>	<u>(46,367)</u>	<u>(67,178)</u>	<u>(20,811)</u>	<u>45%</u>
Net Increase (Decrease) in Cash and Investments	13,812	(9,970)	(586)	9,384	-94%
Cash and Investments, Beginning	<u>20,773</u>	<u>34,585</u>	<u>24,616</u>	<u>(9,970)</u>	<u>-29%</u>
Cash and Investments, Ending	<u>\$ 34,585</u>	<u>\$ 24,616</u>	<u>\$ 24,030</u>	<u>\$ (586)</u>	<u>-2%</u>



Operating Performance Reconciliation

(Thousands)

	<u>2025 Budget</u>	<u>2026 Budget</u>	<u>Increase / (Decrease)</u>
2025 Budgeted Income from Operations			(34,998)
Operating Revenues			
Net Patient Service Revenue	719,848	760,493	40,645
Disproportionate Share, IGT and UPL Revenue	130,932	123,068	(7,864)
Other Operating Revenue	<u>74,547</u>	<u>98,816</u>	<u>24,269</u>
Total Operating Revenues	<u>925,327</u>	<u>982,377</u>	<u>57,050</u>
Operating Expenses			
Salaries and Benefits	503,106	518,678	15,572
Physician Fees and Professional Services	204,675	224,522	19,847
Supplies	163,047	181,261	18,214
Other Expenses	32,381	30,882	(1,499)
Depreciation and Amortization	45,603	50,258	4,655
Interest	<u>11,513</u>	<u>11,775</u>	<u>262</u>
Total Operating Expenses	<u>960,325</u>	<u>1,017,377</u>	<u>57,052</u>
2026 Budgeted Loss from Operations	<u>(34,998)</u>	<u>(35,000)</u>	<u>(35,000)</u>

Principal Budget Assumptions

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

Revenue

- Net average revenue rate increase of 3.5% (includes all payers)
 - Minimal Medicaid increase coupled with a higher-than-average overall increase in Medicare related to the 2025-2026 Medicare Wage Index and commercial insurance rate increases.
- Total Discharges increased by 3.5% increase from 2025 levels
 - Let by acute discharges related to an improvement in average length of stay, a reduction in the average ALC daily census, the addition of a provider within rehab services, and the addition of new surgical providers
- Outpatient visits increase of 2.7% increase from 2025 levels
 - Additional visits due to an increase in specialty clinic visits due to the addition of providers in 2025.
 - Additional infusion therapy visits
- Increase in total surgeries of 8.1%
 - Primarily led by the addition of new surgeons coupled, growth in existing service lines (general surgery, neurosurgery and orthopedic surgery) along with improvements in the operating room efficiency.
- Terrace View average daily census increase of 1.5% to 383 residents
- IGT/DSH – Year-over-year growth based upon estimated net changes in allowable costs net of increases in associated Medicaid revenue
- Revenue cycle process improvements of \$2.5M included within contract underpayments, denials, bad debt expense reductions



Volume Summary

	2024	2025	2026	Increase (Decrease)	
	Actual	Projection	Budget	26 - 25	%
Discharges					
Acute	12,992	12,868	13,250	382	3.0%
Other	5,113	5,039	5,286	247	4.9%
Total	<u>18,105</u>	<u>17,907</u>	<u>18,536</u>	<u>629</u>	<u>3.5%</u>
Average Length of Stay					
Acute	7.9	7.7	7.5	(0.2)	-2.8%
Other	11.2	11.2	11.3	0.0	0.4%
Total	<u>8.9</u>	<u>8.7</u>	<u>8.6</u>	<u>(0.1)</u>	<u>-1.1%</u>
Observation Cases	3,448	4,075	3,900	(175)	-4.3%
Outpatient Visits	299,260	308,791	317,278	8,487	2.7%
Clinics	160,028	168,131	174,841	6,710	4.0%
Behavioral Health	35,260	33,737	35,050	1,313	3.9%
Chemical Dependency	17,976	16,613	17,580	967	5.8%
Dialysis	25,815	26,884	25,552	(1,332)	-5.0%
Other	60,181	63,426	64,255	829	1.3%
Surgical Cases					
Inpatient	5,625	5,413	5,824	411	7.6%
Outpatient	7,590	7,651	8,292	641	8.4%
Total	<u>13,215</u>	<u>13,064</u>	<u>14,116</u>	<u>1,052</u>	<u>8.1%</u>
Case Mix Index - Acute	<u>1.95</u>	<u>1.96</u>	<u>1.96</u>	-	0.0%
Emergency Visits	54,101	55,810	56,920	1,110	2.0%
CPEP Visits	9,894	9,966	10,280	314	3.2%
Terrace View ADC	367.5	377.3	383.0	5.7	1.5%



DSH/IGT and UPL Revenue (Accrual Basis Revenue)

	Audited <u>2024</u>	Projected <u>2025</u>	Budget <u>2026</u>
DSH	149,675	94,984	110,348
UPL	15,278	13,295	12,720
Total	<u><u>164,953</u></u>	<u><u>108,279</u></u>	<u><u>123,068</u></u>

Expenses

- Salaries
 - Decrease in overall FTE's to 3,700 (Worked hours - primary decrease)
 - Reduced overtime costs
 - Contracted salary increases total an average of 3.5%
 - Non-Union wage increases total 0% - 3%
 - Implementation of other contracted enhancements (step changes, other shift pay changes)
- Benefits
 - Inflation driving health insurance costs, workers compensation, unemployment related costs (partially offset by FTE reduction)
 - \$8.8M increase in pension expense due to increase in FTEs over several years to meet NYS minimums, salaries, actuarial assumptions and ECMCC's increased share of the cost coupled with the estimated impact of enhanced benefit plan provisions agreed on for hospital law enforcement staff
 - \$3M increase in post-retiree health benefit cost because of estimated actuarial assumption impacts

Expenses (cont'd)

- Physician & Residents
 - Contracted increases for physicians and residents
 - Physician practice infrastructure investments (captive PC)
- Contractual Fees/Purchased Services
 - Operating expenses related to the implementation of EPIC (EHR) and Infor (ERP system)
 - Increased administrative costs for specialty pharmacy program operations due to increased volume

Expenses (cont'd)

- Supplies
 - Increase in volume from projected 2025 volume levels including an 8.1% increase in total surgeries
 - Inflationary increases in all supply categories - most significant in pharmacy costs and tariff costs, partially offset by savings initiatives of \$1.5 million (physician preference, pricing, joint contracting)
 - Increase in specialty pharmacy and infusion therapy drug costs due to increased volume and inflation
- Depreciation and Interest
 - Increased overall depreciation and interest costs
 - New depreciation expenses related to the EPIC and Infor projects expected to go-live and be placed in service during the 4th quarter 2026.

Cash Flow Assumptions

- Net breakeven impact on cash during 2026
- Days in accounts receivable improving to 49 days
- Days in accounts payable holding at 60 days
- Routine capital budget spend consistent with 2024 and 2025 at \$8.0 million and EPIC/INFOR implementation costs funded by Restricted funds
- Pension payment increase of \$8.8 million

Performance Improvement Initiatives

- FTE management and overtime reduction
- Inpatient and outpatient growth strategies
- Operating Room block time optimization
- Length of stay improvements / ALC ADC reduction
- Revenue cycle improvement initiatives
- Value analysis program reducing supply costs
- Various non-labor expense reduction initiatives
- Continued infrastructure investment in population health strategies

Emerging Issues and Risk Areas

- NYS budget uncertainty given Federal Medicaid reform
 - Medicaid reimbursement uncertainty
 - NYS operational support (VAPAP) availability and uncertainty
- Timing of future DSH/IGT payments
- Impact of EPIC implementation during 2026 on operations
- Operating performance improvements
 - Market driven length of stay challenges (Post-acute staffing)
 - FTE vacancy management risks
 - Inpatient and outpatient volume sensitivity
 - Ambulatory surgery market pressure
- Continued inflationary pressures on non-salary operating costs and pharmaceutical shortages
- Benefit expense and contribution changes
 - Pension and OPEB

2026 Capital Budget Summary

ECMCC must limit routine capital spending funding from internal operations and remain consistent with 2025

- \$8 Million routine capital spend (*\$8M in 2025*)
 - \$8M from internal operating funds
- \$49.9 Million EPIC EHR/Infor ERP system implementations
 - Restricted funds and FEMA receipts

3 Year Financial Projections

- Reimbursement rate increases adjusted to historical net rate increases, excluding one-time increases (not anticipated to keep pace with expense growth)
- 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 2025 and 2026
- Reflects growth in routine capital replacement investments given age of facility and equipment and under capitalization which has occurred since 2020
- Reflects operating support need from New York State or Federal safety net support programs in addition to future operational improvements and significant service reductions in the absence of external support
- Assumes the significant Disproportionate Share (DSH) cuts will be delayed (based upon history)
- Excludes any impact of potential PayGo Statutory Medicare reductions and NYS future budgetary reductions as a result of the Medicaid eligibility changes in H.R.1. federal bill given uncertainty on what actions may be taken at both the Federal and State legislative levels

Statements of Revenues and Expenses – Projected (Thousands)

	<u>Audited</u> <u>2024</u>	<u>Projected</u> <u>2025</u>	<u>Budget</u> <u>2026</u>	<u>2027</u>	<u>Projected</u> <u>2028</u>	<u>2029</u>
Operating Revenues						
Net Patient Service Revenue	656,228	706,967	760,493	798,962	837,328	876,156
Disproportionate Share, IGT and UPL Revenue	164,953	108,279	123,068	128,213	133,538	139,050
Other Operating Revenue	<u>72,133</u>	<u>96,678</u>	<u>98,816</u>	<u>99,804</u>	<u>100,802</u>	<u>101,810</u>
Total Operating Revenues	<u>893,314</u>	<u>911,923</u>	<u>982,377</u>	<u>1,026,980</u>	<u>1,071,668</u>	<u>1,117,016</u>
Operating Expenses						
Salaries and Benefits	499,721	513,380	518,678	563,612	603,394	643,435
Physician Fees and Professional Services	184,315	207,411	224,522	229,012	235,883	242,959
Supplies	153,120	165,785	181,261	190,170	196,849	203,631
Other Expenses	26,769	31,700	30,882	32,445	34,088	35,814
Depreciation and Amortization	47,115	45,327	50,258	49,756	49,258	48,766
Interest	<u>12,021</u>	<u>11,304</u>	<u>11,775</u>	<u>11,984</u>	<u>12,196</u>	<u>12,411</u>
Total Operating Expenses	<u>923,062</u>	<u>974,906</u>	<u>1,017,377</u>	<u>1,076,980</u>	<u>1,131,668</u>	<u>1,187,016</u>
External Support/Operating Efficiencies	<u>(29,748)</u>	<u>(62,983)</u>	<u>(35,000)</u>	<u>50,000</u>	<u>60,000</u>	<u>70,000</u>
Income/(Loss) from Operations	(29,748)	(62,983)	(35,000)	(0)	(0)	(0)
Grant revenue	<u>17,352</u>	<u>9,876</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Income/(Loss) from Operations with Grants	(12,396)	(53,107)	(35,000)	(0)	(0)	(0)
Non Operating Revenues & Capital Contributions	<u>7,411</u>	<u>7,706</u>	<u>287</u>	<u>287</u>	<u>287</u>	<u>287</u>
Excess of Revenues Over Expenses	<u>(4,985)</u>	<u>(45,401)</u>	<u>(34,713)</u>	<u>287</u>	<u>287</u>	<u>287</u>

Statements of Financial Position – Projected (Thousands)

	<u>Audited</u> <u>2024</u>	<u>Projected</u> <u>2025</u>	<u>Budget</u> <u>2026</u>	<u>2027</u>	<u>Projected</u> <u>2028</u>	<u>2029</u>
ASSETS						
Current Assets						
Cash & Investments	34,585	24,616	24,030	28,090	38,058	50,197
Patient Accounts Receivable	93,708	100,912	102,116	107,261	112,406	117,600
Other Current Assets	<u>74,801</u>	<u>70,469</u>	<u>70,853</u>	<u>71,265</u>	<u>71,444</u>	<u>71,878</u>
Total Current Assets	<u>203,094</u>	<u>195,997</u>	<u>196,999</u>	<u>206,616</u>	<u>221,909</u>	<u>239,675</u>
Assets Whose Use Is Limited	191,599	122,022	88,784	88,692	88,595	89,495
Property and Equipment	282,632	274,736	266,595	249,839	235,581	221,816
Other Assets	<u>161,718</u>	<u>160,756</u>	<u>154,220</u>	<u>152,931</u>	<u>151,723</u>	<u>150,595</u>
Total Assets	<u>839,042</u>	<u>753,510</u>	<u>706,598</u>	<u>698,078</u>	<u>697,807</u>	<u>701,579</u>
LIABILITIES AND NET ASSETS						
Current Liabilities						
Current Portion of Long Term Debt	37,901	38,285	25,259	20,928	17,293	15,535
Accounts Payable, Third-Party & Accrued	<u>307,284</u>	<u>280,578</u>	<u>277,201</u>	<u>287,923</u>	<u>297,823</u>	<u>307,839</u>
Total Current Liabilities	<u>345,185</u>	<u>318,864</u>	<u>302,460</u>	<u>308,851</u>	<u>315,116</u>	<u>323,374</u>
Long Term Debt	207,177	199,284	199,025	178,097	160,804	145,269
Deferred Inflows	142,978	142,962	142,962	143,962	144,962	145,962
Other Post Employment Benefits	265,829	257,426	265,148	273,103	281,296	289,735
Self Insurance Reserves	<u>159,026</u>	<u>161,530</u>	<u>158,270</u>	<u>155,046</u>	<u>156,323</u>	<u>157,646</u>
Total Liabilities	<u>1,120,196</u>	<u>1,080,065</u>	<u>1,067,865</u>	<u>1,059,058</u>	<u>1,058,500</u>	<u>1,061,986</u>
Net Position	<u>(281,154)</u>	<u>(326,555)</u>	<u>(361,266)</u>	<u>(360,980)</u>	<u>(360,693)</u>	<u>(360,406)</u>
Total Liabilities and Net Assets	<u>839,042</u>	<u>753,510</u>	<u>706,598</u>	<u>698,078</u>	<u>697,807</u>	<u>701,580</u>



Statements of Cash Flow - Projected (Thousands)

	Audited <u>2024</u>	Projected <u>2025</u>	Budget <u>2026</u>	<u>2027</u>	Projected <u>2028</u>	<u>2029</u>
Cash Flows From Operating Activities						
Excess of Revenues Over Expenses	(4,985)	(45,401)	(34,713)	287	287	287
Depreciation & Amortization	47,115	45,327	50,258	49,756	49,258	48,766
Provision for bad debt	12,663	15,632	17,102	16,680	16,725	16,771
(Increase) Decrease in Non-operating revenues	(12,742)	(6,279)	11,488	11,696	11,908	12,124
(Increase) Decrease in Patient Accounts Receivable, Net	(3,982)	(22,837)	(18,305)	(21,825)	(21,870)	(21,965)
(Increase) Decrease in Current and Other Assets	22,961	5,294	6,152	877	1,029	695
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	33,947	(26,706)	(3,377)	10,722	9,900	10,017
Increase (Decrease) in Third Party Payer Settlements		-	-	-	-	-
Increase (Decrease) in Deferred In Flows	65,962	(16)	-	1,000	1,000	1,000
Increase (Decrease) in Self Insurance Liabilities	(66,208)	(5,900)	4,463	4,730	9,470	9,762
Net Cash Provided By (Used In) Operating Activities	<u>94,731</u>	<u>(40,885)</u>	<u>33,067</u>	<u>73,923</u>	<u>77,708</u>	<u>77,456</u>
Cash Flows From Investing Activities						
Other Investing Activities, Net	(45,748)	77,283	33,525	379	384	(613)
Net Cash Provided By (Used In) Investing Activities	<u>(45,748)</u>	<u>77,283</u>	<u>33,525</u>	<u>379</u>	<u>384</u>	<u>(613)</u>
Cash Flows From Financing Activities						
Additions to Property and Equipment	(12,551)	(37,431)	(42,117)	(33,000)	(35,000)	(35,000)
Non-operating grants	17,333	9,876	-	-	-	-
Changes in Long Term Debt	(39,952)	(18,812)	(25,061)	(37,243)	(33,124)	(29,704)
Net Cash Provided By (Used In) Financing Activities	<u>(35,170)</u>	<u>(46,367)</u>	<u>(67,178)</u>	<u>(70,243)</u>	<u>(68,124)</u>	<u>(64,704)</u>
Net Increase (Decrease) in Cash and Investments	13,812	(9,970)	(585)	4,060	9,968	12,139
Cash and Investments, Beginning	<u>20,773</u>	<u>34,585</u>	<u>24,616</u>	<u>24,030</u>	<u>28,090</u>	<u>38,058</u>
Cash and Investments, Ending	<u>34,585</u>	<u>24,616</u>	<u>24,030</u>	<u>28,090</u>	<u>38,058</u>	<u>50,197</u>

Appendix A

Outstanding Bonds and Notes

Erie County Guaranteed Senior Revenue Bonds, Series 2004

No bonds were issued, called, or re-financed during 2025.

\$4,635,000 of bonds matured or were redeemed in 2025.

\$47,945,000 of 2004 bonds remain outstanding on December 31, 2025.

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.

\$4,386,398 in principal payments were made in 2025.

\$40,419,091 of debt is outstanding on December 31, 2025.

Erie County Loan Payable-2017 (New Money)

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

\$2,919,949 in principal payments were made in 2025.

\$81,605,654 of debt is outstanding on December 31, 2025.

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.

\$243,040 in principal payments were made in 2025.

\$6,792,383 of debt is outstanding on December 31, 2025.

Line of Credit

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

\$0 in principal payments were made in 2025.

\$10,000,000 of outstanding borrowings against the line of credit on December 31, 2025.

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 2025.

\$586,774 of debt is outstanding on December 31, 2025.

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

\$200,258 in principal payments were made in 2025.

\$600,774 of debt is outstanding on December 31, 2025.

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

\$189,720 in principal payments were made in 2025.

\$1,422,797 of debt is outstanding on December 31, 2025.

Name	Job Title	2025 Gross Earnings	Annual Salary
Abafita, Aziza	General Duty Nurse	135,416	114,388
Abramovic, Dragana	General Duty Nurse	101,978	101,620
Addison, Jessica	Charge Nurse	183,965	123,918
Adgate, Jamie	Nursing Team Leader LTC	124,737	111,810
Aiad, Jean	Dentist ECMC	126,988	126,000
Albanese, Pamela	Identity & Access Accounts Control Coordinator	109,908	109,531
Albert, Alison	Director of Admissions Medical Rehabilit	139,593	134,312
Albini, Kelsey	General Duty Nurse	92,230	101,620
Aldrich, Alana	Pharmacist	136,681	129,273
Almadrahi, Abdelkadr	General Duty Nurse	150,036	107,819
Almeter, Katherine	Charge Nurse	149,512	116,786
Alwan, Nadare	Nurse Practitioner Rehabilitation Services	161,215	145,438
Ambrose, Keith	Director of Capital Projects	120,584	120,746
Amendola, Amy	General Duty Nurse	121,890	114,388
Anders, Mark	Medical Specialist	181,400	165,000
Anderson, Jennifer	Charge Nurse	151,582	123,918
Andrews, Kristin	Assistant Head Nurse	134,275	123,918
Antonio, Alexis	Charge Nurse	125,788	116,786
Antos, Alan	PACS Administrator	103,109	115,000
Anzalone, Tina	Behavioral Health Supervisor	102,294	101,044
Applewhite, Shadae	Assistant Nurse Case Manager	104,018	106,883
Aquilina, Marina	General Duty Nurse	137,768	104,684
Armstrong, Dawn	RN Med Surg Data Review	95,786	110,082
Artieri, Diane	Vice President of Materials Management	211,299	210,000
Asare, Martin	General Duty Nurse	233,987	101,620
Astyk, Kristen	Charge Nurse	120,320	100,761
Atkinson, Maria	Senior Financial Analyst	29,806	103,809
Augostini, Anna	Pharmacist	162,921	150,979
Austin, Cheryl	Director of Imaging Services	149,615	149,758
Aziz, George	Pharmacist	148,487	144,479
Bagley, Emily	Nursing Team Leader	193,079	118,649
Bailen, Matthew	Assistant Vice President of Nursing Education	152,236	152,440
Bailey, Steven	Nursing Supervisor LTC	123,179	146,756
Baker, Aimee	General Duty Nurse	114,915	114,388
Baker, Shawn	General Duty Nurse	156,651	114,388
Balk, Andrew	Healthcare Information Security Analyst II	119,495	109,531
Ballard, Katrina	Nurse Case Manager - Behavioral Health	137,665	142,482
Bandoh, Anthony	Chief Healthcare Information Security Of	169,808	185,000
Barber, Matthew	Nursing Team Leader-Behavioral Health	125,170	118,649
Barclay, Desirea	General Duty Nurse	126,374	101,620
Barnett, Lee	General Duty Nurse	171,239	111,055
Barr-Buday, Tamara	Clinical Documentation Specialist	135,800	116,786
Barry, Jennifer	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	114,845	111,395
Basher, William	Nursing Team Leader Dialysis Services	132,583	133,519
Bass, Cynthia	Director of Diversity and Inclusion	145,465	142,055
Bass, Edmond	Nursing Informatics Manager	152,856	153,966
Bastian, Michele	General Duty Nurse	122,228	114,388
Batson, John	General Duty Nurse	116,910	107,819
Beach, Doran	Assistant Nurse Case Manager	51,275	120,309
Beauchamp, Emily	Assistant Director of Population Health	118,448	118,007
Beaver, Michael	Pharmacist	145,196	147,740
Becker, Cynthia	General Duty Nurse	113,383	114,388
Becker, Melissa	Unit Manager Operating Room	170,581	143,926
Becker, Paula	Pharmacist	6,598	152,893
Beckman, Kevin	General Duty Nurse	135,000	104,684
Beiter, Sean	Director of Labor & Employee Relations	158,232	158,445
Bell, Shentelle	Assistant Vice President of Medical Surgical Nursing Services	150,718	158,000
Bellagamba, Sharon	General Duty Nurse	67,412	104,684
Bellido-Clark, Dana	Unit Manager MedicalSurgical	135,014	148,225
Bennett, Murnita	General Duty Nurse	113,881	114,388
Benning, Natasha	Clinical Documentation Specialist	154,027	116,786
Benson, Amanda	General Duty Nurse	153,473	111,055

Name	Job Title	2025 Gross Earnings	Annual Salary
Bentley, Katherine	General Duty Nurse LTC	127,704	107,819
Birmingham, Morgan	Pharmacist	153,224	144,479
Bernier, Deborah	Operations Manager LTC	130,328	125,664
Berrigan, Julie	Executive Director ECMC Lifeline Foundation	147,462	180,000
Beshures, Shreen	Clinical Pharmacy Specialist	156,573	104,849
Bethea, Marquita	Director of Admissions LTC	159,306	141,386
Bianco, Carolyn	General Duty Nurse	106,518	107,819
Bieber, Jolene	General Duty Nurse	94,718	104,684
Bieber, Stephanie	Supervisor of Rehabilitation Medicine	117,907	115,565
Bielawa, Jessica	Nurse Practitioner ECMC	122,889	137,983
Bielicki, Kim	General Duty Nurse	127,587	114,388
Bielmann, Beth	Nursing Team Leader Ambulatory Services	131,480	133,519
Biersbach, Bret	Anesthesiologist	466,464	494,190
Birmingham, Marissa	General Duty Nurse	96,410	104,684
Bittner, Michelle	Charge Nurse	129,284	123,918
Blackchief, Tawny	General Duty Nurse	25,685	107,819
Blair, Darcy	Nursing Team Leader-Behavioral Health	133,701	118,649
Blair, Lawrence	Behavioral Health Clinical Manager	148,279	140,000
Blair, Lindsey	General Duty Nurse	126,315	114,388
Blair, Sean	Nurse Case Manager	156,866	146,756
Blaszak, Linette	Clinical Resource Nurse Emerg Services	164,382	123,918
Blecha, Kortney	Charge Nurse	289,943	123,918
Bly, Suzanne	Charge Nurse	140,423	103,750
Boback, Mabel	Charge Nurse	129,504	113,395
Boersch, Martin	General Duty Nurse	158,131	101,620
Boice, Allison	Nurse Case Manager	141,345	142,482
Bolden, Taywanda	Behavioral Health Clinical Manager	143,463	140,000
Bonito, Nicole	Anesthetist	321,619	278,000
Boquard, Leah	General Duty Nurse	107,409	101,620
Borton, Angela	Pharmacist	155,815	150,979
Bova, Jessica	General Duty Nurse	109,784	104,684
Boyer, Maria	General Duty Nurse	170,117	107,819
Boyer, Nikita	General Duty Nurse LTC	176,782	107,819
Brady, Holly	Manager of Revenue Capture and Integrity	113,930	107,155
Brennan, Melinda	Unit Manager MedicalSurgical	147,416	143,926
Brian, Stephanie	Pharmacist	153,361	144,479
Brindisi, Joseph	Nurse Practitioner ECMC	152,987	158,902
Brinker, Debra	Charge Nurse	109,692	123,918
Brinkworth, Jennifer	Charge Nurse	168,234	123,918
Brittain, Leah	Nursing Team Leader	118,773	118,649
Broeneman, Kourtney	Nurse Case Manager	142,289	146,756
Brooks, Latoya	Unit Manager MedicalSurgical	154,710	152,672
Brown, Dana	Anesthetist	406,467	278,000
Brown, David	Assistant Vice President of Surgical Services	137,309	170,000
Brown, Donna	Associate Hospital Administrator	173,473	175,000
Brown, Inger	Senior Clinical Laboratory Technologist	108,496	110,332
Brown, Jillian	Vice President of Behavioral Health Services	184,928	173,875
Brown, Lisa	Admissions Coordinator LTC	115,575	110,082
Brundin, Douglas	Anesthetist	299,345	278,000
Brunner, Stephanie	Transplant Coordinator	172,993	134,312
Buckley, Peter	Nursing Team Leader LTC	126,172	122,217
Bufalino, Rosalia	General Duty Nurse	127,028	114,388
Bugman, Kevin	General Duty Nurse	103,626	101,620
Bulger, Bethany	General Duty Nurse	57,820	111,055
Buono, Julie	Physical Therapist	113,128	102,088
Burgio, Susan	Clinical Lab Quality Coord	153,271	124,216
Burke, Brandy	Charge Nurse	88,707	120,309
Burke, Mark	Attending Physician	797,716	781,917
Burnett, Wayne	Senior Physical Therapist	114,657	109,368
Burrige, Suzanne	Pharmacist	135,298	140,704
Burt, Mary	Nursing Team Leader	184,302	133,519
Bychkov, Yuri	Attending Physician	147,237	425,000

Name	Job Title	2025 Gross Earnings	Annual Salary
Calicutt, Steven	Chief Healthcare Information Security Of	53,160	219,391
Calire, Gina	Clinical Documentation Specialist	170,868	120,309
Canallatos, Paul	Dentist ECMC	355,480	352,920
Cantie, Shawn	Anesthesiologist	640,868	590,000
Capaccio, Rose	Chief Histotechnologist	118,757	103,453
Capozzi, Nicole	General Duty Nurse	134,987	114,388
Carl, Karen	Nursing Team Leader	139,187	133,519
Carnevale, Marinela	Emergency Department Patient Flow Team Lead	157,465	133,519
Carpenter, Cheryl	Director of Medical Dental Staff Svcs	129,883	130,058
Carroll, Carly	General Duty Nurse	124,035	101,620
Carroll, Jennifer	Behavioral Health Clinical Manager	151,555	145,000
Cartenuto, Eric	General Duty Nurse	107,101	101,620
Casali, Colleen	General Duty Nurse	136,382	114,388
Castellani, Joseph	General Duty Nurse	102,195	101,620
Castonguay, Andrea	Physician Assistant	113,102	128,750
Cavalieri, Rachel	General Duty Nurse	77,600	101,620
Cavo, Paul	Clinical Systems Analyst	132,369	114,325
Cecula, Jessica	Emergency Department Patient Flow Team Lead	134,294	122,217
Celej, Daniel	General Duty Nurse	119,162	107,819
Charles, Fred	Senior Physical Therapist	107,867	102,421
Chaudhuri, Biswendu	Senior Clinical Laboratory Technologist	104,394	104,300
Cheng, Yi	Director of Neurology	370,189	368,740
Chikaraishi, Juli	Director of Outpatient Opers & Oncolog	132,057	127,303
Chilbert, Kevin	Clinical Pharmacy Specialist	163,979	163,979
Chiro, Zachary	Unit Manager MedicalSurgical	131,056	135,643
Chojnacki, Christopher	General Duty Nurse	167,643	100,761
Chrzanowski, Kristy	General Duty Nurse	107,164	111,055
Ciancone, Gabriella	Infection Prevention Practioner	134,476	133,519
Cicchinelli, Salvatore	Project Manager HIT	112,814	108,775
Cieri, Margaret	Nursing Care Coordinator	236,971	158,585
Cintron, Christine	General Duty Nurse	127,122	104,684
Cirillo, Joseph	Director of Public Relations Communic.	116,956	147,358
Ciurczak, Tiffany	Emergency Department Patient Flow Team Lead	149,076	133,519
Clark, Cynthia	Nurse Case Manager	152,766	146,756
Cleckley, Shonda	General Duty Nurse	238,066	114,388
Cline, Maureen	Charge Nurse	116,722	103,750
Cloud, Samuel	Medical Director ECMC	646,146	650,000
Codd, Margaret	Charge Nurse	156,692	123,918
Colebeck, Amanda	Dentist ECMC	366,880	371,830
Colling, Laurali	General Duty Nurse	117,471	104,684
Comstock, Scott	Charge Nurse	136,084	123,918
Coniglio, Julia	Anesthetist	310,217	278,000
Conley, Kimberly	General Duty Nurse	42,439	104,684
Connors, Marchelle	Charge Nurse Ambulatory Care	90,239	123,918
Contino, Alyse	Charge Nurse	80,499	113,395
Cook, Jacqueline	General Duty Nurse	135,194	101,620
Cozzemera, John	Nursing Team Leader Ambulatory Services	128,668	129,630
Cretacci, Nicole	Unit Manager MedicalSurgical	157,217	152,672
Culligan, Tanya	Clinical Documentation Specialist	137,291	123,918
Cumbo, John	Chief Information Officer ECMC	318,624	310,000
Current, Susan	Physical Therapist	103,546	102,088
Currin, Shawntres	Unit Manager MedicalSurgical	149,591	148,225
Curtin, Daniel	Manager of Financial Reporting	118,768	115,000
Cutler, Peter	Vice President of Communication & External Affair	338,831	325,000
Cutrona, Victoria	Charge Nurse	125,045	103,750
Cutting, Karen	Healthcare Business Sys Analyst	114,967	111,923
Dalton, Wendy	Nursing Team Leader LTC	144,442	125,892
D'Angelo, Dino	Charge Nurse	129,164	123,918
Daniels, Steven	Sr. Human Resources Info System Admin	148,568	140,000
Daniels, Victoria	General Duty Nurse	112,782	107,819
Dantzler, Tamika	Charge Nurse	173,231	116,786
Darmograi, Kateryna	Charge Nurse	194,180	106,883

Name	Job Title	2025 Gross Earnings	Annual Salary
Daves, Brittany	Charge Nurse	156,059	106,883
Davis, Andrew	Chief Operating Officer ECMC	800,307	775,000
Davis, Cassandra	Senior Vice President of Operation-Outpatient Clin	382,459	375,000
Davis, Garney	Director of Pastoral Care	115,797	101,044
Davis, Karen	Charge Nurse	133,338	123,918
Day, Amanda	Charge Nurse	187,501	106,883
Dean, Rachel	Charge Nurse	83,964	113,395
DeFilippo, Jenna	Assistant Head Nurse	153,122	123,918
Degnan, Kimberly	General Duty Nurse	114,852	107,819
Deguire, Janelle	Assistant Nurse Case Manager	115,882	120,309
DelGuidice, Natalie	Clinical Pharmacy Specialist	164,606	163,979
DelPrince, Becky	Vice President of Systems and Integrated Care	211,372	205,714
DelVecchio, Regina	Staff Counsel ECMC	209,395	205,714
Denga, Sherri	General Duty Nurse	119,850	107,819
DeNisco, Lona	General Duty Nurse	104,995	100,089
DePalma, Jennifer	Charge Nurse	142,316	113,395
DePlato, Anthony	Anesthesiologist	679,948	635,000
D'Errico, Heather	Senior Speech Pathologist	121,789	104,356
DeSantis-Evans, Leigh	General Duty Nurse	121,820	114,388
Dettman, Brittany	Assistant Director of Nursing LTC	133,585	130,000
DeYoung, Candice	Nursing Team Leader	128,995	133,519
Diaw, Vanessa	General Duty Nurse	156,750	111,055
Diaz, Alec	Anesthetist	291,038	265,000
Dickson, Jaclyn	Charge Nurse	206,057	100,761
Diez, Tyler	Senior Director of Ambulatory Services	70,747	130,491
DiGesare, Giovanna	General Duty Nurse	116,201	104,684
Diina, David	Nurse Practitioner Transplant	287,299	173,638
Dillabough, Andrew	Point of Care Clinical Laboratory Coord	119,415	119,617
Dimitroff, Breanna	Nurse Recruiter	116,027	119,303
Dishunts, Olga	Clinical Informatics Educator	129,983	111,923
Dixit, Nisha	Charge Nurse	123,630	106,883
Doetterl, Richard	General Duty Nurse	109,724	101,620
Dolansky, Evan	Pharmacist	162,859	157,481
Dombrowski, Jennifer	Senior Occupational Therapist	109,540	107,838
Donaldson, Jessie	Physician Assistant	145,600	145,600
Donegan, Shawn	Charge Nurse	121,658	116,786
Donovan, Kevin	General Duty Nurse	106,893	114,388
Dove, Theresa	General Duty Nurse	75,754	114,388
Draper, Cristina	General Duty Nurse	129,730	114,388
Draves, Bailee	Clinical Resource Nurse	69,236	110,082
Draves, John	General Duty Nurse	175,926	101,620
Drysdale, Michelle	InService Education Coordinator	188,001	138,345
Ducette, Brittney	General Duty Nurse	12,307	101,620
Duckworth, Pierce	Clinical Documentation Specialist	48,730	100,761
Duell, Susan	Minimum Data Set Director	135,816	134,312
Duffin, Joy	Transplant Coordinator	209,829	146,756
Duman, Eileen	Administrative Director of Laboratory Se	169,470	166,094
Dunn, Bethany	Physician Assistant	138,864	139,050
Dunn, Natalie	General Duty Nurse	109,691	111,055
Duprat, Darlene	General Duty Nurse	107,437	104,684
Durant, Jason	Systems Administrator	155,859	123,325
Dvinova, Larisa	Charge Nurse LTC	147,991	123,918
Dwyer, Lisa	General Duty Nurse	33,770	109,722
Dycha, David	General Duty Nurse	148,943	101,620
Dygert, Emily	General Duty Nurse	115,634	101,620
Dyson, Alicia	General Duty Nurse	125,793	114,388
Eccleston, Bobby	NURSING INSERVICE INSTRUCTOR Emergency Department	114,862	118,649
Eck, Brooke	Director of Respiratory Therapy Services	137,053	134,724
Eckert, Patricia	Senior Ultrasonographer	151,648	105,327
Ecklund, Tonya	General Duty Nurse	120,263	101,620
Edwards, Naseera	Registered Nurse-Surgical Services Data Reviewer	98,253	110,082
Egan, Carol	Nursing Team Leader LTC	139,396	133,519

Name	Job Title	2025 Gross Earnings	Annual Salary
Eleey, Lynnette	Charge Nurse	132,757	123,918
Erhardt, Laurie	Minimum Data Set Specialist	104,787	125,892
Erhardt, Robert	Chief Hospital Public Safety Officer	183,660	134,016
Ervolina, Daryl	Senior Pharmacist ECMC	182,743	174,749
Estes, Ashley	Nursing Care Coordinator	150,440	136,795
Ettipio, Marie	General Duty Nurse	131,242	111,055
Eustace, Amy	General Duty Nurse	133,001	114,388
Evans, Michele	Nursing Team Leader LTC	149,293	133,519
Falck, Eldora	General Duty Nurse	148,104	107,819
Falco, Mark	Attending Physician	548,817	509,232
Fanning, Rozalyn	Nursing Team Leader	166,989	125,892
Farey, Lindsey	General Duty Nurse	107,137	101,620
Farkas, Tina	General Duty Nurse	145,359	107,819
Farnham, Judith	Manager of Compensation and Benefits	125,792	120,000
Farr, Kelsey	General Duty Nurse	119,602	107,819
Farrell, Amanda	Clinical Nurse Specialist-Population Health	163,599	168,582
Farrell, Michael	Attending Physician	424,232	412,000
Fenner, Nicholas	Pharmacist	154,373	150,979
Fetzer, Melanie	General Duty Nurse	114,539	114,388
Fezer, Stephen	Anesthetist	288,298	278,000
Fiden, Donna	General Duty Nurse	145,128	114,388
Fik, Katie	Nursing Team Leader Ostomy Wound Care	103,386	106,940
Finocchiaro, Megan	General Duty Nurse	71,301	101,620
Fiori, Amanda	General Duty Nurse	101,892	111,055
Firestone, Lisa	Nurse Case Manager - Ambulatory Services	137,515	138,345
Fisk, Erin	Anesthetist	107,827	265,000
Flaherty, Amy	Staff Counsel - Risk Management	173,641	173,875
Flanagan, Ashlee	General Duty Nurse	117,144	101,620
Fleming, Laura	Privacy Officer	65,686	115,692
Fletcher, Lynn	Nursing Care Coordinator	155,940	149,506
Flett, Deborah	Nursing Team Leader LTC	137,061	133,519
Flynn, William	Director of Surgery	325,261	325,125
Foster, Antoinette	Charge Nurse	196,139	110,082
Fowler, Julia	Nursing Care Coordinator	172,131	158,585
Fox, Heather	Nurse Case Manager - Ambulatory Services	147,261	146,756
Freeland, Angela	General Duty Nurse	113,650	101,620
Freeman, Deborah	General Duty Nurse	146,381	101,620
Freemire, Julia	Pharmacist	67,774	144,479
Frey, Jordan	Attending Physician	714,350	669,500
Frustino, Jennifer	Dentist ECMC	277,122	292,371
Fumerelle, Jenna	Nursing Inservice Instructor ECMC	131,309	111,810
Furan, Amanda	General Duty Nurse	103,003	107,819
Furlani, Lisa	Anesthetist	109,844	182,000
Furnari, Graziella	Clinical Pharmacy Specialist	164,287	163,979
Gaffney, Brittany	Senior Occupational Therapist	109,461	102,421
Gallagher, Heather	Senior Director Of Compensation Benefits HRIS	186,894	185,000
Galley, Sarah	Charge Nurse	123,781	113,395
Gallineau, Anne-Marie	Nursing Care Coordinator	173,878	158,585
Galuski, Tabatha	General Duty Nurse	141,439	104,684
Gambino, Lorraine	General Duty Nurse	121,121	111,055
Gamblin, Molina	General Duty Nurse	120,702	101,620
Gan, Barney	Pharmacist	100,526	144,479
Gan, Dalong	Anesthetist	288,211	265,000
Gant, Ramona	Director of Nursing Services LTC	151,397	157,074
Gardy-Batson, Marcell	Charge Nurse LTC	100,539	102,525
Garfoot, John	Anesthesiologist	573,534	580,000
Garvey, Benjamin	RN Renal-Hemo Data Reviewer	111,974	116,786
George, Kristin	Charge Nurse Ambulatory Care	107,474	116,786
Gerretsen, Carly	Nurse Practitioner ECMC	152,469	154,290
Gian, Kathleen	General Duty Nurse	200,436	114,388
Gianno, Beth	General Duty Nurse	130,218	101,620
Giermek, Deborah	General Duty Nurse	119,876	101,620

Name	Job Title	2025 Gross Earnings	Annual Salary
Giglia, Joseph	General Counsel	621,350	625,000
Gill, Elise	Physician Assistant	132,176	128,750
Gillon-Harper, Alicia	Nursing Supervisor LTC	175,154	122,899
Ginter, Jennifer	Nurse Case Manager	123,874	121,052
Gioeli, Lucia	Vice President of System and Population Health	191,241	190,000
Gioia, Caitlyn	Nursing Inservice Instructor ECMC	117,086	118,649
Giordano, Jean	Charge Nurse	131,247	103,750
Glaser, Taylor	Charge Nurse	54,215	103,750
Goddard, Elizabeth	General Duty Nurse	107,121	101,620
Golombek, Kelly	General Duty Nurse	116,484	107,819
Golubski, Adam	Charge Nurse	78,176	113,395
Gomez, Melissa	Director of Clin. Coding Record Qual Mg	124,661	125,500
Gompah, Santosha	Clinical Care Coordinator - Health Equity	148,969	146,756
Gorcica, Kathryn	General Duty Nurse	55,443	104,684
Gorczyński, Thomas	Director of Information Technology	181,023	175,000
Gozdalski, Nicole	Charge Nurse	133,590	123,918
Grabski, Meghan	Charge Nurse	272,208	113,395
Grantham, Ayanna	Assistant Director of Nursing LTC	141,376	144,200
Grasso, Maria	Nursing Team Leader Ambulatory Services	98,072	108,572
Green, Andrea	Charge Nurse LTC	294,892	100,761
Green, Kimberly	Nursing Team Leader	101,617	125,892
Greenaway, Wanda	Nurse Practitioner Surgical Services	174,764	168,582
Gregorio, Tara	Unit Manager MedicalSurgical	157,859	152,672
Griffin, Susan	Physical Therapist	103,096	102,088
Grimm, Hannah	Clinical Resource Nurse	117,923	106,883
Grimm, Jessica	General Duty Nurse	163,600	104,684
Grolemund, Stephanie	Anesthetist	304,152	278,000
Grzebinski, Jane	Pharmacist	168,882	160,805
Guari, Alyssa	General Duty Nurse	103,080	104,684
Guerinot, Chris	Director of Community Based Strategy and Prac Ops	151,664	151,868
Guerinot, Ryan	Director of Development & Marketing ECMC	111,176	108,150
Gulczewski, Michelle	General Duty Nurse	114,795	114,388
Habonimana, Colette	Charge Nurse	152,551	123,918
Haefner, Lori	Charge Nurse	143,829	123,918
Haefner, Paula	Project Manager HIT	117,179	114,687
Haines, Tracey	Charge Nurse	160,073	120,309
Halladay, Nicholas	Charge Nurse	148,557	116,786
Halloran, Ashley	Vice President of Pharmacy Operations	207,339	207,618
Hamilton, Catherine	Director of Patient Financial Services	135,787	135,970
Hammer, Samantha	General Duty Nurse	120,947	101,620
Handley, Sarah	Pharmacist	152,847	147,740
Hanlon, Barbara	Nursing Team Leader	139,232	133,519
Hanna, Jennifer	Charge Nurse	141,461	120,309
Hansgen, Abigail	Assistant Nurse Case Manager	104,445	106,883
Hargesheimer, Gail	Senior Clinical Laboratory Technologist	127,756	102,367
Harhara, Ameen	Nursing Care Coordinator	134,440	119,696
Harris, Dominick	Pharmacist	28,674	144,479
Harris, Rachel	Nurse Practitioner Plastic Recon Surger	151,624	158,902
Hartman, Nancy	RN Trauma Registrar	134,349	133,519
Hartmann, Erica	Dentist ECMC	210,726	245,500
Haseley, Nicole	Nurse Practitioner Transplant	253,654	173,638
Hasfurter, Hannah	General Duty Nurse	109,694	101,620
Hathaway, Amy	Senior Occupational Therapist	107,922	106,328
Hatten, Khadija	Nursing Care Coordinator	160,398	149,506
Marie	Nurse Case Manager	146,576	146,756
Havers, Amy	Charge Nurse	131,794	120,309
Hayden, Katelyn	Nursing Team Leader LTC	120,592	115,192
Hayes, Ellyn	General Duty Nurse	119,390	119,390
Hayes, Renee	Charge Nurse	311,929	116,786
Healy, Jaclyn	Pharmacist	157,042	147,740
Heimbueger, Robert	General Duty Nurse	160,216	101,620
Henry, Bridgett	General Duty Nurse	109,517	107,819

Name	Job Title	2025 Gross Earnings	Annual Salary
Herdman, Jennifer	General Duty Nurse	142,303	114,388
Herne, Taylor	Charge Nurse	149,941	100,761
Herr, Alexandra	Staff Counsel ECMC	77,995	131,127
Herzog, Christopher	General Duty Nurse	108,796	101,620
Hess, Corian	Pharmacist	71,135	144,479
Hess, Michelle	General Duty Nurse	100,778	101,620
Hicks, Cherese	Nursing Supervisor LTC	136,380	116,671
Hidalgo, Francisco	Code Compliance Manager	135,342	134,016
Hierl, Michele	Charge Nurse	150,496	120,309
Highway, Lisa	Director of Recruitment and Retention	135,993	131,127
Hill, Tiffany	Nursing Supervisor LTC	34,462	126,589
Hinca, Sandra	Patient Financial Services Manager	127,080	100,926
Hinckley, Debbra	General Duty Nurse	118,584	114,388
Hinderliter, Vanessa	Vice President of Finance ECMC	243,211	240,000
Hines, Holly	Manager - Care Management	149,754	150,000
Hodan, Patricia	Infection Prevention Practitioner	131,860	133,519
Hodgson, Matthew	Nurse Practitioner Plastic Recon Surger	170,186	173,638
Hoerner, Audrey	Senior Nurse Practitioner - Burn Unit	198,193	194,401
Holcomb, Steven	General Duty Nurse	108,781	107,819
Hoppe, Erin	Behavioral Health Supervisor	104,707	103,170
Horesh, Fayelyn	Anesthetist	205,081	205,081
Horne, Shawndre	Chief Clinical Laboratory Technologist	154,073	121,892
Horton, Melissa	General Duty Nurse	113,849	107,819
Hovak, Melissa	Nurse Practitioner Transplant	251,633	173,638
Hudson, Jeremiah	General Duty Nurse	130,001	104,684
Hughes, Christopher	Attending Physician	192,692	285,000
Hulme, Christine	General Duty Nurse	131,034	114,388
Hunley, Kizzie	Clinical Patient Care Liaison	157,234	153,966
Hunt, Benjamin	Nursing Inservice Instructor Psych	131,798	133,519
Hunter, Renee	Charge Nurse	137,495	116,786
Hunter, Thameena	Director of System Health and Safety	145,033	145,229
Hutchings, Michelle	Nurse Case Manager	142,905	146,756
Hyman, Daniel	Assistant VP of Operations	95,620	133,900
Ibrahim, Jouzif	Anesthesiologist	86,923	580,000
Iheke, Patience	General Duty Nurse	112,318	107,819
Isch, Pamela	Assistant Director Ambulatory Services	118,461	118,007
Jack, Dennis	Nurse Practitioner Transplant	237,090	149,789
Jack, Jennifer	Charge Nurse	169,220	120,309
Jackson, Seanessa	Nurse Case Manager	147,951	146,756
Jacob, Avneet	Nursing Team Leader	133,632	118,649
James, Samuel	General Duty Nurse	105,394	101,620
Jamison, Shannon	Charge Nurse	131,470	123,918
Janetzke, David	Charge Nurse	122,388	116,786
Jaworski, Crystal	Charge Nurse	129,354	110,082
Jeffers, Julia	General Duty Nurse	105,629	101,620
Jefferson, Ronald	Director of Internal Audit	120,973	125,000
Jellinick, Lori	Director of Rehabilitation Services	147,193	147,358
Jensen, Erik	Anesthesiologist	638,456	590,000
Jerzewski, Stephanie	Clinical Systems Analyst	127,889	107,155
Jimerson, Mary	Unit Manager Ambulatory Care	149,693	143,926
Jocoy, Angela	Rehab Services Quality Coordinator-ECMCC	113,441	109,368
Johnson, Candace	General Duty Nurse	115,283	101,620
Johnson, Desiree	Charge Nurse	133,906	113,395
Johnson, Marie	Vice President of Rehab Services	179,475	179,716
Johnson, Maureen	Charge Nurse	179,074	123,918
Jones, Cayla	General Duty Nurse	119,353	101,620
Jones, Veronica	Charge Nurse	154,919	123,918
Jonmaire, Kenneth	Director of Patient Safety	154,588	150,000
Jordan, Laondrea	General Duty Nurse	77,612	107,819
Jowdy, David	Project Manager	18,104	107,156
Julyan, Erika	Senior Occupational Therapist	114,743	107,838
Juncewicz, Edmund	Anesthesiologist	593,756	580,000

Name	Job Title	2025 Gross Earnings	Annual Salary
Jurek, Nicole	Physician Assistant	117,632	124,833
Kabayiza, Tamar	General Duty Nurse	119,837	114,388
Kacalski, Jennifer	Behavioral Health Supervisor	109,350	101,044
Kaczmarek, Nicole	Pharmacist	67,563	144,479
Kaid, Rafiq	Charge Nurse	131,974	116,786
Kalinka, Lisa	Nurse Practitioner Transplant	257,434	168,582
Kaminska, Stephanie	Physician Assistant	128,576	128,750
Kane, Justin	General Duty Nurse	148,939	114,388
Kantorski, Ryan	General Duty Nurse PT and PD	122,375	122,375
Kapral, Elizabeth	Dentist ECMC	198,956	219,420
Karl, Stephanie	Nurse Case Manager	137,591	142,482
Katilus, Alan	Nursing Team Leader	147,166	129,630
Kaurich, Justine	Vice President of Operations	218,439	218,734
Kawka, April	Charge Nurse	131,340	123,918
Kayani, Fraz	RN Med Surg Data Review	107,051	110,082
Kayler, Liise	Attending Physician	213,925	213,925
Kazmierczak, Jessica	Anesthetist	173,388	182,000
Keenan-Uschold, Lisa	Chief Clinical Psychologist	156,928	154,228
Keeney, Alicia	Nursing Inservice Instructor Ambulatory Services	129,734	133,519
Keleher, Paul	Physical Therapist	108,478	102,088
Kellner, Jean	General Duty Nurse	110,535	114,388
Kelly-Planter, Jan-Marie	General Duty Nurse	137,600	114,388
Kemp, Amanda	Charge Nurse	171,630	113,395
Kemp, Michelle	Nurse Case Manager	137,005	138,345
Kempston, Shauna	Clinical Documentation Specialist	130,187	123,918
Kennedy, Sheila	Supervising Discharge Planner	101,419	100,926
Kent, Joanne	Charge Nurse	125,900	116,786
Kiel, Christina	General Duty Nurse	103,716	104,684
Kimble, Karen	Behavioral Health Clinical Manager	139,563	140,000
Kimori, Everesto	Nursing Care Coordinator	283,578	283,578
Kinkade, Phillip	General Duty Nurse	134,138	114,388
Kinney, Elizabeth	Charge Nurse	145,491	123,918
Kisicki, Constance	Charge Nurse	119,929	110,082
Kiszcak, Amanda	General Duty Nurse	114,477	101,620
Kitson, Rebecca	General Duty Nurse	114,685	114,388
Klaproth, Monica	General Duty Nurse	106,361	101,620
Kleinhans, Shannon	Director of Quality Outcomes	147,505	150,000
Kline, Julie	Chief Human Resources Officer	190,625	325,000
Klostermann, Karly	Clinical Resource Nurse	106,300	100,761
Kmentt, Stacy	Pharmacist	66,870	144,479
Knihinicki, Crystal	General Duty Nurse	137,774	107,819
Koch, Elizabeth	Anesthesiologist	438,748	487,094
Kocz, Remek	Anesthesiologist	602,508	580,000
Kolb, Beth	Charge Nurse	160,826	110,082
Kolber, Brooke	Dentist ECMC	121,724	121,724
Kolbert, Cynthia	Charge Nurse	135,040	123,918
Kolkmann, Janine	General Duty Nurse	98,401	101,620
Kordasiewicz, Lynn	Nurse Practitioner Wound Care	181,029	173,638
Korff, Kathryn	Dentist ECMC	317,093	325,480
Koszuta, Ceilia	Nurse Case Manager	147,815	146,756
Koteras, Robert	Charge Nurse	63,274	103,750
Kotoroka-Yiadam, Martin	Charge Nurse	143,584	113,395
Kovanic-Spiro, Paula	Administrative Director - BRAVE TRC	110,184	107,155
Kowarko, Joanne	General Duty Nurse	117,788	107,819
Kozlowski, Melissa	General Duty Nurse	107,813	101,620
Krakowiak, Daryl	Assistant Director of Social Work BH	119,901	119,105
Krawczyk, Heather	Charge Nurse	130,704	116,786
Krezic, Catherin	General Duty Nurse	70,938	104,684
Kroetsch, Ashley	General Duty Nurse	104,265	101,620
Kruse, Kelley	General Duty Nurse	112,303	111,055
Kurek, Alecia	Infection Prevention Practitioner	152,430	133,519
Kuropatwinski, David	Nursing Team Leader	128,413	129,630

Name	Job Title	2025 Gross Earnings	Annual Salary
Kuropatwinski, Stephanie	Assistant Head Nurse	101,606	123,918
Kurtz, Leandra	General Duty Nurse	104,873	107,819
Kurzdorfer, Scott	Minimum Data Set Specialist	111,906	115,192
Kuzdzal, Chelsie	Assistant Program Director of Behavioral Health	114,000	107,155
Kwiatkowski, Andrew	Director of Project Management HIT	180,402	170,493
Labelle, Jamie	Unit Manager Hemodialysis	151,543	152,672
Labelle, Marc	Vice President Surgical Services	187,899	188,152
Lamphron, Bryan	Quality Outcome Coordinator Transpl & Renal Serv	108,080	101,044
Lampka, Sydney	Charge Nurse	120,625	110,082
Lancaster, Maria	General Duty Nurse	106,190	107,819
Lang, Julie	Project Manager HIT	116,738	114,687
LaPorta, Kathleen	Senior Clinical Laboratory Technologist	79,778	110,332
Laraiso, Joelle	General Duty Nurse	64,727	106,529
Larkin, Rachel	Nursing Team Leader	120,504	133,519
Larson, Amanda	General Duty Nurse	116,902	116,902
Lauer, Sandra	Director of Continuum Care	154,386	143,772
Lavarnway, Nicole	Infection & Wound Care Preventionist LTC	145,715	146,756
Lawandus, Sarah	Patient Safety Clinical Investigation Coordinator	138,355	138,345
Lawley, Melinda	Unit Manager Critical Care	152,299	152,672
Leas, Adam	General Duty Nurse	121,920	114,388
Leas, Christie	General Duty Nurse	115,416	107,819
Lee, Pamela	Senior VP of Operations ECMC	341,242	375,000
Leitten, Deborah	General Duty Nurse	128,686	114,388
Lenhard, Eric	Pharmacist	160,435	154,228
Leonard, Jamie	Charge Nurse	146,309	116,786
Lesswing, Kaitlyn	Nursing Inservice Instructor ECMC	86,224	108,572
Lewis, Gary	Licensed Practical Nurse LTC	128,876	128,876
Lewis, Laura	Senior Nuclear Medicine Technologist	127,182	100,978
Lezynski, Sharon	General Duty Nurse	164,419	114,388
Liddell, Adrianna	Pharmacist	103,579	103,579
Liffiton, Theresa	Physical Therapist	106,409	102,088
Lilic, Dijana	Charge Nurse	219,960	123,918
Lillard, Jamie	Charge Nurse	123,836	110,082
Lillis, Justina	Staff Counsel ECMC	102,453	155,000
Linneborn, Tracey	Assistant Director Social Work Servs	109,612	111,923
Lipiarz, Jennifer	Charge Nurse	136,327	113,395
Liptak, Jacqueline	Pharmacist	145,010	144,479
Liszka, Dina	General Duty Nurse	104,229	104,229
LoFaso, John	Anesthesiologist	589,847	580,000
Logel, Cassandra	Clinical Documentation Specialist	128,700	116,786
Lomas, Christopher	General Duty Nurse	122,263	101,620
Loomis, Heather	Vice President of Ambulatory Services	66,154	215,000
Lorden, Bernard	Network Analyst	147,468	116,717
Loree, Thom	Attending Physician	978,674	991,129
LoTempio, Sarah	General Duty Nurse	128,922	104,684
Loughran, Vicki	General Duty Nurse	117,610	114,388
Lowitzer, Heidi	Charge Nurse	9,676	112,024
Lowmaster, Stephen	General Duty Nurse	105,408	107,819
Lucas, Paul	General Duty Nurse	17,374	109,724
Ludlow, Charlene	Senior VP of Nursing	446,369	450,000
Lydo, Kaitlin	RN Trauma Registrar	125,502	125,892
Maciejewski, Brianna	General Duty Nurse	101,455	101,620
Maciejewski, Melissa	Charge Nurse	164,432	103,750
Mack, Markita	Unit Manager Critical Care	149,598	148,225
MacNeil, Sarah	General Duty Nurse	183,307	114,388
MacTurk, Nancy	General Duty Nurse	102,556	114,388
Maddex, Rebecca	General Duty Nurse	94,331	101,620
Madison, Mark	General Duty Nurse	116,849	114,388
Madoo, Kevin	Director of Plant Operations	139,541	140,000
Madore, Donat	General Duty Nurse	126,720	114,388
Maerten, Kate	General Duty Nurse	122,467	104,684
Maggio, Sarah	ASSISTANT VP of BH Nrsing & Edu	164,326	158,445

Name	Job Title	2025 Gross Earnings	Annual Salary
Mahar-Balus, Shannon	Nursing Team Leader	100,733	100,733
Maher, Heather	General Duty Nurse	119,556	101,620
Majed, Shaina	General Duty Nurse	109,755	104,684
Malkowski, Kayla	General Duty Nurse	131,828	101,620
Maloney, Jennifer	Unit Manager MedicalSurgical	154,202	152,672
Manning, Jeremy	Charge Nurse	137,806	120,309
Marczak, Juliet	Nurse Practitioner ECMC	169,292	173,638
Marinello, Marygrace	General Duty Nurse	108,168	101,620
Markiewicz, Anthony	Vice President Clin Business Intel & Informatic	221,047	210,000
Marks, Jack	General Duty Nurse	120,899	114,388
Marra, Beverly	Healthcare Business Sys Analyst	100,227	102,380
Marracino, Daniel	General Duty Nurse	106,566	104,684
Marshall, Michelle	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	130,738	127,308
Marso, Lisa	Anesthetist	310,017	278,000
Martin, Donna	General Duty Nurse	118,722	114,388
Martin, Katie	Charge Nurse	142,049	106,883
Martina, Kristin	Nursing Team Leader	187,183	125,892
Martinez, Kristen	Director of Rehabilitation Services LTC	137,454	135,000
Martino, Jason	EchoCardiography Technician	102,812	102,812
Marzulli, Meghan	Charge Nurse	135,227	106,883
Masters, Melissa	Charge Nurse	114,022	106,883
Masters, Raymond	Anesthetist	285,134	278,000
Matson, Kristy	Nursing Inservice Instructor ECMC	113,429	115,192
Mattaliano, Andrea	Physician Assistant	54,103	128,750
Matthews, Emilee	General Duty Nurse	130,770	101,620
Mattina, Adrienne	General Duty Nurse	124,207	114,388
Matyjasik, Robin	Clinical Resource Nurse Emerg Services	131,157	116,786
Maul, Sara	Charge Nurse	118,857	116,786
Maxson, Karen	General Duty Nurse	121,629	114,388
Mayer, Amy	General Duty Nurse	201,931	101,620
Mayer, Lisa	General Duty Nurse	115,360	104,684
Mazgaj, Katelyn	Nurse Practitioner Plastic Recon Surger	135,761	141,188
Mazgaj, Shana	Nurse Practitioner ECMC	135,096	137,983
Mazur, Christopher	Senior Pharmacist ECMC	185,993	167,540
McAndrews, Lisa	Charge Nurse	128,632	123,918
McCartan, Daniel	Emergency Preparedness Manager	113,104	113,257
McCloud, Arletha	Charge Nurse	131,890	123,918
McCray, Timiah	General Duty Nurse LTC	163,925	163,925
McCullor, Sandra	Charge Nurse	149,389	123,918
Mcdougall, Sarah	Pharmacist	149,404	150,979
McDuffie, Ann	Nursing Team Leader Orthopedics	134,265	133,519
McGuigan, Jessica	Unit Manager MedicalSurgical	154,362	152,672
McGuire, Jordan	General Duty Nurse	104,146	101,620
McKeever, Ashley	Anesthetist	298,624	278,000
McLaughlin, Gloria	General Duty Nurse	118,213	114,388
McLean, Terrence	Dentist ECMC	486,607	487,706
McMillan, Colleen	General Duty Nurse	109,410	101,620
McNair, Antionette	Nursing Care Coordinator	139,367	139,367
McNamee, Zandra	Nursing Supervisor LTC	45,097	126,589
McRae, Jennifer	Nursing Team Leader LTC	139,296	122,217
Mehmedovic, Andrea	Chief Clinical Laboratory Technologist	152,197	119,617
Mendola, Kathryn	Director of Campaigns & Major Gifts	115,594	111,458
Menter, Danielle	Charge Nurse	205,670	123,918
Merecki, Wendy	Technical Dir Echocardiography	13,078	107,155
Metz, Martha	Clinical Nurse Specialist Crit Care ER	143,080	149,789
Metzler, Ashley	Unit Manager Post Anesthesia Care	154,124	152,672
Meyers, Tracy	RN Trauma Registrar	135,900	133,519
Miano, Joanne	Nurse Case Manager	145,000	146,756
Miller, Alyssa	General Duty Nurse	106,771	101,620
Miller, Crystal	General Duty Nurse	161,520	161,520
Miller, Kelly	Emergency Department Patient Flow Team Lead	148,811	129,630
Miller, Loretta	Safe Patient Handling Coordinator	127,053	117,214

Name	Job Title	2025 Gross Earnings	Annual Salary
Miller, Melissa	Assistant Head Nurse	127,292	123,918
Minhas, Parveen	Senior Nurse Practitioner-Transplant	315,541	194,401
Mitchell, Alexandria	Unit Manager MedicalSurgical	161,101	152,672
Mitchell, Mary	Charge Nurse	50,636	106,883
Mitchell, Shawn	General Duty Nurse	244,120	114,388
Mittner, Kaylei	General Duty Nurse	102,541	104,684
Mogavero, Joseph	Healthcare Business System Manager	145,145	144,340
Mohr, Jonathan	Senior Advisor Clinical Finance	76,923	125,000
Monaghan, Anna	General Duty Nurse	108,376	104,684
Mondoux, Jessica	Vice President Transplantation & Renal Care	188,008	181,280
Monkelbaan, Ashley	Nursing Team Leader LTC	108,524	111,810
Monnier, Thomas	Director of Biomedical Services	114,581	114,736
Monnin, Katherine	General Duty Nurse	108,309	107,819
Montague, Victoria	Charge Nurse	163,525	116,786
Moody, Jacqueline	Charge Nurse	130,252	110,082
Mooney, Michelle	Nurse Case Manager	147,538	146,756
Moore-Haley, Maureen	General Duty Nurse	135,073	114,388
Morath, Michelle	General Duty Nurse	129,997	101,620
Morello, Joseph	General Duty Nurse	102,765	111,055
Morford, Tiffany	General Duty Nurse LTC	128,162	104,684
Marie	Pharmacist	16,671	144,479
Morrell, Jessica	General Duty Nurse	102,295	101,620
Morrissey, Colin	Anesthetist	292,575	278,000
Moses, Beth	Trauma Injury Prevention & Education Co	134,307	133,519
Moses, Marissa	Clinical Documentation Specialist	76,816	110,082
Moses, Thomas	Charge Nurse	118,030	110,082
Mosleh, Kaid	General Duty Nurse	178,156	104,684
Mosley, Steven	Healthcare Information Security Analyst II	107,002	107,155
Mothena, Casey	General Duty Nurse	155,948	101,620
Mueller, Kayla	General Duty Nurse	114,852	101,620
Mulderig, Christian	General Duty Nurse	116,354	107,819
Mullen, Meghan	Trauma Program Manager	175,217	173,638
Mulvenna, Tina	Admissions Coordinator LTC	112,002	116,786
Mund, Nadine	Director of Corporate Compliance	142,765	142,765
Murawski, Phyllis	Quality Officer	297,363	283,250
Murphy, Evelyn	General Duty Nurse	112,990	114,388
Musielak, Pia	Physician Assistant	149,783	144,236
Nagai, Michael	Attending Physician	641,213	599,408
Nagowski, Susan	Clinical Documentation Specialist	108,462	110,082
Najmulski, Kellie	Nursing Team Leader	137,560	118,649
Nance, Michele	Assistant Nurse Case Manager	132,296	123,918
Napierala, Randal	Pharmacist	149,856	150,979
Nasca, Maureen	Dentist ECMC	308,508	308,508
Nawojski, Kari	Charge Nurse	253,270	123,918
Nawojski, Michelle	Minimum Data Set Specialist	112,246	115,192
Neff, Melissa	Unit Manager Cardiac Cath Lab	262,385	152,672
Nentarz, Julie	General Duty Nurse	147,775	101,620
Nesbitt, David	Asst VP of Compliance and Senior Counsel	229,164	229,473
Newell, William	General Duty Nurse	111,016	104,684
Neyman, Audrey	General Duty Nurse	110,672	101,620
Nickle, Xanae	General Duty Nurse	102,078	102,078
Nicosia, Katie	Charge Nurse	157,466	106,883
Nicotra, James	Senior Director of Ambulatory Services	134,370	132,747
Nieswiadomy, Kayla	Nurse Practitioner Transplant	200,880	158,902
Nikiel, Stephanie	Clinical Coord Pharmacy Services	162,855	163,979
Nisbet, Kaela	General Duty Nurse	127,612	111,055
Noller, Dawn	General Duty Nurse	113,833	114,388
Nowacki, Julie	General Duty Nurse	111,726	101,620
Nowak, Kevin	Anesthesiologist	476,109	497,000
Nowak, Kristine	Behavioral Health Clinical Manager	143,817	140,000
Nowak, Lisa	Nursing Team Leader LTC	161,890	125,892
Nowotarski, Donna	Clinical Laboratory Technologist	76,681	103,453

Name	Job Title	2025 Gross Earnings	Annual Salary
Nye, Maria	Charge Nurse	154,488	123,918
O'Brien, Courtney	Senior Physical Therapist	101,306	102,421
Obstarczyk, Valerie	Clinical Documentation Specialist	115,421	116,786
Occhino, Erin	Clinical Pharmacy Specialist	164,898	163,979
O'Connor, Ashley	General Duty Nurse	122,601	107,819
O'Connor, Brendan	Clinical Resource Nurse Emerg Services	122,358	120,309
Hanny	Anesthetist	56,829	265,000
Olejniczak, Douglas	Accounting Manager ECMC	32,012	106,000
O'Neil, Vanessa	Assistant Director of Nursing LTC	141,789	144,200
Ordon, Cheryl	Nurse Case Manager	146,471	146,756
Orta, Adrian	Clinical Systems Analyst	118,757	111,923
Ortolano, Leanne	Nurse Practitioner - Gastroenterology	11,084	149,789
Ott, Michael	Clinical Coord Pharmacy Services	174,910	167,540
Pagano, Christina	Physician Assistant	160,324	140,048
Paladino, Matthew	Anesthesiologist	613,100	580,000
Palermo, Loretta	Emergency Department Patient Flow Team Lead	170,957	133,519
Paluchowski, Jeffrey	Respiratory Care Practitioner LTC	134,490	134,490
Panesar, Mandip	Chief Medical Information Officer	476,373	479,866
Paolini, Cherise	General Duty Nurse	80,836	114,388
Park-Brooks, Jessica	General Duty Nurse	120,401	114,388
Parker, Adam	Assistant Director of Pharmacy	157,597	157,809
Parks, Mary	General Duty Nurse	148,790	114,388
Pawar, Ravinder	General Duty Nurse	116,430	114,388
Payne, Angela	Assistant VP of Critical Care & Emergenc	163,323	158,000
Pedrick, Lauren	Pharmacist	97,948	144,479
Pelgrin, Rachel	General Duty Nurse	104,956	101,620
Pellicane, Stephen	General Duty Nurse	180,518	114,388
Pelton, Lisa	General Duty Nurse	114,073	114,388
Perkins, Angelique	General Duty Nurse	137,667	137,667
Perkins, Melissa	Unit Manager MedicalSurgical	171,979	152,672
Perry, Melissa	Clinical Resource Nurse	123,228	116,786
Pesta, Joslyn	Pharmacist	150,904	147,740
Peters, Jennifer	General Duty Nurse	117,020	101,620
Peters, Krystle	General Duty Nurse	121,361	101,620
Petit, Kristy	Charge Nurse LTC	150,215	113,395
Petrinsky, William	Senior Rad Techonologist Imaging Specialist	108,930	107,906
Petry, Christina	Nursing Team Leader Ostomy Wound Care	135,378	133,519
Phillips, Kristen	Anesthetist	287,455	278,000
Picciano, Thomas	Manager - Care Management	69,611	144,200
Piedmonte, Gina	General Duty Nurse	120,426	114,388
Pierce, Erin	General Duty Nurse	135,273	114,388
Pierce, Jessica	Charge Nurse	126,704	106,883
Pilarski, Gina	Charge Nurse	49,845	100,761
Piscatelli, Nicole	Dentist ECMC	161,662	162,298
Pittman, Courtney	Director of Patient Access Services	132,384	130,058
Plotnicki, Ursula	General Duty Nurse	124,031	107,819
Plueckhahn, Jennifer	Minimum Data Set Specialist	120,602	125,892
Podraza, Annette	General Duty Nurse	113,076	104,684
Polino, Marissa	Pharmacist	64,316	144,479
Pollock, Michael	Info Technology Operations Manager	149,510	144,340
Ponichtera, Nicholas	Senior Physical Therapist	104,388	102,421
Poodry, Abby	Charge Nurse	137,199	123,918
Popat, Saurin	Attending Physician	491,615	491,615
Porter, Tricia	General Duty Nurse	183,117	114,388
Postula, Jason	General Duty Nurse	115,518	101,620
Powell, Saschelee	General Duty Nurse	144,396	101,620
Powers, Lauren	Pharmacist	147,498	144,479
Powers, Michael	General Duty Nurse LTC	107,278	107,278
Powers, Paul	Information Systems Analyst	128,272	114,325
Powers, Shawntey	Nursing Team Leader	127,529	129,630
Pressley, Charles	Staff Counsel ECMC	60,019	136,815
Prince, Suzanne	General Duty Nurse	148,231	101,620

Name	Job Title	2025 Gross Earnings	Annual Salary
Principe, Tamara	Charge Nurse	123,350	113,395
Proudman, Madelyne	Charge Nurse	25,139	103,750
Przybylak, Thomas	Information Technology Systems Architect	133,720	133,900
Puleo, Chelsea	Unit Manager MedicalSurgical	122,475	127,851
Pulka, Ashley	Pharmacist	149,167	150,979
Quatroche, Thomas	Chief Executive Officer ECMC	2,244,467	1,649,685
Queener, Fontella	General Duty Nurse	123,825	114,388
Radovic, Vladan	Attending Physician	427,239	399,709
Raptopoulos, Richard	Nurse Practitioner ECMC	147,810	149,789
Rassman, Jeffrey	Physician Assistant	136,978	137,163
Rathgeber, Pandora	General Duty Nurse	30,885	109,724
Ratinskaya, Olga	General Duty Nurse	143,812	107,819
Reczek, Stephanie	General Duty Nurse	101,418	101,620
Redd, Robina	General Duty Nurse LTC	112,430	112,430
Redmond, Tracie	General Duty Nurse	120,703	101,620
Reed, Karen	Anesthesiologist	287,576	527,151
Reeners, Eric	Director of Finance ECMC	178,627	175,000
Regis, Britney	Clinical Resource Nurse Emerg Services	119,979	106,883
Reigle, Corey	Charge Nurse	141,833	123,918
Reilly, Mary	Vice President Critical Care & Emergency Services	181,036	181,279
Reinhardt, Julie	General Duty Nurse	113,434	114,388
Remillard, Sara	Anesthetist	253,907	278,000
Resetarits, Christopher	Chief Anesthetist	349,702	338,580
Reynolds, Tracy	General Duty Nurse	117,468	107,819
Reynoso, Diego	General Duty Nurse	111,370	101,620
Richardson, Eden	Charge Nurse LTC	138,188	120,309
Ricks, Tiffany	Charge Nurse	206,413	113,395
Riley, Peggy-Sue	Charge Nurse	130,544	123,918
Ring, Alan	Anesthetist	277,868	265,000
Rizzo, Ann	General Duty Nurse	120,387	114,388
Rizzo, Heather	Anesthetist	220,833	220,833
Rizzo, John	Unit Manager MedicalSurgical	145,429	148,225
Robb, Noel	Charge Nurse	138,396	123,918
Roberts, Sara	Lead Clinical Documentation Specialist	164,688	129,630
Robertson, Heather	Charge Nurse	178,082	123,918
Robertson, Reilly	General Duty Nurse	128,422	111,055
Robinson, Eric	General Duty Nurse	109,667	101,620
Roble, Chelsey	Nursing Team Leader	133,661	133,519
Rodriguez, Erin	Charge Nurse	123,651	123,918
Roeder, Anastasia	Director of Development & Marketing ECMC	146,915	121,964
Roeser, Kristen	Tumor Registry Registrar	129,178	101,044
Rogan, Ilona	EchoCardiography Technician	45,073	103,171
Rogers, Angeline	Nurse Case Manager	159,497	146,756
Rohatgi, Nidhika	Pharmacist	56,997	144,479
Rohl, Kathleen	Assistant Head Nurse	128,683	123,918
Rohloff, Sarina	Director of Procurement Compliance	110,990	111,140
Rohrbacher, Bernhard	Medical Specialist	134,872	134,872
Roman, Julie	Clinical Documentation Specialist	151,264	123,918
Roof, Angela	Nurse Case Manager	129,042	134,312
Roof, Donald	Director of Materials Management	123,962	121,783
Roopchand, John-Paul	Network Analyst	109,912	107,155
Root, Sarah	Infection & Wound Care Preventionist LTC	143,652	146,756
Ross, Kaleigh	Pharmacist	107,768	144,479
Rossitto, Rachael	Chief of Service Dentistry	411,419	422,300
Ross-McComb, Holly	Clinical Nurse Specialist Behavioral Hea	110,869	158,902
Rowley, Melissa	Occupational Therapist	98,691	100,666
Rubin, Kari	Nurse Case Manager	145,831	146,756
Rubin, Lauren	General Duty Nurse	95,459	101,620
Rudyk, Jenine	Unit Manager Critical Care	149,646	152,672
Rudyk, Stanley	General Duty Nurse	104,835	107,819
Ruggiero, Taylor	General Duty Nurse	122,498	104,684
Ruh, Christine	Assistant Director of Pharmacy	172,419	172,651

Name	Job Title	2025 Gross Earnings	Annual Salary
Rust, Shawna	Charge Nurse	135,006	123,918
Rutkowski, Tammy	General Duty Nurse	55,253	114,388
Rutty, Amy	General Duty Nurse	120,188	114,388
Ryan, Patrick	General Duty Nurse	184,268	101,620
Ryan, Taylor	Charge Nurse	158,958	110,082
Saia, Sarah	Nursing Inservice Instructor Psych	109,889	118,649
Sammarco-Delmont, Renee	Unit Manager MedicalSurgical	166,832	152,672
Sanders, Tamika	Charge Nurse	142,714	110,082
Sanger, Tami	Senior Clinical Laboratory Technologist	121,999	106,271
Santillo, Alexis	Physician Assistant	128,577	128,750
Santo, Angela	Charge Nurse	138,360	116,786
Sarkisian, Kevin	Sr Healthcare Info Reporting Specialist	128,787	111,923
Satcher-Staton, Neldria	Project Manager	95,530	107,155
Sauer, Jillian	Unit Manager MedicalSurgical	37,308	138,058
Sayles, Saryna	General Duty Nurse	130,006	107,819
Scanlon, Lora	General Duty Nurse	112,224	104,684
Scherer, Paul	Healthcare Business Sys Analyst	126,827	119,105
Schihl, Cassandra	Charge Nurse	143,235	113,395
Schlueter, Fayelynn	General Duty Nurse	104,847	101,620
Schmit, Erika	General Duty Nurse	68,292	104,684
Schoelerman, Ronald	Assistant VP of BH & Community	164,325	158,445
Schreier, Kelly	Occupational Therapist	102,045	102,088
Schubbe, Jayson	Healthcare Data Warehouse Architect	133,081	128,319
Schubbe, Michele	Healthcare Business Sys Analyst	138,504	116,717
Schultz, Kathryn	General Duty Nurse	120,860	107,819
Schultz, Rachael	Anesthetist	223,724	223,724
Schummer, Abby	General Duty Nurse	124,991	114,388
Schurr, Karen	Clinical Asst to VP Surg & Card. Services	151,926	148,526
Schwaneckamp, Karen	Anesthetist	203,036	278,000
Schwartz, Danielle	Nurse Case Manager	162,122	146,756
Schwenk, Kurt	Director of Budget ECMCC	148,028	145,000
Seay, Michelle	Clinical Patient Care Liaison	159,143	158,585
Sell, Gregory	General Duty Nurse	44,298	104,684
Semrau, Jeffrey	Senior Pharmacist ECMC	190,434	163,979
Senchoway, Laura	Anesthetist	277,502	278,000
Serafin, Laura	General Duty Nurse	169,326	169,326
Seternus, Bernadette	General Duty Nurse	100,745	101,620
Seweryniak, Sara	General Duty Nurse	120,288	107,819
Shanahan, Robert	Network Analyst	143,859	116,717
Shanley, Kayla	Nursing Team Leader	128,393	129,630
Shaw, Patrick	Clinical Resource Nurse	129,718	123,918
Shell, Karen	Behavioral Health Supervisor	100,219	101,044
Shepherd, Benjamin	General Duty Nurse	113,009	104,684
Sheppard, Judith	Nursing Supervisor LTC	163,319	146,756
Shine, Quivonna	Nursing Supervisor LTC	125,312	125,312
Shriver, Daniel	General Duty Nurse	152,069	101,620
Shubiak, Michelle	Charge Nurse	95,027	106,883
Sieg, Brittany	General Duty Nurse LTC	119,317	119,317
Sieg, Colleen	Charge Nurse	131,925	106,883
Silfies, Robert	Charge Nurse	143,827	110,082
Simon, Alexander	Clinical Application Systems Manager	120,220	124,146
Simone, Jessica	General Duty Nurse	124,693	107,819
Simonick, Ashley	General Duty Nurse	118,627	114,388
Sitgreaves, Theresa	Nursing Inservice Instructor Crit Care	124,658	129,630
Skelton, Kelsey	Charge Nurse	89,503	106,883
Slaughter, Kimberly	Charge Nurse	236,090	106,883
Smart, Ryan	General Duty Nurse	157,556	101,620
Smith, Alexandra	Charge Nurse	115,538	103,750
Smith, Andrew	Nurse Case Manager	153,489	146,756
Smith, Jennifer	General Duty Nurse	108,427	114,388
Smith, Jennifer	Charge Nurse	122,121	113,395
Smith, Laura	General Duty Nurse	49,023	100,418

Name	Job Title	2025 Gross Earnings	Annual Salary
Smith, Taneca	Nurse Case Manager	136,288	138,345
Smith, Tyanna	General Duty Nurse LTC	121,817	121,817
Snyder, Brigette	General Duty Nurse	129,641	104,684
Snyder, Jennifer	General Duty Nurse	97	103,424
So, Timmy	Assistant Director of Social Work BH	117,175	114,325
Sojda, Hollie	EchoCardiography Technician	147,515	105,306
Sole, Jennifer	Nursing Team Leader	143,720	133,519
Sorce, Lynn	Charge Nurse	127,668	123,918
Soscia, Katharine	General Duty Nurse	148,850	101,620
Soto-Gott, Sheree	General Duty Nurse LTC	237,256	237,256
Sousis, Julie	Assistant Director Ambulatory Services	127,290	125,990
Spencer, Jessica	General Duty Nurse	117,183	107,819
Spencer, Kristin	Pharmacist	67,260	144,479
Sperry, Howard	Clinical Director Medicine	342,637	328,638
Stacy, Brian	General Duty Nurse	142,541	104,684
Stadler, Nicholas	General Duty Nurse	148,018	104,684
Stanford, Benjamin	Unit Manager MedicalSurgical	151,395	148,225
Stark, Angela	General Duty Nurse	123,109	107,819
Steffan, Sarah	Charge Nurse	100,354	100,761
Steffen, Tracy	Nurse Case Manager	147,140	146,756
Stepney, LaTonya	Charge Nurse	182,754	106,883
Sterner, Jared	Nursing Care Coordinator Emergency Dept	149,951	153,966
Stevens, Janelle	Charge Nurse	135,675	103,750
Steward, Kevin	Nursing Care Coordinator	175,187	158,585
Stobnicki, Cortney	Anesthetist	299,623	278,000
Stojkiewicz, Janelle	Charge Nurse	84,673	103,750
Stoll, Jami	Charge Nurse	62,742	110,082
Streb, Christopher	General Duty Nurse	112,174	101,620
Stroud, Kerry	Nursing Care Coordinator	174,521	158,585
Stulir, Emma	Charge Nurse	115,164	100,761
Sturtz, Janice	Nursing Team Leader Ostomy Wound Care	130,181	133,519
Suchy, Thomas	Attending Physician	513,623	498,623
Sullivan, Michele	General Duty Nurse	138,813	114,388
Sullivan-Moyer, Katie	Clinical Resource Nurse	107,793	106,883
Surowiec, Stephanie	General Duty Nurse	115,484	107,819
Sutkowski, Jordan	Charge Nurse	121,735	116,786
Sutton, Danielle	Charge Nurse	134,674	123,918
Swain, Anthony	Charge Nurse	60,876	118,866
Swain, Meghan	Charge Nurse	127,456	120,309
Sweetland, Jennifer	Nursing Informatics Manager	157,838	158,585
Swiatkowski, Jonathan	Chief Financial Officer ECMC	671,180	675,000
Symington, Cynthia	Senior Computed Tomography Technologist	103,699	100,470
Syracuse, Wendy	General Duty Nurse	118,940	111,055
Tadak, Monica	Director of Revenue Capture and Integrit	151,632	147,297
Tadt, Stephanie	Nurse Case Manager	144,578	146,756
Tague, Dana	Nurse Practitioner Rehabilitation Services	200,240	173,638
Tait, Christopher	Nurse Case Manager	148,530	146,756
Tamayo, Gregorio	Senior Clinical Laboratory Technologist	106,284	100,472
Taube, Allison	General Duty Nurse	76,066	101,620
Thanki, Pamela	Senior Financial Analyst	120,734	116,413
Thimot, Veronica	General Duty Nurse	38,152	107,819
Thomas, Katheleen	General Duty Nurse	177,873	114,388
Thomas, Kendra	General Duty Nurse	132,136	101,620
Thomas, Lakeisha	Charge Nurse	95,687	110,082
Thomas, Michael	General Duty Nurse	95,479	104,684
Thomas, Sherry	General Duty Nurse	97,153	114,388
Thompson, Denise	Nursing Care Coordinator	170,061	158,585
Thoms, Amy	Clinical Documentation Specialist	130,410	123,918
Thorpe, Lisa	Director of Rehabilitation Services	151,919	147,358
Thurnherr, Shannon	General Duty Nurse	137,054	101,620

Name	Job Title	2025 Gross Earnings	Annual Salary
Tiwana, Harwinder	General Duty Nurse	55	109,724
Toal, Emily	Charge Nurse	139,138	123,918
Tookes, Andrey	General Duty Nurse	105,176	101,620
Tornabene, Jillian	Nurse Practitioner Orthopedic Services	162,757	158,902
Torres, Carmen	Nurse Practitioner ECMC	177,072	173,638
Toscano, Shannon	General Duty Nurse	110,516	101,620
Toy, Amy	Charge Nurse	134,968	123,918
Trifiletti, Corey	Charge Nurse	183,090	103,750
Troise, Emily	Nursing Inservice Instructor Crit Care	130,454	129,630
Troutman, Alayna	General Duty Nurse	106,878	101,620
Trunzo, Kaitlyn	General Duty Nurse	120,625	104,684
Turner, Jacqueline	General Duty Nurse	123,812	114,388
Turner, Marcy	General Duty Nurse	163,534	111,055
Twichell, Jerome	Senior Director of Ambulatory Services	145,247	140,049
Urban, Paul	Assistant Info Tech Sys Architect	37,712	135,970
Vacanti, Charles	Nursing Team Leader	152,595	133,519
Vacanti, Jason	General Duty Nurse	302,107	111,055
Vaccaro, Jessica	Charge Nurse	152,697	116,786
Valentin, Rosa	General Duty Nurse	144,573	101,620
Vazquez, Alexandra	Charge Nurse	138,965	120,309
Vazquez, Dionna	Utilization Review Nurse	195,481	111,055
Vesper, Nicole	General Duty Nurse	110,616	101,620
Villacorta, Maria	Charge Nurse	128,515	123,918
Volk, Karleigh	Dentist ECMC	107,006	107,006
Vukovic, Danijela	Charge Nurse	116,655	100,761
Vullo, Lori	General Duty Nurse	113,288	114,388
Wagner, Emily	Population Health Clinical Data Analyst	95,971	126,589
Walden, Jenna	Nurse Practitioner Transplant	220,675	158,902
Walker, Lauren	Charge Nurse	124,108	106,883
Wallace, Lauren	Nursing Team Leader LTC	145,134	118,649
Walsh, Evelyn	Attending Physician	333,394	335,000
Walter, Robert	Chief Clinical Laboratory Technologist	46,459	126,587
Walters, Amy	General Duty Nurse	123,702	114,388
Walters, Kimberly	General Duty Nurse	187,795	114,388
Wang, Nana	Pharmacist	130,047	144,479
Warblow, Tiffany	General Duty Nurse	108,955	101,620
Warmus, Renelle	Nurse Case Manager	149,380	146,756
Warren, Daniel	Manager of Financial Reporting	117,508	110,000
Warren, Susan	General Duty Nurse	127,318	114,388
Weaver, Stephanie	Clinical Teacher Dedicated Education Unit Instruct	140,736	142,482
Weber, Joseph	Network Analyst	141,868	116,717
Weigand, Sara	General Duty Nurse	113,132	113,132
Weise, Thomas	InService Education Coordinator	149,978	126,589
Weiss, Katherine	Pharmacist	191,908	160,805
Weiss, Nicole	Pharmacist	44,439	144,479
Weld, Tiffani	Charge Nurse	122,365	113,395
Welka, Andrew	Anesthesiologist	590,817	580,000
West, Ashley	Nurse Case Manager	146,061	146,756
West, Lindsey	Unit Manager MedicalSurgical	131,908	143,926
Wheeler, Jennifer	General Duty Nurse	105,170	107,819
Whelan, Stephen	Nursing Inservice Instructor Psych	117,972	118,649
Whipkey, Colleen	Charge Nurse	126,742	123,918
White, Hollise	Nursing Supervisor LTC	125,962	125,962
White, Katie	Nursing Team Leader	117,234	129,630
Whitecar, John	Pharmacist	46,093	144,479
Wickett, Rachel	General Duty Nurse	185,262	107,819

Name	Job Title	2025 Gross Earnings	Annual Salary
Wik, Michelle	Charge Nurse	111,901	116,786
Wilcox, Channie	General Duty Nurse	117,125	101,620
Wilde, Michelle	Charge Nurse	148,790	123,918
Willard, Michael	General Duty Nurse	118,692	101,620
Williams, Jennifer	General Duty Nurse	113,976	101,620
Williams, Sara	General Duty Nurse	112,556	111,055
Williams, Sonia	Director of Ambulatory Services ECMC	143,513	140,000
Williams, Stephanie	General Duty Nurse	197,977	111,055
Williamson, Katrina	General Duty Nurse	114,368	114,388
Wilson, Brittany	Nursing Inservice Instructor ECMC	112,169	111,810
Wilson, Karyn	Assistant Director Ambulatory Services	117,848	118,007
Wilson, Nicolette	Vice President Revenue Cycle	209,049	210,000
Wilson, Tiffany	Charge Nurse	140,629	120,309
Wing, Kathryn	General Duty Nurse	113,804	114,388
Wirfel, Thomas	General Duty Nurse	41,887	104,684
Wirth, Timothy	Pharmacist	73,167	144,479
Wise, Sean	Charge Nurse	111,776	113,395
Wittenbrink, Timothy	Nursing Team Leader	134,192	125,892
Wittmann, Paula	Charge Nurse	142,599	123,918
Wiza, Lindsey	Technical Dir Echocardiography	54,720	107,155
Wojciechowski, Nichole	General Duty Nurse	110,532	101,620
Wojtowicz, Jean	General Duty Nurse	113,254	114,388
Wolf, Jo	Vice President Medical Surgical Nursing Services	181,036	181,280
Wood, Jamie	General Duty Nurse	122,928	114,388
Wood, Rebecca	Charge Nurse	126,695	116,786
Woodruff, Stephen	Administrator LTC	117,011	205,000
Woods, Alicia	General Duty Nurse	91,703	104,684
Woods, Kara	Physician Assistant	132,549	140,049
Wright, Shaunda	Unit Manager Behavioral Health	162,310	152,672
Yak, Joseph	Chief Clinical Laboratory Technologist	138,882	119,617
Yates, Robert	Anesthetist	291,971	265,000
Yerdon, Kerri	General Duty Nurse	127,594	107,819
York-Renaud, Jamie	Nursing Inservice Instructor OR	141,055	133,519
Young, Amanda	Junior Staff Counsel ECMC	105,947	106,090
Young, Laura	General Duty Nurse	108,098	101,620
Zagst, Amanda	Vice President of Behavioral Health Services	147,826	155,000
Zajac, Jamie	Emergency Department Patient Flow Team Lead	151,756	133,519
Zak, Katherine	General Duty Nurse	146,364	114,388
Zanghi, Marie	Nurse Case Manager	146,783	146,756
Zawodzinski, Katelynn	General Duty Nurse	107,600	101,620
Zayac, Jason	Anesthesiologist	573,504	580,000
Zdon, Glen	Unit Manager Hemodialysis	143,843	148,225
Zheng, Ricky	Pharmacist	46,112	144,479
Zielinski, Danielle	General Duty Nurse	110,027	104,684
Zimmer, Michelle	Charge Nurse	155,152	123,918
Zink, Trevor	Charge Nurse	113,785	106,883
Zinzola, Amie	General Duty Nurse	165,767	111,055
Zolnowski, Kimberly	Charge Nurse	148,657	120,309
Zynda, Elizabeth	Nurse Practitioner Transplant	233,287	168,582

2025 \$100k Procurement Report ECMCC

Vendor Name	Payments	Reporting Year	Contract Start	Contract End	Purpose
MCKESSON DRUG CO	\$78,382,253	2025	2/1/2021	8/31/2028	Commodities/Supplies
METZ CULINARY MANAGEMENT	\$23,333,190	2025	4/6/2019	8/31/2027	Other Professional Services
KALEIDA HEALTH	\$21,619,982	2025	11/1/2024	10/31/2031	Other
GRIDER SUPPORT SERVICES, LLC	\$17,498,691	2025	3/1/2012	Evergreen	Other
UNIVERSITY MEDICAL RESIDENT SERVICES, P.C.	\$14,323,989	2025	1/4/2019	1/3/2029	Other Professional Services
CARDINAL VALUE LINK	\$13,730,762	2025	12/1/2012	6/30/2027	Commodities/Supplies
UBMD PSYCHIATRY	\$13,690,585	2025	1/1/2025	12/31/2027	Other Professional Services
APOGEE MEDICAL MANAGEMENT	\$12,709,868	2025	7/1/2024	6/30/2029	Other Professional Services
ACADEMIC MEDICAL SERVICES, INC.	\$10,793,224	2025	Various	Evergreen	Other Professional Services
GREAT LAKES MEDICAL IMAGING, LLC	\$10,312,034	2025	9/1/2015	8/31/2027	Other Professional Services
UNIV. @ BFLO SURGEONS, INC.	\$9,385,549	2025	1/1/2025	12/31/2027	Other Professional Services
THE RESEARCH FOUNDATION	\$9,245,518	2025	12/2/2011	12/31/2050	Other Professional Services
UPSTATE NEW YORK TRANSPLANT	\$8,750,519	2025	8/2/2016	Evergreen	Commodities/Supplies
TRELLIS RX, LLC	\$7,132,489	2025	5/1/2021	4/30/2033	Other Professional Services
UNIVERSITY EMERGENCY MEDICAL	\$5,298,868	2025	8/1/2024	7/31/2027	Other Professional Services
GLOBUS MEDICAL INC	\$5,037,588	2025	4/30/2015	9/30/2026	Commodities/Supplies
PREFERRED PHYSICIAN CARE, P.C.	\$4,587,796	2025	7/21/2025	7/20/2030	Other Professional Services
ERIE COUNTY COMPTROLLER'S OFFICE	\$4,462,426	2025	6/16/2021	Evergreen	Other
SYNTHESE	\$4,415,076	2025	5/4/2021	5/3/2026	Commodities/Supplies
GENERAL PHYSICIAN, P.C.	\$4,365,512	2025	12/1/2023	11/30/2028	Other Professional Services
ZIMMER BIOMET	\$4,075,989	2025	12/29/2022	6/30/2026	Commodities/Supplies
STANSBERRY AND KNIGHT	\$3,952,075	2025	3/28/2018	12/31/2025	Other Professional Services
SMITH & NEPHEW US	\$3,594,458	2025	9/11/2020	12/31/2026	Commodities/Supplies
STRYKER ORTHOPAEDICS	\$3,573,951	2025	9/20/2022	9/19/2027	Commodities/Supplies
UB FAMILY MEDICINE INC.	\$3,076,934	2025	6/1/2024	5/31/2027	Other Professional Services
CARDINAL HEALTH MED PROD &	\$3,058,331	2025	12/1/2012	6/30/2027	Commodities/Supplies
BUFFALO INTERNIST AND ASSOCIATES	\$3,047,106	2025	6/13/2017	12/31/2025	Other Professional Services
SUPPLEMENTAL HEALTH CARE	\$2,998,433	2025	12/8/2016	10/27/2026	Staffing Services
ARTHREX	\$2,887,161	2025	10/1/2018	2/29/2028	Commodities/Supplies
KALEIDA HEALTH	\$2,814,099	2025	11/24/2014	11/23/2026	Other
ROCHE DIAGNOSTIC CORP	\$2,589,781	2025	5/1/2002	5/21/2030	Commodities/Supplies
UNIV. ORTHOPAEDIC SERVICES	\$2,556,998	2025	12/31/2021	12/31/2025	Other Professional Services
UB NEUROSURGERY, INC.	\$2,324,920	2025	9/30/2019	9/29/2026	Other Professional Services
CARDINAL HEALTH	\$1,919,506	2025	5/1/2020	8/30/2027	Commodities/Supplies
KSL DIAGNOSTICS, INC	\$1,903,754	2025	3/22/2023	3/21/2026	Other Professional Services
LAB CORP OF AMERICA	\$1,813,624	2025	10/1/2018	9/30/2026	Other Professional Services
CLEAN CARE LINEN	\$1,672,110	2025	5/2/2019	2/28/2026	Other Professional Services
STRATA DECISION TECHNOLOGY LLC	\$1,614,738	2025	9/19/2025	9/18/2030	Technology - Software
TORNIER INC	\$1,599,015	2025	9/20/2022	9/19/2027	Commodities/Supplies
INTUITIVE SURGICAL INC	\$1,559,387	2025	12/31/2021	12/30/2026	Commodities/Supplies
SHI	\$1,558,959	2025	7/1/2025	6/30/2028	Technology - Software
ARC BUILDING PARTNERS, LLC	\$1,543,702	2025	2/18/2019	2/18/2029	Design and Construction/Maintenance
UKG KRONOS SYSTEMS, LLC	\$1,464,573	2025	12/30/2022	12/31/2027	Technology - Software
MEDTRONIC INC NEUROLOGICAL DIV	\$1,463,708	2025	9/12/2024	9/11/2026	Commodities/Supplies
MINITAB INC	\$1,455,585	2025	1/24/2025	4/24/2031	Financial Services
AMERGIS HEALTHCARE STAFFING	\$1,450,711	2025	8/23/2023	8/22/2026	Staffing Services

ABBOTT LABORATORIES DIAGNOSTIC DIV	\$1,389,679	2025	4/9/2019	6/9/2029	Commodities/Supplies
HTC GLOBAL SERVICES INC	\$1,380,210	2025	1/23/2025	12/31/2026	Staffing Services
SUICIDE PREVENTION &	\$1,371,486	2025	10/1/2018	9/30/2026	Other Professional Services
UB PATHOLOGISTS INC.	\$1,333,295	2025	2/14/2022	2/13/2027	Other Professional Services
THE MARTIN GROUP LLC	\$1,314,560	2025	6/9/2014	12/31/2026	Other Professional Services
JOHNSON & JOHNSON HLTH CARE SYS INC	\$1,203,523	2025	9/18/2019	10/24/2026	Commodities/Supplies
MEDICAL INFORMATION TECHNOLOGIES IN	\$1,181,720	2025	7/14/2011	7/13/2027	Technology - Software
MEDTRONIC SPINAL AND BIOLOGICS	\$1,072,436	2025	5/2/2012	9/30/2026	Commodities/Supplies
DEPUY ACE MEDICAL COMPANY	\$1,063,075	2025	9/18/2019	10/24/2026	Commodities/Supplies
CITY OF BUFFALO	\$1,020,157	2025	1/3/2012	Evergreen	Other
PHARMERICA	\$993,485	2025	12/1/2022	9/30/2026	Commodities/Supplies
PHILIPS MEDICAL SYSTEMS NA CO	\$987,475	2025	6/1/2024	5/31/2027	Commodities/Supplies
CHUDY PAPER COMPANY, INC.	\$973,320	2025	11/1/2023	12/31/2028	Commodities/Supplies
STRYKER INSTRUMENTS	\$962,150	2025	3/31/2025	3/31/2030	Commodities/Supplies
INTEGRA LIFESCIENCES CORP	\$960,778	2025	10/1/2022	9/30/2028	Commodities/Supplies
ALTERA DIGITAL HEALTH, INC.	\$954,630	2025	2/7/2022	2/6/2027	Technology - Software
BIOCARE SD	\$946,727	2025	1/1/2015	6/30/2028	Commodities/Supplies
BOSTON SCIENTIFIC CORPORATION	\$924,508	2025	4/28/2016	4/27/2026	Commodities/Supplies
UNIVERSITY DENTAL RESIDENT SERVICES, P.C.	\$898,664	2025	1/4/2019	1/3/2029	Other Professional Services
INTIVITY, INC.	\$871,140	2025	8/1/2020	5/31/2029	Commodities/Supplies
STRYKER CRANIOMAXILLOFACIAL	\$838,998	2025	11/1/2019	10/31/2028	Commodities/Supplies
STERICYCLE INC	\$834,813	2025	4/1/2024	3/31/2029	Other Professional Services
WILLIAM BELLES PC	\$832,357	2025	12/1/2022	3/31/2028	Other Professional Services
JOHNSON CONTROLS FIRE PROTECTION LP	\$828,283	2025	8/27/2019	8/26/2034	Design and Construction/Maintenance
EXPERIAN HEALTH, INC.	\$828,063	2025	12/21/2021	2/4/2027	Technology - Software
PARTS SOURCE	\$827,484	2025	9/1/2023	8/31/2026	Commodities/Supplies
MEDICAL SOLUTIONS, LLC	\$824,762	2025	12/4/2018	12/3/2026	Staffing Services
NATIONAL GRID	\$816,735	2025	4/21/2010	Evergreen	Other
HYBRIDGE SOLUTIONS, INC.	\$815,430	2025	5/31/2023	12/31/2026	Other Professional Services
TREACE MEDICAL CONCEPTS, INC	\$803,340	2025	10/23/2020	10/31/2028	Commodities/Supplies
AMERISOURCE BERGEN DRUG CORP	\$803,312	2025	2/5/2021	2/4/2028	Commodities/Supplies
PHILIPS MEDICAL SYSTEMS	\$796,761	2025	1/1/2023	12/31/2027	Commodities/Supplies
KIDENEY ARCHITECTS PC	\$792,280	2025	5/31/2018	5/30/2027	Design and Construction/Maintenance
HEWLETT-PACKARD COMPANY	\$788,105	2025	6/30/2013	12/19/2028	Technology - Hardware
ABBOTT LABORATORIES, INC.	\$781,343	2025	2/1/2014	4/30/2031	Commodities/Supplies
CORE BTS INC	\$745,885	2025	12/20/2023	11/30/2026	Technology - Software
AMERICAN RED CROSS BLOOD SVCS	\$728,514	2025	7/19/2021	7/19/2026	Commodities/Supplies
UB FOUNDATION ACTIVITES	\$716,614	2025	1/4/2019	1/3/2029	Other Professional Services
STERIS CORPORATION	\$711,185	2025	7/1/2022	1/31/2028	Commodities/Supplies
W L GORE & ASSOC INC	\$704,010	2025	10/29/2020	7/31/2026	Commodities/Supplies
CISCO SYSTEMS CAPITAL CORP	\$700,538	2025	4/16/2025	4/15/2030	Technology - Hardware
MEDLINE INDUSTRIES INC	\$693,321	2025	1/1/2022	12/31/2026	Commodities/Supplies
BUFFALO TRANSPORTATION INC.	\$693,035	2025	5/24/2021	12/31/2028	Other Professional Services
WNY UROLOGY ASSOCIATES LLC	\$672,929	2025	10/1/2025	9/30/2028	Other Professional Services
FERGUSON ELECTRIC SVC	\$668,410	2025	10/1/2020	9/30/2030	Design and Construction/Maintenance
MANUFACTURERS & TRADERS TRUST	\$665,681	2025	11/12/2021	5/11/2026	Financial Services
CARL ZEISS MEDITEC INC	\$652,682	2025	2/1/2025	1/31/2028	Commodities/Supplies
DELL MARKETING LP	\$643,069	2025	11/30/2015	11/29/2030	Technology - Hardware
HOLOGIC INC	\$622,766	2025	10/1/2015	12/31/2030	Commodities/Supplies

CDW GOVERNMENT INC	\$610,420	2025	11/1/2020	6/30/2029	Commodities/Supplies
BRITE	\$608,107	2025	12/23/2022	1/31/2029	Technology - Software
MERIDIAN IT INC.	\$604,020	2025	1/1/2024	12/31/2028	Technology - Software
INFOR (US) INC.	\$594,084	2025	5/28/2025	12/31/2029	Technology - Software
KEYSTONE PERFUSION SERVICES, PC	\$574,232	2025	1/1/2020	6/30/2028	Other Professional Services
TRUSTED MANAGED SERVICES	\$561,326	2025	7/1/2024	6/30/2027	Other Professional Services
FRESENIUS USA MARKETING, INC.	\$540,664	2025	8/1/2020	5/31/2028	Commodities/Supplies
BUFFALO CITY MISSION	\$505,100	2025	8/3/2015	10/31/2026	Other
PATTERSON DENTAL INC	\$475,434	2025	4/1/2023	3/31/2027	Commodities/Supplies
OLYMPUS AMERICA INC	\$475,145	2025	11/18/2022	11/17/2026	Commodities/Supplies
UNIVERSITY GYNECOLOGISTS	\$452,974	2025	10/1/2016	6/30/2028	Other Professional Services
HEALOGICS WOUND CARE &	\$452,777	2025	9/3/2024	9/2/2029	Other Professional Services
INSPIRE MEDICAL SYSTEMS, INC.	\$449,500	2025	4/2/2018	4/1/2026	Commodities/Supplies
AMN LEADERSHIP SOLUTIONS, INC	\$440,996	2025	4/9/2018	4/9/2026	Other Professional Services
KCI	\$437,982	2025	7/1/2022	5/31/2030	Commodities/Supplies
AMER EXPRESS CPC	\$437,669	2025	9/30/2026	9/29/2026	Other
MAGAVERN, MAGAVERN & GRIMM LLP	\$430,891	2025	7/1/2022	7/1/2027	Legal Services
HEALTH SYSTEM SERVICE	\$425,244	2025	6/1/2016	5/31/2026	Commodities/Supplies
RED RIVER TECHNOLOGY LLC	\$422,210	2025	6/24/2025	6/23/2028	Technology - Software
VANTIVE US HEALTHCARE LLC	\$421,324	2025	2/2/2024	Evergreen	Commodities/Supplies
CARASOFT TECHNOLOGY CORPORATION	\$420,805	2025	1/12/2018	6/4/2026	Technology - Software
ABBVIE INC	\$413,334	2025	10/31/2022	10/31/2027	Commodities/Supplies
DCB ELEVATOR CO INC	\$409,346	2025	9/13/2024	9/12/2027	Design and Construction/Maintenance
UNIVERSITY OPHTHALMOLOGY	\$396,768	2025	3/1/2024	2/28/2029	Other Professional Services
GE MED SYSTEMS	\$396,121	2025	10/1/2015	12/31/2030	Commodities/Supplies
UB ORAL AND MAXILLOFACIAL	\$395,216	2025	6/16/2024	6/15/2027	Other Professional Services
MERGE HEALTHCARE	\$384,377	2025	6/29/2017	6/28/2027	Technology - Software
HEALTH CATALYST, INC.	\$383,762	2025	8/6/2018	8/5/2026	Technology - Software
DE LAGE LANDEN FINANCIAL	\$382,833	2025	2/15/2024	2/14/2027	Financial Services
BECTON, DICKINSON AND COMPANY	\$374,212	2025	12/1/2023	11/30/2026	Commodities/Supplies
PENUMBRA, INC.	\$360,997	2025	11/1/2024	10/31/2027	Commodities/Supplies
NUANCE	\$360,539	2025	6/30/2014	2/7/2027	Technology - Software
MANATT PHELPS & PHILLIPS LLP	\$360,200	2025	3/20/2024	12/31/2026	Consulting Services
RUPP PFALZGRAF LLC	\$356,672	2025	11/1/2019	5/3/2027	Legal Services
OPTUM360 LLC	\$354,555	2025	5/22/2017	5/21/2027	Technology - Software
XENTEGRA-GOV, LLC	\$349,811	2025	11/23/2022	6/26/2027	Technology - Software
RICOTTA, MATTREY, CALLOCCHIA,	\$348,763	2025	4/1/2021	4/1/2026	Legal Services
HEALTHSTREAM	\$346,857	2025	7/31/2024	7/30/2029	Technology - Software
ROACH, BROWN,	\$345,888	2025	4/13/2021	4/14/2026	Legal Services
FUJIFILM HEALTHCARE AMERICAS	\$336,660	2025	3/1/2024	2/28/2029	Technology - Software
BIOFIRE DIAGNOSTICS LLC	\$331,056	2025	2/1/2024	1/31/2029	Commodities/Supplies
GP ROCHESTER dba PAUL DAVIS	\$322,727	2025	11/20/2023	11/20/2026	Design and Construction/Maintenance
GLOBAL HEALTHCARE EXCHANGE	\$315,479	2025	11/15/2022	10/8/2028	Technology - Software
BROOK, INC	\$308,465	2025	7/1/2022	7/1/2027	Technology - Software
SYSMEX	\$302,918	2025	8/1/2022	7/31/2027	Commodities/Supplies
VOYCE, INC.	\$302,755	2025	8/1/2021	7/31/2028	Other Professional Services
VANTAGE POINT LOGISTICS	\$300,486	2025	2/20/2024	2/19/2027	Other Professional Services
CREST/GOOD MFG CO INC	\$297,513	2025	3/24/2025	3/24/2027	Commodities/Supplies
AQUA SCIENCES INC	\$291,587	2025	10/17/2001	Evergreen	Other Professional Services

VERIZON WIRELESS	\$291,058	2025	5/30/2008	2/25/2030	Other
PMA COMPANIES	\$290,131	2025	10/1/2021	9/30/2026	Other Professional Services
DMYLES, INC	\$289,627	2025	11/21/2024	11/20/2027	Design and Construction/Maintenance
AXOGEN CORP	\$286,355	2025	8/4/2021	3/31/2027	Commodities/Supplies
ORTHOFIX, INC.	\$283,170	2025	11/1/2023	10/31/2026	Commodities/Supplies
SIEMENS MEDICAL SOLUTIONS	\$277,618	2025	3/17/2021	12/31/2026	Other Professional Services
CME	\$272,469	2025	1/1/2022	12/31/2026	Commodities/Supplies
ISECURE, LLC	\$271,041	2025	7/24/2025	7/23/2028	Technology - Software
WELLSKY CORPORATION	\$270,943	2025	3/26/2019	3/26/2027	Technology - Software
SYNTHEX MAXILLOFACIAL	\$270,214	2025	11/13/2024	11/12/2027	Commodities/Supplies
STERIS INSTRUMENT MANAGEMENT	\$261,437	2025	5/31/2022	5/26/2027	Technology - Software
CENTRAL RADIOPHARMACEUTICAL SVC	\$260,305	2025	4/12/2024	10/1/2026	Commodities/Supplies
TELEFLEX LLC	\$256,858	2025	7/1/2023	6/30/2026	Commodities/Supplies
DRFIRST.COM INC	\$256,525	2025	9/1/2011	9/15/2026	Technology - Software
NXSTAGE MEDICAL INC	\$256,003	2025	6/8/2021	6/7/2026	Commodities/Supplies
GE HEALTHCARE OEC	\$254,590	2025	10/1/2015	12/31/2030	Other Professional Services
US POSTAL SERVICE	\$250,000	2025	6/4/2001	Evergreen	Commodities/Supplies
LAWLEY AGENCY, LLC	\$249,633	2025	5/1/2021	4/30/2026	Other Professional Services
BAYER CORPORATION	\$246,526	2025	1/1/2024	12/31/2026	Commodities/Supplies
B BRAUN MEDICAL INC.	\$245,999	2025	7/1/2023	6/30/2026	Commodities/Supplies
PRESS GANEY ASSOCIATES INC	\$244,009	2025	7/1/2014	12/31/2027	Other Professional Services
RSM US LLP	\$243,675	2025	1/22/2024	1/21/2029	Other Professional Services
COOK INC	\$243,185	2025	7/1/2022	1/31/2029	Commodities/Supplies
SUMMIT HEALTH CARE	\$240,150	2025	4/10/2019	4/9/2026	Other Professional Services
KARL STORZ ENDOSCOPY-AMERICA	\$239,388	2025	1/1/2024	12/31/2026	Commodities/Supplies
CHANGE HEALTHCARE	\$237,967	2025	11/15/2020	11/14/2027	Staffing Services
INTELLIGENT MEDICAL OBJECTS, INC.	\$235,859	2025	8/1/2013	11/19/2026	Technology - Software
FLEXICARE, INC	\$235,438	2025	7/1/2022	7/31/2026	Commodities/Supplies
UP TO DATE	\$224,694	2025	9/1/2023	8/31/2028	Technology - Software
MENTAL HEALTH ADVOCATES	\$224,244	2025	5/9/2019	5/9/2026	Other Professional Services
CARESTREAM HEALTH INC	\$221,576	2025	11/12/2020	12/25/2027	Technology - Software
SIEMENS INDUSTRY INC	\$217,645	2025	5/20/2022	2/28/2028	Other Professional Services
SIEMENS MEDICAL	\$217,005	2025	12/15/2022	12/15/2027	Commodities/Supplies
FREED MAXICK CPAs PC	\$216,134	2025	1/1/2022	9/30/2028	Consulting Services
SIRTEX MEDICAL, INC.	\$213,324	2025	7/13/2023	7/12/2026	Commodities/Supplies
WNY INDEPENDENT LIVING	\$211,917	2025	9/1/2020	8/31/2026	Other Professional Services
CROWN CASTLE FIBER, LLC.	\$206,705	2025	3/2/2010	4/27/2026	Telecommunication Equipment or Services
CANON MEDICAL SYSTEMS USA, INC.	\$203,875	2025	2/10/2021	2/9/2030	Other Professional Services
NALCO CO	\$203,782	2025	4/27/2018	4/30/2028	Commodities/Supplies
FISHER HEALTHCARE	\$201,662	2025	1/1/2019	4/30/2028	Commodities/Supplies
MID-CITY OFFICE FURNITURE	\$197,664	2025	12/5/2023	12/1/2028	Commodities/Supplies
QIAGEN	\$193,978	2025	11/1/2025	10/31/2026	Commodities/Supplies
GE HEALTHCARE	\$191,535	2025	1/1/2024	12/31/2026	Other Professional Services
LEADING EDGE DESIGN GROUP	\$189,319	2025	8/20/2025	Evergreen	Design and Construction/Maintenance
GREAT LAKES BUILDING SYSTEMS	\$188,720	2025	8/27/2019	8/26/2034	Design and Construction/Maintenance
BIO RAD LABORATORIES	\$187,528	2025	4/1/2023	3/31/2029	Commodities/Supplies
SYMMETRIC HEALTH SOLUTIONS LLC	\$182,000	2025	7/31/2025	7/30/2030	Technology - Software
AIRGAS EAST	\$181,609	2025	11/1/2020	5/31/2031	Commodities/Supplies
PARAGON 28, INC.	\$180,476	2025	9/21/2020	8/31/2027	Commodities/Supplies

GE HEALTHCARE FIN SERVICES	\$178,721	2025	12/15/2023	12/15/2026	Commodities/Supplies
MAKO SURGICAL CORPORATION	\$175,000	2025	9/21/2022	9/20/2027	Commodities/Supplies
GENERAL PHYSICIAN SUB II, PLLC	\$173,960	2025	1/1/2018	Evergreen	Other Professional Services
HILL-ROM CO INC	\$173,289	2025	3/1/2022	2/29/2028	Commodities/Supplies
HAEMONETICS CORP	\$173,252	2025	10/1/2021	9/30/2026	Commodities/Supplies
DEEP SEAS LLC	\$171,304	2025	11/1/2020	10/31/2030	Consulting Services
3M HEALTH INFORMATION	\$171,230	2025	10/1/2018	9/23/2026	Technology - Software
HUTCHESON, AFFRONTI &	\$169,435	2025	3/19/2021	3/18/2026	Legal Services
VITAL TECH DENTAL LABORATORY	\$168,401	2025	1/1/2021	12/31/2026	Other Professional Services
UB OTOLARYNGOLOGY INC	\$168,350	2025	9/1/2025	8/31/2028	Other Professional Services
ASPIRE TECHNOLOGY PARTNERS	\$168,333	2025	3/22/2021	12/31/2026	Technology - Software
EVERGREEN HEALTHCARE PARTNERS	\$167,580	2025	1/31/2025	3/26/2027	Consulting Services
DRAEGER MEDICAL	\$165,361	2025	7/1/2023	6/30/2026	Commodities/Supplies
XEROX CORPORATION	\$164,444	2025	8/1/2019	5/31/2029	Other
UNIVERSITY NEUROLOGY, INC.	\$164,220	2025	6/14/2016	6/1/2028	Other Professional Services
GOVERNMENT MARKETING &	\$163,981	2025	12/13/2019	9/30/2026	Technology - Hardware
THIRD PARTY REIMBURSEMENT	\$162,175	2025	1/31/2022	1/30/2027	Other Professional Services
JD PALATINE LLC	\$162,161	2025	7/10/2024	7/9/2027	Other Professional Services
RISKONNECT, INC.	\$157,317	2025	6/17/2022	6/16/2026	Technology - Software
CAREDX	\$154,594	2025	9/22/2004	12/31/2025	Technology - Software
BAXTER BIOSCIENCE	\$154,359	2025	7/1/2022	6/30/2028	Commodities/Supplies
FIRST DATABANK INC	\$154,176	2025	11/1/2011	10/31/2026	Technology - Software
SAMIE, MOHAMMAD REZA	\$153,500	2025	6/1/2016	12/31/2025	Other Professional Services
BUFFALO CANVAS	\$152,706	2025	11/1/2020	10/31/2026	Commodities/Supplies
CS BUSINESS SYSTEMS INC.	\$152,605	2025	2/19/2025	Evergreen	Technology - Software
NIAGARA FALLS TOUR COMPANY	\$152,055	2025	11/25/2024	5/24/2026	Other Professional Services
UNITED NETWORK FOR ORGAN SHARING	\$151,617	2025	10/4/2001	Evergreen	Other Professional Services
INTELLIPRINT SOLUTIONS, INC	\$151,298	2025	8/1/2022	4/30/2026	Commodities/Supplies
WNY TRANSPORTATION SERVICES,	\$151,175	2025	10/1/2020	4/9/2026	Other Professional Services
LIFENET	\$151,163	2025	7/1/2024	6/30/2027	Commodities/Supplies
PALO ALTO NETWORKS	\$146,104	2025	2/14/2024	2/13/2027	Technology - Software
INNOVICE, LLC	\$144,845	2025	9/14/2023	9/13/2028	Commodities/Supplies
CLINICAL TECHNOLOGY INC	\$144,008	2025	1/26/2023	1/25/2026	Commodities/Supplies
HYLAND SOFTWARE, INC.	\$142,862	2025	9/30/2015	9/29/2030	Technology - Software
ICP MEDICAL	\$142,749	2025	12/1/2024	11/30/2027	Commodities/Supplies
GE PRECISION HEALTHCARE, LLC.	\$142,501	2025	10/1/2015	12/31/2030	Other Professional Services
SKYTRON	\$142,447	2025	2/1/2022	1/31/2027	Commodities/Supplies
LINDE GAS & EQUIPMENT INC.	\$140,254	2025	11/1/2020	5/31/2031	Commodities/Supplies
MCG HEALTH LLC	\$137,920	2025	8/1/2022	7/31/2027	Technology - Software
KERECIS	\$137,484	2025	4/1/2024	3/31/2027	Commodities/Supplies
VERITY SOLUTIONS GROUP, INC.	\$137,393	2025	6/15/2018	6/14/2026	Technology - Software
TELETRACKING	\$137,147	2025	3/1/2016	10/5/2028	Technology - Software
FAVORITE HEALTHCARE STAFFING INC	\$137,140	2025	7/22/2021	7/21/2027	Staffing Services
WERFEN USA, LLC	\$136,182	2025	11/12/2024	11/11/2032	Commodities/Supplies
THE GORDIAN GROUP	\$134,825	2025	11/15/2024	11/14/2026	Other Professional Services
O'CONNELL ELECTRIC	\$132,016	2025	10/1/2020	9/30/2030	Design and Construction/Maintenance
LABELLA ASSOCIATES, DPC	\$131,456	2025	11/15/2024	11/14/2029	Design and Construction/Maintenance
RESTOR3D	\$130,620	2025	4/1/2021	3/31/2027	Commodities/Supplies
UNITED UNIFORM CO INC	\$127,880	2025	4/29/2022	4/28/2027	Commodities/Supplies

THE CHARTIS GROUP, LLC	\$127,624	2025	6/10/2019	9/30/2026	Consulting Services
BUFFALO CPR &	\$126,690	2025	8/16/2017	8/15/2026	Other Professional Services
CARINGTON HOME SAFETY, INC	\$125,487	2025	3/31/2023	3/30/2029	Technology - Software
POWER-FLO TECHNOLOGIES INC	\$123,269	2025	7/1/2022	6/30/2026	Commodities/Supplies
GREATER NEW YORK HOSPITAL	\$123,200	2025	4/1/2021	3/31/2026	Consulting Services
CURBELL MEDICAL PRODUCTS INC	\$122,567	2025	1/17/2025	1/16/2028	Commodities/Supplies
CAREFUSION	\$121,812	2025	7/1/2021	6/30/2026	Other Professional Services
WRIGHT MEDICAL TECHNOLOGY INC	\$121,756	2025	5/19/2021	1/31/2026	Commodities/Supplies
TERUMO MEDICAL CORPORATION	\$121,134	2025	11/12/2018	12/31/2026	Commodities/Supplies
STRAUMANN USA LLC	\$121,004	2025	1/10/2022	1/9/2027	Commodities/Supplies
PENTAX MEDICAL	\$119,364	2025	2/22/2024	1/31/2027	Commodities/Supplies
MICROSOFT CORPORATION	\$119,209	2025	1/26/2022	1/25/2027	Technology - Software
ALLOSOURCE	\$118,934	2025	7/1/2024	6/30/2027	Commodities/Supplies
SYNOVIS MICRO COMPANIES ALLIANCE	\$118,719	2025	1/31/2012	Evergreen	Commodities/Supplies
PUSEN USA	\$118,066	2025	1/15/2025	10/31/2026	Commodities/Supplies
METRO COMMUNICATIONS	\$117,735	2025	2/1/2024	1/31/2029	Telecommunication Equipment or Services
READYSET SURGICAL INC	\$114,538	2025	11/8/2024	11/7/2027	Technology - Software
LARRY'S DENTAL LAB, INC.	\$114,335	2025	12/31/2022	12/31/2027	Commodities/Supplies
GORDON STEINAGLE	\$113,900	2025	2/27/2020	Evergreen	Other Professional Services
LE MAITRE VASCULAR INC	\$113,591	2025	11/25/2025	11/24/2028	Commodities/Supplies
INT'L INSTITUTE OF BFLO	\$112,358	2025	1/1/2018	2/28/2026	Other Professional Services
MED-METRIX, LLC	\$112,000	2025	8/1/2018	7/31/2026	Technology - Software
CONSORTIUM INFORMATION SERVICES INC	\$108,637	2025	7/1/2001	Evergreen	Technology - Software
TIME WARNER CABLE	\$107,973	2025	6/16/2019	9/15/2029	Telecommunication Equipment or Services
ANGIO DYNAMICS INC	\$107,866	2025	7/1/2022	10/31/2028	Commodities/Supplies
KLS MARTIN L P	\$107,408	2025	11/1/2019	10/31/2028	Commodities/Supplies
SPOK, INC.	\$105,508	2025	2/5/2022	2/5/2027	Technology - Software
TRI-ANIM HEALTH SERVICES INC	\$105,070	2025	5/1/2023	8/31/2026	Technology - Software
STRYKER ENDOSCOPY	\$104,870	2025	1/1/2024	12/31/2026	Commodities/Supplies
ZYNX HEALTH INC	\$104,187	2025	1/15/2007	1/14/2027	Technology - Software
BIOMERIEUX VITEK INC	\$104,095	2025	2/1/2024	1/31/2029	Commodities/Supplies
WINDSTREAM	\$103,531	2025	9/28/2021	9/27/2026	Telecommunication Equipment or Services
HENRY SCHEIN PRACTICE SOLUTIONS	\$102,583	2025	1/1/2022	12/31/2027	Commodities/Supplies
CALYXO INC	\$101,830	2025	5/16/2024	5/15/2026	Commodities/Supplies

BY-LAWS
OF
ERIE COUNTY MEDICAL
CENTER CORPORATION

As Amended Through
March 25, 2025

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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”) of the Corporation. Appointments made to fill all other executive roles within 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 all other executives 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, though his presence shall not be counted for establishment of a quorum on committees if he serves only by nature of being ex officio. 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 determine when subordinate officers shall provide reports to the Board regarding ongoing 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. 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 10. 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 11. 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 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. Annually review contracts requiring such review pursuant to Corporation policy and/or applicable law.
- c. Redacting sensitive information from contracts before presentation to the Board to ensure compliance with the Corporation's contractual and confidentiality requirements.
- d. Report to the Board on a quarterly basis regarding the foregoing subsections.
- e. 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 shall approve the creation of 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.

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.