DEPARTMENT: Ethics & Compliance	POLICY DESCRIPTION: Policy and Procedure Development
PAGE: 1 of 5	REPLACES POLICY DATED: 1/21/98, 9/29/98, 3/1/00, 1/1/06; 4/1/06, 8/1/10, 5/15/12, 3/1/15, 9/1/18, 9/1/19, 12/1/20
EFFECTIVE DATE: July 1, 2025	REFERENCE NUMBER: EC.001
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Corporate Departments and all Company-affiliated facilities.

PURPOSE: To establish protocols for the development, revision, editing, and implementation of policies and procedures for areas that: 1) Pose risks for non-compliance with laws and regulations, and 2) Promote compliance with the Code of Conduct.

POLICY:

1. All corporate departments must have written policies and procedures that address issues related to compliance with laws and regulations in their areas. These policies and procedures must be current and accessible to affected colleagues.

2. Department colleagues at all levels are responsible for identifying activities within their areas that should be documented as policies and procedures.

3. All policies and procedures must be prepared in the format provided as Attachment A.

4. The Corporate Ethics and Compliance Policy Committee will receive for approval corporate policies and procedures relating to ethics and compliance issues. Only this committee can approve a compliance or Code of Conduct-related policy or procedure for implementation. The committee will meet, on an as needed basis, to hear presentations of proposed policies and procedures.

5. When it appears the underlying purposes of a particular policy are not achieved by the strict application of the policy to a particular set of circumstances, exceptions to the policy may be granted by either the Company's Chief Executive Officer (CEO) with the concurrence of the Senior Vice President (SVP) and Chief Ethics and Compliance Officer (CECO) or by the SVP and CECO with the concurrence of the Company's CEO, President of Operations or Executive Vice President and Chief Financial Officer. If the contemplated exception appears to implicate any laws or regulations, the Legal Department should be consulted before any exception is made. This exception authority is in addition to any exception authority already in particular policies.

PROCEDURE:

Section I - Development of Policies and Procedures

1. If areas of potential compliance risk exist within a department or function, the department must determine if it is necessary to have corporate direction with regard to that compliance risk.

2. If corporate direction is required to minimize the risk of non-compliance, the department must identify whether there is an existing policy that addresses the issue in question. If one exists, ascertain if it is valid (meaning it has been approved by the Ethics and Compliance Policy Committee) and current. If one does not exist or it is invalid, proceed with developing a new policy. If the existing one is not current, proceed with a revision.

3. The document should be created using the Arial font. The font size should be 11 pitch. The author of the document may receive an electronic copy of the policy and procedure template by contacting the Ethics and Compliance department.

4. When developing a new or revising an existing policy, consider a readability level equivalent to 8th grade, keep sentences short, focused and simple and use active voice versus passive voice where appropriate. Define the objectives the policy should achieve. Define clearly the steps required to meet the goals of the objective. Ensure accuracy by referring to information provided by regulatory and accrediting agencies, company policy, or applicable laws. Include this information as a reference.

5. Complete the top portion of the policy and procedure template by identifying the following:

   − The originating department
   − Number of pages
   − Policy description
   − Replaces policy dated (if applicable)
   − Date retired (if applicable)
   − Reference number - this number should be developed as follows:

   a. First apply the approved alpha prefix for the originating department (see Attachment B).
   b. This will be followed by a period and the three letter designation of the appropriate area for those departments writing policies for various functions (see Attachment B).
   c. This will be followed by a period and a number designating the sequence.

   Example: LL.EM.001

   Once the policy and procedure has been approved by the committee, the "EFFECTIVE DATE" will be the date the policy is to be implemented.

6. Specify the "Scope." The scope is a description of the affected facilities, departments and functions. The general Scope used for most policies is: All Company-affiliated facilities, including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, service centers, physician practices, and all Corporate Departments, Groups, Divisions and Markets.

7. Specify the "Purpose." The purpose is a general statement describing the intent of the policy and procedure.

8. Describe the "Policy." The policy statement describes the policy and procedure.

9. Document the "Procedure." The procedure is a description of the principal tasks required for

performance of an operation. This is usually provided in step-by-step format.

10. Identify "References." List all supporting and source documentation used to validate the policy and procedure.

11. Provide all relevant attachments to or links within the policy and procedure.

Section II – Approval

1. The completed policy and procedure must be reviewed and approved by the department manager prior to submission.

2. Once approved by the department manager, submit the policy and procedure with the new/revised policy form to the Vice President, Ethics and Compliance, to coordinate submission to the Responsible Executives for review and comment and then to the Ethics and Compliance Policy Committee. Provided with the proposed policy and procedure should be a presentation of the compliance issues in question, a description of how the policy and procedure proposes to address such issues, and a plan for implementation (including any training required).

3. The proposed policy and procedure, with justification, will be distributed to committee members prior to the scheduled committee meeting.

4. The author of the policy and procedure will be notified of the next meeting date and should be prepared to make a presentation to the committee describing the compliance issues in question, a description of how the policy and procedure will address them, and the plan for implementation.

5. The committee will hear presentation of the policy and procedure. If no further revisions are indicated, the committee will provide approval and authorize implementation/distribution.* If modifications are requested, the policy and procedure with the new/revised policy form should be resubmitted to the committee Chairperson for reevaluation. The Chairperson has the authority to approve the modified document or to recommend it for resubmission to the committee.

   *Acting on behalf of the Ethics and Compliance Policy Committee, changes or revisions to LL.SEC.001 or LL.SEC.002 may be approved by the Board of Directors' Audit and Compliance Committee.

Section III - Revising Existing Policies

1. Make revisions to the policy in question.

2. Modify the information in the top portion of the policy and procedure template by deleting the date in the "EFFECTIVE DATE" box and inserting the former effective date in the "REPLACES POLICY DATED" box.

3. Follow the same procedure for presenting a Revision to the Ethics and Compliance Policy Committee as described above for submitting new policies and procedures.

4. The committee will hear and process the proposed revision in the same manner it does new policies.

5. Revised policies may be moved to a section designated for revised (superseded) policies and procedures or removed from the manual.

Section IV - Retiring an Existing Policy

1. The department manager must make a written request to the committee to retire an existing policy. The request must include the reason for retirement.

2. The request must be submitted to the committee following the same procedure as described for new policies and procedures.

3. The committee will hear and process proposals for retirement of a policy and procedure in the same manner as described for new policies and procedures.

4. Retired policies may be deleted from the system or manuals or may be moved to a section designated for retired policies and procedures and filed by date.

Section V- Annual Review

1. Each department will review all policies and procedures annually as scheduled by the committee.

2. The department should prepare revisions, retirements, and new policies as required based on the annual review.

Section VI - Implementation of Policies and Procedures

1. The Ethics and Compliance Department will distribute the approved policies and procedures to facility Ethics and Compliance Officers (ECOs) and CEOs, Group and Division presidents and corporate department heads once approved by the committee. The Ethics and Compliance Department will place the document on the Company's intranet (Atlas Connect) and internet sites.

2. The ECOs will be responsible for distributing the policies and procedures to those employees and departments or functions identified in the Scope of the policy and procedure (see Attachment C).
   a. The ECO may distribute the policy as a paper copy or electronically.
   b. Unless noted otherwise, the policies are to be distributed as is – i.e., remain on the HCA

Healthcare template with the HCA Healthcare logo in the upper left hand corner.

    c. The only policies that are to go on facility logo or letterhead are those that are identified as model or sample, such as the HIPAA Privacy model facility policies, EMTALA sample facility policies, ADA model policies, and HR model policies.

3. The originating department will follow through with the implementation plan as described to the committee during the approval process.

Section VII – Exceptions

1. Exceptions to be requested pursuant to Policy Section number 5 above must be brought to the attention of the Company's CEO or SVP and CECO. Assuming the CEO or SVP and CECO believes an exception is warranted, he will obtain the appropriate concurrences and a decision to grant an exception will be communicated to the requester and the Ethics and Compliance Officer for the requester's facility or business line.

2. Any exception granted pursuant to this policy must be communicated in writing to the Ethics and Compliance Policy Committee and be reflected in the Committee's meeting minutes in the next scheduled Committee meeting.

DEPARTMENT:	POLICY DESCRIPTION:
PAGE:	REPLACES POLICY DATED:
EFFECTIVE DATE:	REFERENCE NUMBER:
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE:

PURPOSE:

POLICY:

PROCEDURE:

DEFINITIONS:

REFERENCES:

DEPARTMENT CODES

1. **Americans with Disabilities Act**   **ADA**

2. **Behavioral Health**   **BEH**

3. **Capital Deployment – Construction and Equipment**   **CD.CE**

4. **Clinical Operations Group**   **COG**

5. **Ethics and Compliance**   **EC**

6. **Environmental**   **ENV**

7. **Government Relations**   **GR**

8. **Graduate Medical Education**   **GME**

9. **Human Resources**   **HR**

10. **Information Protection and Security**   **IP**

11. **Legal**   **LL**

12. **Materials Management**   **MM**

13. **Patient Experience**   **PE**

14. **Payroll**   **PAY**

15. **Regulatory Compliance Support**   **REGS**

16. **Reimbursement**   **RB**

17. **Treasury**   **TRE**

Facility Procedure for Ethics & Compliance (E&C) Policies

1. <u>Receipt of E&C Policies</u>: Facilities receive E&C policies from time to time from the Corporate Ethics and Compliance Department (EC Department). An electronic version of the memo with links to the policies is provided to each ECO.

2. <u>Incorporation into Facility's Administrative Policies</u>: E&C policies from the EC Department should be considered part of the facility's administrative policies and procedures. Should any policy in a facility's administrative policies conflict with the corporate E&C policies, facility administration should have a procedure to revise its administrative policies to be consistent with the corporate E&C policies. The corporate E&C policies are not to be revised, although a facility may add an addendum to one in order to indicate additional facility procedures or requirements.

3. <u>Distribution of E&C Policies</u>: Each policy package contains an explanatory cover memorandum with instructions regarding making the policies available to the appropriate facility staff. It is up to each facility to determine whether to provide affected staff with copies of the policies or to simply summarize the policies and make the staff aware of their existence on Atlas Connect. In any event, it is recommended that the ECO or the head of each department summarize the policies for his or her staff, thereby giving the staff an opportunity to become more familiar with the policies and their requirements. Upon receipt of compliance policies:

   a. The facility ECO or designee shall disseminate the policies to those individuals who are responsible for identifying whether existing hospital policies and procedures, rules and regulations or related documents are in conflict with or otherwise affected by the compliance policies.
   b. Unless noted otherwise, the policies are to be distributed as is – i.e., remain on the HCA Healthcare template with the HCA Healthcare logo in the upper left-hand corner.
   c. The only policies that are to go on facility logo or letterhead are those that are identified as model or sample, such as the HIPAA Privacy model facility policies, EMTALA sample facility policies, ADA model policies, and HR model policies.
   d. Facility administration shall revise existing hospital documents or policies to assure compliance with the compliance policies.
   e. The ECO and facility administration shall assure dissemination and training to staff necessary for implementation and compliance.

4. <u>Electronic availability of Policies</u>: When E&C Policies are sent to facilities, they are also placed on the Ethics and Compliance site on Atlas Connect, and the electronic version of the memo is sent to the ECOs. ECOs may distribute the policies as paper copies or electronically.

5. <u>Board Acceptance</u>: Each Hospital should have presented the Corporate Ethics and Compliance Program to its Board and the Board has most likely indicated its acceptance of the Program. This acceptance by the Board should be sufficient for local affirmation of the Ethics and Compliance Program, including the E&C Policies and the steps listed above.